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|------|----|---|
| Form | JJ | U |

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

| AF | or th | e 2017 calendar year, or tax year beginning and | ending | - | |
|--------------------------------|-------------------------|--|---------------|------------------------------|-------------------------------|
| B C a | heck if pplicab | le: C Name of organization | | D Employer identifie | cation number |
| | Addre | WASHINGTON AREA BICYCLIST ASSOCIATION | | | |
| | Name Chang | Doing business as | | 23-7 | 305477 |
| | Initial | | Room/suite | | |
| | Final Feturn | 2599 ONTARIO ROAD NW | | (202 |)518-0524 |
| | termir | City of town, state of province, country, and zip of foreign postal code | | G Gross receipts \$ | 1,717,102. |
| | Amen return | WASHINGTON, DC 20009 | | H(a) Is this a group re | |
| | Applio tion pendi | F Name and address of principal officer: FACL D EOSTACITO | | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c | or 🛄 527 | · · | list. (see instructions) |
| | | te: WWW.WABA.ORG | | H(c) Group exemption | |
| | _ | f organization: X Corporation Trust Association Other | L Year | of formation: 1973 | State of legal domicile: DC |
| Ра | rt I | Summary | | TT TIME 1 | |
| e | 1 | Briefly describe the organization's mission or most significant activities: SEE 1 | PART I | II, LINE I. | |
| Governance | | | | | |
| /err | | Check this box if the organization discontinued its operations or disposed in the second | | | ssets. 12 |
| ğ | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 12 |
| ø | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | |
| Activities & | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | | | 32 |
| iži | 6 | Total number of volunteers (estimate if necessary) | | | 200 |
| Act | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | ····· | | 0. |
| | | | | Prior Year | Current Year |
| ne | 8 | Contributions and grants (Part VIII, line 1h) | | 1,037,895. | 1,361,999. |
| /eni | 9 | Program service revenue (Part VIII, line 2g) | | 323,716. | 354,285. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 743. | 818. |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 22,753. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . | | 1,385,107. | 1,717,102. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ses | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _ | | 866,190. | 970,893. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Хр | | Total fundraising expenses (Part IX, column (D), line 25) 110, 42 | | 401 000 | 404 000 |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 481,960. | 484,822. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,348,150. | 1,455,715. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 36,957. | 261,387. |
| nce: | | | Be | ginning of Current Year | End of Year |
| Net Assets or Fund Balances | | Total assets (Part X, line 16) | | 895,798. | 1,254,110. |
| et A nd E | | Total liabilities (Part X, line 26) | | 89,212. | 186,064. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 806,586. | 1,068,046. |
| | nrt II | Signature Block | | | |
| Unde | er pena | alties of perjury, I declare that I have examined this return, including accompanying schedules | s and statem | ents, and to the best of my | y 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.

| Sign Here | Signature of officer GREGORY BILLING, EXECU- Type or print name and title | JTIVE DIRECTOR | | Date |
|--------------|---|-------------------------------------|------|------------------------------|
| Paid | Print/Type preparer's name | Preparer's signature | Date | Check The PTIN self-employed |
| Preparer | Firm's name 🕞 GELMAN , ROSENBER | G & FREEDMAN | | Firm's EIN 52-1392008 |
| Use Only | Firm's address 4550 MONTGOMERY BETHESDA, MD 208 | | | Phone no. (301) 951-9090 |
| May the II | RS discuss this return with the preparer shown ab | ove? (see instructions) | | X Yes No |
| 732001 11-2 | 28-17 LHA For Paperwork Reduction Act Not | ice, see the separate instructions. | | Form 990 (2017) |

| | WASHINGTON AREA BICYCLIST ASSOCIATION 23-7305477 Page 2 rt III Statement of Program Service Accomplishments |
|-------|--|
| 1 4 | |
| 1 | Check if Schedule O contains a response or note to any line in this Part III |
| | THE MISSION OF THE WASHINGTON AREA BICYCLIST ASSOCIATION IS TO CREATE |
| | A HEALTHY, MORE LIVABLE REGION BY PROMOTING BICYCLING FOR FUN, FITNESS, AND AFFORDABLE TRANSPORTATION; ADVOCATING FOR BETTER |
| | BICYCLING CONDITIONS AND TRANSPORTATION CHOICES FOR A HEALTHIER |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? Yes X No |
| 2 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 3 | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| 40 | revenue, if any, for each program service reported. (Code:) (Expenses \$ 281,680 · including grants of \$) (Revenue \$ 3,060 ·) |
| 48 | (Code:) (Expenses 281,680. including grants of) (Revenue 3,060.) ADVOCACY AND PROMOTION OF CYCLING: ENCOURAGE MORE PEOPLE TO RIDE BIKES |
| | BY MARKETING BICYCLING FOR TRANSPORTATION TO THE BROADER REGION THROUGH |
| | OUTREACH EVENTS, MEETINGS, SOCIAL MEDIA, AND GRASSROOTS ENGAGEMENT. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 159,971. including grants of \$) (Revenue \$) |
| | OUTREACH: WABA'S OUTREACH PROGRAMS ARE DEDICATED TO GETTING MORE PEOPLE, INCLUDING MARGINALIZED AND VULNERABLE GROUPS, RIDING BIKES FOR |
| | TRANSPORTATION, RECREATION, AND FITNESS. OUTREACH PROGRAMS INCLUDE, THE |
| | D.C. BIKE AMBASSADOR, EAST OF THE RIVER, SUBURBAN OUTREACH AND WOMEN & |
| | BICYCLES PROGRAMS. |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 154,736. including grants of \$) (Revenue \$ 123,799.) |
| | EVENTS: THE ORGANIZATION PROMOTES BICYCLING THROUGHOUT THE REGION BY |
| | HOSTING FUN, SAFE, AND ACCESSIBLE EVENTS AND BY PARTNERING WITH OTHER |
| | AREA GROUPS WHO DO THE SAME. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ 429,853. including grants of \$) (Revenue \$ 227,426.) |
| 4e | Total program service expenses ► 1,026,240. |
| | Form 990 (2017) |
| 73200 | 2 11-28-17 2 |
| 221 | |

14231114 745960 39567

| Form | aan | (2017) |
|------|-----|--------|

| Pa | rt IV Checklist of Required Schedules | | | |
|-----------|--|-----------|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 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, | 11a | | |
| | Part VI | | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | v | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | X | |
| f | | | v | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 10 | v | |
| | Schedule D, Parts XI and XII | 12a | X | <u> </u> |
| a | 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 and XII is optional | 12b | | x |
| 12 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 120 | | X |
| 13 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | X |
| 14a b | | 140 | | <u> </u> |
| U U | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | <u> </u> |
| .0 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | <u> </u> |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | <u> </u> |
| | 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," | | | |
| | complete Schedule G, Part III | 19 | | х |

