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Extended to November 15, 2022

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Department of the Treasury

**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.

Open to Public Inspection

OMB No. 1545-0047

and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change Washington Area Bicyclist Association 23-7305477 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ (202)518-05242599 Ontario Road NW termin-ated 2,021,680. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return Washington, DC 20009-2811 H(a) Is this a group return Applica-F Name and address of principal officer: Jessica Hough Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(If "No," attach a list. See instructions ) ◀ (insert no.) 4947(a)(1) or J Website: ▶ https://waba.org/ **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other -L Year of formation: 1973 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: WABA empowers people to ride Activities & Governance bikes, build connections, and transform places. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 27 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 250 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year **Current Year** 1,731,263. 1,625,122. Contributions and grants (Part VIII, line 1h) Revenue 196,238. 387,607. Program service revenue (Part VIII, line 2g) 3,501. 759. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 723. 4,685. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,931,725. 2,018,173. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. 35,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,332,289. 1,401,506. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 430,703 507,693. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,762,992. 1,944,199. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 168,733. 73,974. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,536,882. 1,438,896. 20 Total assets (Part X, line 16) 145,995. 170,130. 21 Total liabilities (Part X, line 26) 292,901. 366,752. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Jessica Hough, Board Treasurer Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed 10/11/22 Paid Hemali Kane, EA P01337292 Firm's name Rogers & Company PLLC Firm's EIN **58-2676261** Preparer Firm's address 8300 Boone Boulevard, Suite 600 Use Only Phone no. (703) 893-0300 Vienna, VA 22182 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WABA empowers people to ride bikes, build connections, and transform
	places.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	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.
	Outreach events, meetings, social media, and grassioots engagement.
4b	(Code:) (Expenses \$ 279,469 • including grants of \$) (Revenue \$)
	Adult and Youth Education - WABA's education program empowers more
	folks throughout the DC region to ride bikes. We help adults, youth, and families throughout the region learn new skills and develop
	confidence on a bike by providing high-quality, effective, and
	inclusive learning experiences.
	Includite learning emperionees.
4c	
	Outreach: WABA's outreach programs are dedicated to getting more people
	riding bikes more often for transportation, recreation, and fitness.  Outreach programs include the D.C. Bike Ambassador and Women & Bicycles
	programs.
4d	
	(Expenses \$ 446, 289 • including grants of \$ ) (Revenue \$ 330, 216 •)
4e	Total program service expenses ► 1,461,370.
	Form <b>990</b> (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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 Rev. Proc. 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
40	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,"	19		Х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

# Form 990 (2021) Washington Area Bicyclist Association Part IV Checklist of Required Schedules (continued)

				T				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			l				
	Schedule J	23		X				
24 a	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	04-		X				
h	Schedule K. If "No," go to line 25a	24a 24b		122				
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240						
·	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							
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		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		Х				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			x				
	"Yes," complete Schedule L, Part IV							
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			x				
24	contributions? If "Yes," complete Schedule M	30		X				
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31						
32		32		x				
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		<del></del>				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		Х				
35 a	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?			<sub>V</sub>				
<b></b>	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI								
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X				
-		38	Х					
Pai	Note: All Form 990 filers are required to complete Schedule O  **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	<u