Form **990** (2017)

732003 11-28-17

| Form 990 (2017) | WASHINGTON | AREA | BICYCLIST | ASSOCIATION | | | | |
|---|------------|------|-----------|-------------|--|--|--|--|
| Part IV Checklist of Required Schedules (continued) | | | | | | | | |

| | | | Yes | No |
|-----|--|------------|-----|------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | 103 | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 | 040 | | x |
| h | Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | - 22 |
| | Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| U | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | 37 |
| | complete Schedule L, Part II | 26 | | X |
| 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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 21 | | 21 |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | v |
| ~~ | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | 32 | | x |
| 33 | Schedule N, Part II | 32 | | |
| 55 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | <u>-</u> - |
| | 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | х | |
| | Note. All Form 990 filers are required to complete Schedule O | 30 | 43 | |

Form **990** (2017)

732004 11-28-17

| | 990 (2017) WASHINGTON AREA BICYCLIST ASSOCIATION 23-7305 | 477 | Pa | age 5 |
|-----|---|------|-----|--------------|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 29 | | | |
| 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 | Х | |
| 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 32 | | | |
| 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 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | 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 | | |
| | 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 as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | Form | 990 | (2017) |

23 - 7305477

14231114 745960 39567

| Form 990 | (2017) |) |
|----------|--------|---|
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WASHINGTON AREA BICYCLIST ASSOCIATION

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

X

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

| | | | | | Yes | |
|-----|--|----------|---------------------------------------|----------|--------------|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 12 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | ip with | any other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ne direo | ct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | 990 wa | as filed? | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 5 | | |
| 6 | Did the organization have members or stockholders? | | | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | | |
| | more members of the governing body? | | | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | Ι |
| | persons other than the governing body? | | | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye | | | | | |
| | The governing body? | - | - | 8a | х | 1 |
| | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | t |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | 1 |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | |
| ect | tion B. Policies (This Section B requests information about policies not required by the Internal R | | | | | |
| | | | , | | Yes | |
| 0a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such c | | | | | 1 |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | | | 11a | Х | 1 |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | ., | · · · · · · · · · · · · · · · · · · · | | | 1 |
| | | | | 12a | х | I |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | 1 |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " | | | | | 1 |
| · | in Schedule O how this was done | | | 12c | x | |
| 3 | Did the organization have a written whistleblower policy? | | | 13 | Х | 1 |
| | Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| | Did the process for determining compensation of the following persons include a review and approv | | | <u> </u> | | |
| 0 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | - | lacpendent | | | |
| 2 | The organization's CEO, Executive Director, or top management official | | | 15a | x | l |
| | Other officers or key employees of the organization | | | 15a | <u> </u> | ┨ |
| 5 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | 100 | | ┨ |
| 62 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | mentv | with a | | | 1 |
| Ja | | | | 16a | | l |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | 104 | | ┨ |
| J | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization of the o | | | | | l |
| | | | | 16b | | l |
| ect | exempt status with respect to such arrangements? | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD , VA | | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- | T (Saat | ion 501(c)(2)c on b(c) | availat | | |
| 0 | for public inspection. Indicate how you made these available. Check all that apply. | | | avalidi | NC | |
| | Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. The publi | n in Sal | hedule () | | | |
| ۵ | | | , | d finar | cial | |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | JULICT C | a interest policy, an | u iinan | cial | |
| ~ | statements available to the public during the tax year. | | al us s suda : ► | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's bo GREGORY BILLING - (202) 518-0524 | JOKS ar | ia recoras: | | | |
| | 2599 ONTARIO ROAD NW, WASHINGTON, DC 20009 | | | | | |
| | 2375 ONTARTO ROAD IN, MADRINGION, DC 20009 | | | | 1 990 | _ |
| | 5 11-28-17 | | | Earm | | |

| Part VII | Co | pensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |
|----------|----|--|
| | Em | loyees, and Independent Contractors |

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

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

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

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

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

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

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

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

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

| (list any hours for related organizations for measure organizations organizations organizations (W-2/1099-MISC) from the organizations organizations and related organizations and related organizations organizations organizations organizations (W-2/1099-MISC) and related organizations organizatio | (A) Name and Title | (B) Average hours per | box | not c , unle cer ar | ss pe | ition more rson | than is bot | h an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of | |
|--|-----------------------|--|----------|---------------------------|-------|-----------------------|----------------|------|-----------------------------------|-----------------------------------|--|--|
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| | EXECUTIVE DIRECTOR | | | | ^ | | | | 00,775. | 0. | 9,595. | |
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Form 990 (2017)

| | 990 (2017) | WASHINGT | ON AREA | B | ICY | <u>'CI</u> | JIS | ST | A | SSOCIATION | 23-7 | <u>305</u> | <u>477</u> | Pa | age 8 |
|-------|---|--|--|--|----------------------|--|-------------------------------|-------------------------------|--------------------|---|--|----------------|--------------------|----------------------------------|--------------|
| Part | VII Section A. O | fficers, Directors, Trus | tees, Key Em | ploy | vees, | and | d Hi | ghes | st C | Compensated Employe | es (continued) | | | | |
| | (A Name a | • | (B) Average hours per week | box offi | not cl , unles | ss per | ition more rson i | than o is both pr/trust | n an | (D) Reportable compensation from | (E) Reportable compensation from related | | | (F) stimate nount other | |
| | | | (list any hours for related organizations below line) | Individual trustee or director Institutional trustee Officer Key employee Highestcompensated Former | | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | | fr org an | pensa om the anizati d relate anizatio | e ion ed | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| с | Total from continu | uation sheets to Part V o and 1c) | I, Section A | | | | | J | | 80,775. 0. 80,775. | | 0. 0. 0. | | 9,5 9,5 | 0. |
| 2 | Total number of ind | | | | | | | | | eceived more than \$100 | 0,000 of reportab | le | | Yes | 0 No |
| I | ine 1a? If "Yes," co | omplete Schedule J for s | uch individual | | | | | | | highest compensated e her compensation from | | | 3 | | x |
| 5 I | and related organiz Did any person liste | ations greater than \$15 ed on line 1a receive or a | 0,000? <i>If "Yes,</i> accrue compei | " <i>co</i> nsat | <i>mple</i> ion f | ete S rom | Sche any | edule v unre | <i>J f</i> elat | | dual for services | | 4 5 | | x x |
| Secti | on B. Independent | t Contractors | | | | | | | | | | | | | |
| | - | | - | - | | | | | | that received more than n the organization's tax | | npens | ation | from | |
| | | (A) Name and business | | | ONE | | | <u>.</u> | | (B) Description of s | | С |)) compe | c) nsatio | n |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | lependent contractors (i ensation from the organi | - | iot li | miteo | d to | | se lis) | tec | d above) who received n | nore than | | Form | 990 (2 | 2017) |
| | | | | | | | | | | | | | | |) |

732008 11-28-17

| Form | 990 | (2017) WASHI | NGTON AR | REA BICYC | LIST ASSOC | IATION | 23-7305 | 477 Page 9 |
|--|----------------------|--|-----------------|-------------------------|-----------------------------|--|--|--|
| Pa | rt VI | I Statement of Rever | nue | | | | | |
| | | Check if Schedule O cont | ains a response | or note to any lir | | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts Its | 1 a | Federated campaigns | 1a | 42,567. | | | | |
| arar oun | | Membership dues | | | | | | |
| Am C | | Fundraising events | | | | | | |
| Gifi | d | Related organizations | 1d | | | | | |
| ns, Simi | | Government grants (contribut | | 814,802. | | | | |
| er (| f | All other contributions, gifts, gran | | | | | | |
| oth Oth | | similar amounts not included abo | | 504,630. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Noncash contributions included in lines | | | 1,361,999. | | | |
| a C | h | Total. Add lines 1a-1f | | 1 | | | | |
| a | 0.0 | MEMBERSHIP DUES | , | Business Code 900099 | 174,511. | 174,511. | | |
| , vic | | REGISTRATION | , | 900099 | 159,464. | 159,464. | | |
| Ser | c | | ES | 900099 | 20,310. | 20,310. | | |
| am | d | | | | | | | |
| Program Service Revenue | e | | | | | | | |
| Pr | f | All other program service reve | enue | | | | | |
| | g | Total. Add lines 2a-2f | | | 354,285. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | 818. | | | 818. |
| | 4 | Income from investment of ta | | | | | | |
| | 5 | Royalties | | | | | | |
| | - | | (i) Real | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | Less: rental expenses Rental income or (loss) | | | | | | |
| | | | | └ ▶ | | | | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | • | assets other than inventory | () | (| | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | с | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | ····· • | | | | |
| Other Revenue | 8 a | Gross income from fundraisin including \$ | • | | | | | |
| leve | | contributions reported on line | | | | | | |
| erF | | Part IV, line 18 | | | | | | |
| Gth | | Less: direct expenses | | | | | | |
| - | | Net income or (loss) from fund | | ····· ► | | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | I- | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | | | | | |
| | | Gross sales of inventory, less | | ····· 🕨 | | | | |
| | a | and allowances | | | | | | |
| | b | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sale | | | | | | |
| I | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | | | | |
| | с | | | | | | | |
| | d | | | | | | | |
| | e | | | | 1,717,102. | 351 205 | 0. | 818. |
| 72000 | 12 9 11-28 | Total revenue. See instructions. | | ····· P | <u> -, / - / , 102 •</u> | JJ4,20J. | 0. | Form 990 (2017) |

9 14231114 745960 39567 2017.04030 WASHINGTON AREA BICYCLIST A 39567__1 Part IX Statement of Functional Expenses

WASHINGTON AREA BICYCLIST ASSOCIATION

| Sect | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | | | | | |
|---------|---|------------------------------|---|--|---------------------------------------|--|--|--|--|--|--|--|
| | Check if Schedule O contains a respor | | | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | | | | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | | | |
| | individuals. See Part IV, line 22 | | | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | | |
| | trustees, and key employees | 90,370. | 63,259. | 9,037. | 18,074. | | | | | | | |
| 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 | 730,485. | 625,221. | 48,307. | 56,957. | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 17,211. | 15,033. | 1,073. | 1,105. | | | | | | | |
| 9 | Other employee benefits | 62,622. | 53,413. | 4,183. | 5,026. | | | | | | | |
| 10 | Payroll taxes | 70,205. | 54,462. | 9,909. | 5,834. | | | | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | | | | |
| а | Management | | | | | | | | | | | |
| b | | | | | | | | | | | | |
| с | Accounting | 57,986. | | 57,986. | | | | | | | | |
| | Lobbying | | | | | | | | | | | |
| е | | | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | | |
| g | | | | | | | | | | | | |
| - | column (A) amount, list line 11g expenses on Sch 0.) | 73,866. | 50,745. | 23,121. | | | | | | | | |
| 12 | Advertising and promotion | 4,113. | 3,371. | 330. | 412. | | | | | | | |
| 13 | Office expenses | 74,521. | 28,115. | 25,746. | 20,660. | | | | | | | |
| 14 | Information technology | 17,761. | 12,201. | 5,560. | | | | | | | | |
| 15 | Royalties | | | | | | | | | | | |
| 16 | Occupancy | 84,095. | 5,393. | 78,702. | | | | | | | | |
| 17 | Travel | 36,660. | 28,655. | 7,327. | 678. | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 8,758. | 7,355. | 1,403. | | | | | | | | |
| 20 | Interest | | | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 5,664. | | 5,664. | | | | | | | | |
| 23 | Insurance | 9,409. | 101. | 9,308. | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | | | | | | | | |
| а | MEMBER PREMIUMS | 42,184. | 41,178. | 1,006. | | | | | | | | |
| b | EQUIPMENT | 42,033. | 32,350. | 9,683. | | | | | | | | |
| c | CREDIT CARD PROC. FEES | 17,303. | 178. | 17,122. | 3. | | | | | | | |
| d | PERMITS AND FEES | 7,687. | 3,048. | 2,949. | 1,690. | | | | | | | |
| | All other expenses | 2,782. | 2,162. | 620. | _, | | | | | | | |
| е 25 | Total functional expenses. Add lines 1 through 24e | 1,455,715. | 1,026,240. | 319,036. | 110,439. | | | | | | | |
| 26 | Joint costs. Complete this line only if the organization | _,, | _, , | | | | | | | | | |
| _0 | reported in column (B) joint costs from a combined | | | | | | | | | | | |
| | educational campaign and fundraising solicitation. | | | | | | | | | | | |
| | Check here Check here Check here Check here | | | | | | | | | | | |
| | | | | | Eorm 990 (2017) | | | | | | | |

732010 11-28-17

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Form **990** (2017)

14231114 745960 39567

employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9,351. 11,636. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 28,319. basis. Complete Part VI of Schedule D _____ 10a 12,519. 21,464. 15,800. b Less: accumulated depreciation 10b 10c 56,930. 57,721. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 4,325. 4,325. 15 Other assets. See Part IV, line 11 15 1,254,110. 895,798. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 66,181. 17 73,440. 17 Accounts payable and accrued expenses 18 18 Grants payable 83,326. 1,478. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 29,298. 21,553. 25 Schedule D 89,212. 186,064. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 806,586. 1,068,046. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,068,046. 806,586. Total net assets or fund balances 33 33 1,254,110. 895,798. 34 Total liabilities and net assets/fund balances 34 Form 990 (2017)

WASHINGTON AREA BICYCLIST ASSOCIATION

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing

employers and sponsoring organizations of section 501(c)(9) voluntary

4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 23-7305477 Page 11

(B)

End of year

1,052,549.

16,516.

95,563.

(A)

Beginning of year

16,511.

80,548.

706,669.

1

2

3

4

5

Part X **Balance Sheet**

| Form | 990 | (2017) |
|------|-----|--------|
| UIII | 330 | (2017) |

1

2

3

6

Assets

_iabilities

Vet Assets or Fund Balances

| | 990 (2017) WASHINGTON AREA BICYCLIST ASSOCIATION | 23- | 7305477 | Pa | ge 12 | | |
|----|--|-----------|---------|-----|--------------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,71 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,45 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 87. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 80 | 6,5 | 86. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 73. | | |
| 6 | | | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | column (B)) | 10 | 1,06 | 8,0 | 46. | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | e O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | te basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | | | |
| 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 Aud | lit | | | | |
| | Act and OMB Circular A-133? | | За | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired aud | it | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | <u></u> | 3b | | | | |
| | | | | 200 | | | |

Form **990** (2017)

732012 11-28-17

| SCHEDULE A | |
|------------|--|
|------------|--|

| (| Form | 990 | or | 990-EZ | 1 |
|---|------|-----|----|--------|---|
| | | | | | |

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.

| OMB No. 1545-0047 |
|------------------------------|
| 2017 |
| Open to Public Inspection |

Т

| | | of the Treasury enue Service | | | Attach to Form 990 or F v/Form990 for instruction | | | nformation | | Inspection |
|---------|----------|---------------------------------|-----------------------|-----------------------------|--|----------------------|-----------------|----------------------------------|---------------|---|
| Nar | ne of | the organizat | | do to www.cogo | | | | inormation. | Employer | identification number |
| | | J | | INGTON ARE | A BICYCLIST | ASSOC | IATIO | N | | 3-7305477 |
| Pa | art I | Reason | | | All organizations must co | | | | | |
| The | orga | | | | (For lines 1 through 12, c | - | | | | |
| 1 | | 1 | | | on of churches described | - | | | | |
| 2 | | 1 | | | Attach Schedule E (Forn | | | -////-/- | | |
| 3 | | 1 | | | anization described in s e | | | ii). | | |
| 4 | | · · | • | | njunction with a hospital | | | • |)(iii). Enter | the hospital's name. |
| • | | city, and sta | | | · | | | | X) : | |
| 5 | | 1 | | or the benefit of a co | ollege or university owned | d or opera | ted bv a d | overnmental ı | unit describ | ped in |
| | | - | - | Complete Part II.) | 5 , | | , , | | | |
| 6 | | 1 | | - | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | 1 | | | antial part of its support f | | | | he general | public described in |
| | | | | omplete Part II.) | | U | | | 0 | |
| 8 | | 1 | | | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | 1 | | | in section 170(b)(1)(A)(| | ed in conju | unction with a | land-grant | college |
| | | or university | or a non-land- | grant college of agric | culture (see instructions). | Enter the | name, city | y, and state o | f the colleg | le or |
| | | university: | | | | | | | | |
| 10 | | An organizat | ion that norma | ally receives: (1) more | e than 33 1/3% of its sup | port from | contributi | ons, members | ship fees, a | and gross receipts from |
| | | | | | ct to certain exceptions, | | | | | |
| | | | | | (less section 511 tax) fr | | | | | |
| | | See section | 509(a)(2). (Co | mplete Part III.) | | | | | | |
| 11 | | An organizat | ion organized | and operated exclus | ively to test for public sa | afety. See | section 50 | 09(a)(4). | | |
| 12 | | An organizat | ion organized | and operated exclus | ively for the benefit of, to | perform [.] | the functio | ons of, or to ca | arry out the | e purposes of one or |
| | | more publicl | y supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section & | 509(a)(3). (| Check the box in |
| | | lines 12a thr | ough 12d that | describes the type of | of supporting organizatio | n and con | nplete line: | s 12e, 12f, an | d 12g. | |
| a | a 🗌 | Type I. A s | supporting orga | anization operated, s | supervised, or controlled | by its sup | ported org | ganization(s), t | typically by | / giving |
| | | the suppo | rted organizati | on(s) the power to re | gularly appoint or elect a | a majority | of the dire | ctors or truste | es of the s | supporting |
| | | organizatio | on. You must d | complete Part IV, Se | ections A and B. | | | | | |
| k | b | Type II. A | supporting org | anization supervised | d or controlled in connec | tion with it | ts support | ed organizatio | on(s), by ha | aving |
| | | control or | management c | of the supporting org | anization vested in the s | ame perso | ons that co | ontrol or mana | age the sup | oported |
| | | organizatio | on(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| c | : | Type III fu | nctionally inte | egrated. A supportin | g organization operated | in connec | tion with, | and functiona | lly integrate | ed with, |
| | _ | its support | ted organizatio | n(s) (see instructions | s). You must complete l | Part IV, Se | ections A, | D, and E. | | |
| c | 1 L | Type III no | on-functionally | y integrated. A supp | porting organization oper | ated in co | nnection v | with its suppo | rted organi | ization(s) |
| | | that is not | functionally int | tegrated. The organi | zation generally must sat | tisfy a dist | ribution re | quirement an | d an attent | iveness |
| | _ | requireme | nt (see instruct | tions). You must cor | mplete Part IV, Sections | s A and D, | , and Part | V . | | |
| e | • L | Check this | box if the orga | anization received a | written determination fro | om the IRS | that it is a | а Туре I, Туре | II, Type III | |
| | | functional | y integrated, o | r Type III non-functio | nally integrated support | ing organi: | zation. | | | |
| 1 | f Ent | ter the number | of supported | organizations | | | | | | |
| <u></u> |) Pro | | | n about the supporte | | (iv) is the orga | nization listed | | | |
| | | (i) Name of support | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | | ing document? | (v) Amount of support (see ir | - | (vi) Amount of other support (see instructions) |
| | | organizatio | | | above (see instructions)) | Yes | No | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | <u> </u> | | | | | <u> </u> |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

Schedule A (Form 990 or 990-EZ) 2017 WASHINGTON AREA BICYCLIST ASSOCIATION 23-7305477 Page 2 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.)

| Se | ction A. Public Support | | | | | | | | | |
|-------------|---|-----------------------|-----------------------|------------------------|---------------------|--------------------|-----------------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | 813,605. | 894,311. | 832,771. | 1,037,895. | 1,361,999. | 4,940,581. | | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | | |
| | or expended on its behalf | | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | | |
| | the organization without charge \dots | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 813,605. | 894,311. | 832,771. | 1,037,895. | 1,361,999. | 4,940,581. | | | |
| 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) | | | | | | 243,529. | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 4,697,052. | | | |
| Se | ction B. Total Support | | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| 7 | Amounts from line 4 | 813,605. | 894,311. | 832,771. | 1,037,895. | 1,361,999. | 4,940,581. | | | |
| 8 | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | |
| | and income from similar sources \dots | 2,574. | 478. | 514. | 743. | 818. | 5,127. | | | |
| 9 | Net income from unrelated business | | | | | | | | | |
| | activities, whether or not the | | | | | | | | | |
| | business is regularly carried on | | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | | |
| | assets (Explain in Part VI.) | 8,897. | 1,927. | -223. | 22,753. | | 33,354. | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4,979,062. | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 1 | ,585,551. | | | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | | | | |
| _ | organization, check this box and stop | here | | | | | > | | | |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | | | | |
| 14 | Public support percentage for 2017 (| line 6, column (f) d | ivided by line 11, c | olumn (f)) | | 14 | 94.34 % | | | |
| | Public support percentage from 2016 | | | | | 15 | 96.73 % | | | |
| 16 a | 33 1/3% support test - 2017. If the c | • | | | | • | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X | | | |
| b | 33 1/3% support test - 2016. If the c | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | nis box | | | |
| | and stop here. The organization qual | | | | | | | | | |
| 17a | 7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | | | | |
| | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | | | | | | | | | |
| | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| k | b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | | | |
| | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | | | | | | | | | |
| | organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instruction | s ► | | | |
| | | | | | Scho | dule A (Form 990 | or 990 E7) 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

14231114 745960 39567

Schedule A (Form 990 or 990 EZ) 2017 WASHINGTON AREA BICYCLIST ASSOCIATION 23-7305477 Page 3 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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------|----------------------|------------------------|----------------------|----------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 | | | | | | |
| 5 | furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | - | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 6 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 | | | | | | |
| | Add lines 10a and 10b 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 or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | tax year as a sectio | on 501(c)(3) organiz | zation, |
| | check this box and stop here | | | | | | > |
| | ction C. Computation of Publ | | | | | | |
| 15 | Public support percentage for 2017 (| ine 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2016 | | | | | 16 | % |
| Sec | ction D. Computation of Investion | stment Incom | e Percentage | • | | | |
| 17 | Investment income percentage for 20 | 17 (line 10c, colu | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from a | 2016 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2017. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than (| 33 1/3%, and line 1 | 17 is not |
| | more than 33 1/3%, check this box a | | | | | | |
| b | 33 1/3% support tests - 2016. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 23 10-06-17 | | , • | ,, | | edule A (Form 990 | |
| | | | | 15 | | | , |
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Schedule A (Form 990 or 990-EZ) 2017 WASHINGTON AREA BICYCLIST ASSOCIATION 23-7305477 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

Schedule A (Form 990 or 990 EZ) 2017 WASHINGTON AREA BICYCLIST ASSOCIATION 23-7305477 Page 5

| I a | Supporting Organizations (continued) | | | |
|----------|--|----------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | - | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| - | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | <u> </u> | | L |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| ' a | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ruction | 5) | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| 2 a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| ŭ | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 20 | | |
| 5 | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 0h | | |
| 。 | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 2- | | |
| ۰. | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 0 | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | 1 |

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 WASHINGTON AREA BICYCLIST ASSOCIATION 23-7305477 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

| Section A - Adjusted N | et Income | | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------|---|------------|------------------------------|--------------------------------|
| 1 Net short-term cap | pital gain | 1 | | |
| 2 Recoveries of prio | r-year distributions | 2 | | |
| 3 Other gross incom | e (see instructions) | 3 | | |
| 4 Add lines 1 throug | h 3 | 4 | | |
| 5 Depreciation and | depletion | 5 | | |
| 6 Portion of operatir | g expenses paid or incurred for production or | | | |
| collection of gross | income or for management, conservation, or | | | |
| maintenance of pr | operty held for production of income (see instructions) | 6 | | |
| 7 Other expenses (s | ee instructions) | 7 | | |
| 8 Adjusted Net Inc | ome (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum A | sset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair mai | ket value of all non-exempt-use assets (see | | | |
| instructions for sh | ort tax year or assets held for part of year): | | | |
| a Average monthly v | value of securities | 1a | | |
| b Average monthly of | cash balances | 1b | | |
| c Fair market value | of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a | a, 1b, and 1c) | 1d | | |
| e Discount claimed | for blockage or other | | | |
| factors (explain in | detail in Part VI): | | | |
| 2 Acquisition indebt | edness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 fro | m line 1d | 3 | | |
| 4 Cash deemed held | for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions) | | 4 | | |
| 5 Net value of non-e | xempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by . | 035 | 6 | | |
| 7 Recoveries of prio | r-year distributions | 7 | | |
| 8 Minimum Asset A | mount (add line 7 to line 6) | 8 | | |
| Section C - Distributab | le Amount | | | Current Year |
| 1 Adjusted net incor | ne for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line | 1 | 2 | | |
| 3 Minimum asset an | nount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of lin | e 2 or line 3 | 4 | | |
| 5 Income tax impos | ed in prior year | 5 | | |
| 6 Distributable Am | ount. Subtract line 5 from line 4, unless subject to | | | |
| emergency tempo | rary reduction (see instructions) | 6 | | |
| 7 Check here | if the current year is the organization's first as a non-functional | ly integra | ated Type III supporting ord | anization (see |

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 WASHINGTON AREA BICYCLIST ASSOCIATION 23-7305477 Page 7

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations <u>(continued)</u> | |
|-------|---|-------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | าร | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | e | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| c | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| с | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| е | Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

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| Schedule A | (Form 990 or 990-E | | | | | | | 23-73054 | |
|---------------|--|----------------------|---------------|----------------|--------------------|---|---------------------------------|---|---------------|
| Part VI | Supplemental Part IV Section A | I Information. | Provide the | explanation | s required by Parl | t II, line 10; Part II, 1c: Part IV Sectio | line 17a or 1 n B. lines 1 a | 7b; Part III, line 1 nd 2: Part IV, Se | 2; ction C |
| | line 1; Part IV, Sec | ction D, lines 2 and | 3; Part IV, S | Section E, lin | es 1c, 2a, 2b, 3a | and 3b; Part V, lii | ne 1; Part V, S | Section B, line 1e | e; Part V, |
| | Section D, lines 5, (See instructions.) | , 6, and 8; and Part | t V, Section | E, lines 2, 5, | and 6. Also com | olete this part for a | any additiona | l information. | |
| | (| <u>.</u> | | | | | | | |
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

| 23-7305477 |
|------------|
| |

| Section: |
|--|
| X 501(c)(3) (enter number) organization |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| 527 political organization |
| 501(c)(3) exempt private foundation |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| 501(c)(3) taxable private foundation |
| |

WASHINGTON AREA BICYCLIST ASSOCIATION

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2017)

Employer identification number

23-7305477

WASHINGTON AREA BICYCLIST ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 33,525. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 X Person Payroll 35,492. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 752,615. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 157,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 22

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Name of organization

Employer identification number

23 - 7305477

WASHINGTON AREA BICYCLIST ASSOCIATION

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

| | | 1 | 1 |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |

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| Name of orga | nization | | | Employer identification number | | | |
|---------------------------------------|---|--|---|---|--|--|--|
| WASHTN | GTON AREA BICYCLIST A | SSOCTATION | | 23-7305477 | | | |
| Part III | Exclusively religious, charitable, etc., co | ntributions to organizations described in | n section 501(c)(7), (8), o | r (10) that total more than \$1,000 for | | | |
| | the year from any one contributor. Complete completing Part III, enter the total of exclusively religion | e COIUMNS (a) INFOUGN (e) and INE TOIIOWI ous, charitable, etc., contributions of \$1,000 or le | NG IINE ENTRY. For organizatio ess for the year. (Enter this info. ond | ^{ns} ▶\$ | | | |
| | Use duplicate copies of Part III if addition | nal space is needed. | (| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Dese | cription of how gift is held | | | |
| Farti | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | (e) Transfer of gift | | | | | |
| | Transferee's name, address, | and $\mathbf{7ID} \pm 4$ | Relationship of tra | ansferor to transferee | | | |
| - | | | Neiduonanip or ur | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | | |
| Part I | (2) - a pooo o gin | (0) 000 0. gitt | (4) 200 | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | (e) Transfer of gift | | | | | |
| | | | | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of tra | ansferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. | | <u> </u> | | | | | |
| `from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | | |
| | | | — ——— | | | | |
| : | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of tra | | | ansferor to transferee | | | |
| | | [| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |
| (a) No | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | | |
| | | | | | | | |
| . | | | | | | | |
| | | | | | | | |
| ſ | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of t | | | ansferor to transferee | | | |
| E F | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 723454 11-01- | 17 | 24 | Schedule | B (Form 990, 990-EZ, or 990-PF) (2017) | | | |
| | | 24 | | | | | |

14231114 745960 39567 2017.04030 WASHINGTON AREA BICYCLIST A 39567__1

| SCHEDULE C (Form 990 or 990-EZ) | For Organizations Exempt From Income Tax Under section 501(c) and section 527 | | | | | | |
|--|--|---------------|--|--|--|--|--|
| Department of the Treasury Internal Revenue Service | Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | |
| • | wered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activ ganizations: Complete Parts I-A and B. Do not complete Part I-C. | vities), then | | | | | |
| Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. | | | | | | | |
| If the organization ans | wered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), the | en | | | | | |

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| Section 501(c)(4), (5), | , or (6) organizations: Complete Part III. |
|---|--|
| Name of organization | |

| Nan | ne of organization | · | | Empl | oyer identification number | | |
|--------|---|-------------------------------------|-----------------------|---|---|--|--|
| | WASHING | TON AREA BICYCLIS | T ASSOCIATI | ION | 23-7305477 | | |
| Pa | art I-A Complete if the or | ganization is exempt unde | r section 501(c) | or is a section 527 o | rganization. | | |
| 2 3 | Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa | tures lign activities | | ► \$ | | | |
| | | ganization is exempt unde | | | | | |
| | Enter the amount of any excise tax | | | | | | |
| | Enter the amount of any excise tax | | | | | | |
| | If the organization incurred a section | | | | | | |
| | Was a correction made? | | | | Ves 🛄 No | | |
| | o If "Yes," describe in Part IV. art I-C Complete if the or | appization is exempt under | r as at ison $501(a)$ | avaant agation 501/ | o)/2) | | |
| | - | | | | | | |
| | Enter the amount directly expende | | - | | | | |
| 2 | Enter the amount of the filing organ | | • | | | | |
| 2 | Total exempt function expenditure | a Add lines 1 and 2. Enter here and | | | | | |
| 3 | | | | | | | |
| 4 | line 17b Did the filing organization file Form | | | | | | |
| 5 | | | | | | | |
| | 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | | |
| | | | | | | | |
| | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017 LHA

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| (Form | 990 | or | 99 | 0 |

| Schedule C (Form 990 or 990-EZ) 2017 | | | | | | 305477 Page 2 |
|--|--------------|--------------------------|------------------------------------|---------------------------|---|--------------------------------|
| Part II-A Complete if the org section 501(h)). | anizatio | on is exei | mpt under sectio | n 501(c)(3) and fil | ea Form 5768 (e | lection under |
| | tion belon | gs to an affi | liated group (and list ir | n Part IV each affiliated | group member's nan | ne, address, EIN, |
| expenses, and shar | | - | • • • | | 3· | ,,, |
| | | , . | nd "limited control" pro | ovisions apply. | | |
| Limit | | oying Expe leans amou | nditures ints paid or incurred. |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | ience pub | lic opinion (| grass roots lobbying) | | | |
| b Total lobbying expenditures to influ | | | | | | |
| c Total lobbying expenditures (add li | | | | | | |
| d Other exempt purpose expenditure | | | | | | |
| e Total exempt purpose expenditure | | | | | | |
| f Lobbying nontaxable amount. Ente | | | | | | |
| If the amount on line 1e, column (a) o | | | bying nontaxable am | | | |
| Not over \$500,000 | | 20% of | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,000 | 0,000 | \$100,00 | 0 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 | | 0 plus 10% of the exc | | | |
| 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 (en | ter 25% o | f line 1f) | | | | |
| h Subtract line 1g from line 1a. If zero | o or less, e | enter -0- | | | | |
| i Subtract line 1f from line 1c. If zero | or less, e | nter -0 | | | | |
| j If there is an amount other than zer | ro on eithe | er line 1h or | line 1i, did the organiz | ation file Form 4720 | | |
| reporting section 4911 tax for this | year? | | | | [| Yes No |
| (Some organizations th | | a section 5 | • • | have to complete all | of the five columns b | pelow. |
| | | • | ate instructions for li | | | |
| | Lobb | oying Expe | nditures During 4-Yea | ar Averaging Period | | · |
| Calendar year (or fiscal year beginning in) | (a) : | 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (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)) | | | | | | |
| f Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2017

732042 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 WASHINGTON AREA BICYCLIST ASSOCIATION 23-7305477 Page 3 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 on lines 1a through 1i below, provide in Part IV a detailed description | (| a) | (1 | o) |
|---|---------------|-----------------|------------|-----------------------|
| of the lobbying activity. | Yes | 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)? \dots | X | | | |
| c Media advertisements? | | X | | |
| d Mailings to members, legislators, or the public? | 37 | X | | 1 1 C 0 |
| e Publications, or published or broadcast statements? | X | 37 | 4 | 4,160. |
| f Grants to other organizations for lobbying purposes? | 37 | X | | 1 1 C 0 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | | $\frac{4,160}{2,200}$ |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | | 3,320. |
| i Other activities? | X | | | 4,962. |
| j Total. Add lines 1c through 1i | | v | 4. | 1,602. |
| 2a 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? | | | ation | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | |)(5), or se | CTION | |
| | | | 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? | | 2 | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | |
| 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 | • • | | | ne 3, is |
| answered "Yes." | | | | |
| 1 Dues, assessments and similar amounts from members | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | | | | |
| expenses for which the section 527(f) tax was paid). | | | | |
| a Current year | | 2a | | |
| b Carryover from last year | | | | |
| c Total | | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | ess | | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | olitical | | | |
| expenditure next year? | | 4 | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Part IV Supplemental Information | | | | |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part I | II-A, lines 1 a | and 2 (see | |
| instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: | | | | |
| WABA STAFF AND VOLUNTEERS WORKED WITH CITIZENS AND LO | CAL G | OVERNM | ENT | |
| OFFICIALS ON BIKE-FRIENDLY LEGISLATION AND ON IDENTIF | YING 1 | RESOUR | CES FO | OR |
| IMPROVEMENTS IN BIKE INFRASTRUCTURE. | | | | |

Schedule C (Form 990 or 990-EZ) 2017

732043 11-09-17

SCHEDULE D

Department of the Treasury

Internal Revenue Service

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

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

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



Name of the organization

14231114 745960 39567

WASHINGTON AREA BICYCLIST ASSOCIATION

Employer identification number 23-7305477

| Par | | | ds or A | ccount | S.Complete if the |
|--------|---|---|--------------|-------------|----------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. (a) Donor advised funds | | h) Funds : | and other accounts |
| | Tatal mumber at and afterna | | , , | | |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | - | | | |
| ~ | are the organization's property, subject to the organization's | | | | 🗀 Yes 📃 No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | |
| | for charitable purposes and not for the benefit of the donor o | | | • | |
| Par | impermissible private benefit? t II Conservation Easements. Complete if the org | | | | Ves No |
| | | | , Part IV, | line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | | | | t la cardina cardina |
| | Preservation of land for public use (e.g., recreation or e | | | | |
| | Protection of natural habitat | Preservation of a ce | ertified his | storic stru | cture |
| • | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | led conservation contribution in the form | n of a co | | Id at the End of the Tax Year |
| - | day of the tax year. | | | | IU AL LITE EITU OF LITE TAX TEAT |
| a L | Total number of conservation easements | | | 2a | |
| b | Total acreage restricted by conservation easements | | | 2b | |
| | Number of conservation easements on a certified historic structure of conservation easements included in (a) acquired to be a service of the | | | 2c | |
| a | Number of conservation easements included in (c) acquired a | - | | 0.1 | |
| • | listed in the National Register | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguisned, or terminated by t | ne organ | ization du | Iring the tax |
| | year | | | | |
| 4 | Number of states where property subject to conservation eas | | - | | |
| 5 | Does the organization have a written policy regarding the per | | | | |
| ~ | violations, and enforcement of the conservation easements it | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | nandling of violations, and enforcing co | nservatio | on easem | ents during the year |
| - | Amount of our processing wood in proprietation, increasing hand | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conserv | valion ea | sements | during the year |
| 0 | ► \$ | a action the requirements of costion 1 | | ()(;) | |
| 8 | Does each conservation easement reported on line $2(d)$ above and eastion $170(b)(4)(D)(ii)2$ | | | 9(1) | Yes No |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation | | | | |
| 9 | | • | | | |
| | include, if applicable, the text of the footnote to the organizat | ION'S IMANCIAI STATEMENTS THAT DESCRIDE | is the org | Janization | s accounting for |
| Par | t III Organizations Maintaining Collections of | f Art, Historical Treasures, or | Other 9 | Similar | Assets |
| | Complete if the organization answered "Yes" on Form | | | Jiiiidi | |
| 12 | If the organization elected, as permitted under SFAS 116 (AS | | omont ar | d balance | a sheet works of art |
| Ia | historical treasures, or other similar assets held for public exh | | | | |
| | the text of the footnote to its financial statements that descri | | ance of | | vice, provide, intratt All, |
| h | If the organization elected, as permitted under SFAS 116 (AS | | nt and h | alance sh | eet works of art historical |
| , N | treasures, or other similar assets held for public exhibition, ec | | | | |
| | relating to these items: | | | 100, prov | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ < | |
| | | | | | |
| 2 | If the organization received or held works of art, historical trea | | | | |
| 2 | the following amounts required to be reported under SFAS 1 | | nai yairi, | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ | |
| | Assets included in Form 990, Part X | | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | | | nedule D (Form 990) 2017 |
| | | | | 001 | |
| , 5200 | | 28 | | | |

| | | TON AREA B | | | | | | 23-73 | | | age 2 |
|------|--|---------------------------------|--------------|---------------------|---------------|-------------|------------------------|------------|-------------------|---------|--------------|
| Par | t III Organizations Maintaining C | Collections of A | rt, Histo | rical Tr | easures, o | or Othe | r Simila | r Asse | ts (contir | nued) | |
| 3 | Using the organization's acquisition, accessi (check all that apply): | ion, and other record | ls, check a | any of the | following tha | t are a sig | gnificant u | ise of its | collectio | n item | S |
| а | Public exhibition | d | I 🗌 La | an or excl | nange progra | ams | | | | | |
| b | Scholarly research | е | | | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how the | y further th | ne organizati | on's exen | npt purpo | se in Par | t XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | the organiz | zation's co | llection? | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | gements. Comple | ete if the o | rganizatio | n answered ' | 'Yes" on | Form 990 | , Part IV, | line 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for co | ontribution | s or other as | sets not i | included | | _ | | _ |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | | | | | | | | Amount | t | |
| с | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | . 1f | | - | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for es | crow or cu | ustodial acco | unt liabili | ty? | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete i | if the organization ar | nswered "Y | es" on Fo | | | | | | | |
| | | (a) Current year | (b) Pric | or year | (c) Two year | rs back (| d) Three ye | ears back | (e) Four | years | back |
| | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | ce (line 1g, | column (a | i)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that | are held a | nd administe | ered for th | ie organiza | ation | г | | |
| | by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | owment fu | nds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | – 000 | | | | | | |
| | Complete if the organization answere | | | | | | | | | | |
| | Description of property | (a) Cost or o basis (investr | | (b) Cost basis (| | • • | cumulated reciation | | (d) Bool | k value | 3 |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| с | Leasehold improvements | | | | | | 10 = | | | | <u> </u> |
| d | Equipment | | | 2 | 8,319. | | 12,51 | .9. | 1. | 5,8 | 00. |
| | Other | | | | | | | | | | |
| Tota | Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, column | (B), line 1 | 0c.) | | | | 1. | 5,8 | <u>JU.</u> |

Schedule D (Form 990) 2017

732052 10-09-17

| Schedule D | (Form 990) | 2017 | WZ | ASHI] | NGTON | AREA | BICYCLIST | ASSOCIATION | 23-7305477 | Page 3 |
|------------|------------|------|----|-------|-------|------|-----------|-------------|------------|---------------|
| | | | | | | | | | | |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. | (a) Description of liability | (b) Book value |
|--------|---|-----------------------|
| (1) | Federal income taxes | |
| (2) | DUE TO SPONSORED PROJECTS | 29,298. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨 | 29,298. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

732053 10-09-17

| _ | edule D (Form 990) 2017 WASHINGTON AREA BICYCLIST | | | 7305477 Page 4 |
|--|--|---|---------------|---|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | ents With Revenue | per Return |). |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,717,175. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | 73. | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 73. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,717,102. |
| 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 XIII.) | 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 | 1,717,102. |
| <u> </u> | | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater | ments With Expense | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | nents With Expense ^{a.} | es per Retu | rn. |
| Pa 1 | rt XII Reconciliation of Expenses per Audited Financial Stater | nents With Expense ^{a.} | es per Retu | |
| | rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | nents With Expense ^{a.} | es per Retu | rn. |
| 1 | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements | nents With Expense a. | es per Retu | rn. |
| 1 2 | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | nents With Expense | es per Retu | rn. |
| 1 2 a | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | nents With Expense | es per Retu | rn. |
| 1 2 a b | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | Prents With Expense a. 2a 2b 2c | es per Retu | rn. |
| 1 2 b c d | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | s per Retu | rn. <u>1,455,715.</u> 0. |
| 1 2 b c d | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2a 2b 2c 2c 2d | 2e | rn. |
| 1 2 b c d e | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2a 2b 2c 2c 2d | 2e | rn. <u>1,455,715.</u> 0. |
| 1 2 b c d 3 | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2a 2b 2c 2d 2c 2d 2c | 2e | rn. <u>1,455,715.</u> 0. |
| 1 2 3 4 | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | 2e | rn. <u>1,455,715.</u> 0. |
| 1 2 b c d e 3 4 a b | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2a 2b 2b 2c 2d 2d 2d 2d 2d | 2e 3 | rn. <u>1,455,715.</u> 0. <u>1,455,715.</u> 0. |
| 1 2 d e 3 4 b c 5 | Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2c 2d 2c 2d 2d | 2e 3 4c | rn. 1,455,715. 0. 1,455,715. |

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

PART X, LINE 2:

| FOR | THE | YEARS | ENDED | DECEMBER | 31, | 2017 | AND | 2016, | THE | ASSOCIATION | HAS |
|-----|-----|-------|-------|----------|-----|------|-----|-------|-----|-------------|-----|
|-----|-----|-------|-------|----------|-----|------|-----|-------|-----|-------------|-----|

DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

732054 10-09-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 **2017** Open to Public Inspection

Employer identification number 23 - 7305477

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENT; AND EDUCATING CHILDREN, ADULTS, AND MOTORISTS ABOUT SAFE

WASHINGTON AREA BICYCLIST ASSOCIATION

BICYCLING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADULT EDUCATION

EXPENSES \$ 140,033. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19,705.

MEMBER PROGRAMS AND DEVELOPMENT

EXPENSES \$ 98,782. INCLUDING GRANTS OF \$ 0. REVENUE \$ 194,821.

YOUTH EDUCATION

EXPENSES \$ 96,966. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,900.

TRAIL RANGERS

EXPENSES \$ 94,072. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

WABA OFFERS BOTH INDIVIDUAL AND BUSINESS MEMBERSHIPS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS MAY ELECT MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

 EXECUTIVE DIRECTOR. A COPY OF THE FORM 990 WAS EMAILED TO BOARD MEMBERS FOR

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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WASHINGTON AREA BICYCLIST ASSOCIATION

REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, BOARD MEMBERS AND STAFF ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST ATTESTATION FORM. EACH INDIVIDUAL ON THE BOARD OF DIRECTORS HAS A

FIDUCIARY RESPONSIBILITY TO THE ORGANIZATION. EVERY OFFICER AND MEMBER OF

THE BOARD HAS THE FOLLOWING RESPONSIBILITIES AND OBLIGATIONS:

1. TO DISCLOSE TO THE BOARD OF DIRECTORS THE EXISTENCE OF ANY REAL OR

APPARENT CONFLICT OF INTEREST.

2. TO ABSTAIN FROM DISCUSSING ANY ISSUE INVOLVED IN A CONFLICT OF INTEREST, UNLESS REQUESTED BY THE BOARD, OR A COMMITTEE THEREOF, TO GIVE INFORMATION ON THE ISSUE.

3. TO RECUSE HIMSELF (OR HERSELF) FROM BOARD OR COMMITTEE DISCUSSIONS ON ANY SUCH PROJECT OR TRANSACTIONS INVOLVING CONFLICT OF INTEREST, UNLESS REQUESTED BY THE BOARD OR COMMITTEE TO GIVE INFORMATION ON THE ISSUE.

4. TO ABSTAIN FROM VOTING ON ANY SUCH ISSUE.

5. IF SO DIRECTED BY A VOTE OF THE BOARD, TO RESIGN OR TAKE A TEMPORARY LEAVE OF ABSENCE FROM THE BOARD OF DIRECTORS, UNTIL SUCH TIME AS THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST HAS BEEN RESOLVED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD AFTER REVIEW OF COMPARABLE POSITIONS IN THE WASHINGTON, DC AREA AND THE UNITED STATES. THE MOST RECENT REVIEW TOOK PLACE IN MAY 2017.

FORM 990, PART VI, SECTION C, LINE 19:

 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

 732212 09-07-17
 Schedule O (Form 990 or 990-EZ) (2017)

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Page 2

| Name of the organization | WASHINGTON | AREA BI | CYCLIST | ' ASSOCIATI | ON | Employer identification number 23-7305477 |
|--------------------------|------------|---------|---------|------------------|------|---|
| AND FINANCIAL | STATEMENTS | AVAILAB | LE UPON | REQUEST. | | |
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Schedule O (Form 990 or 990-EZ) (2017)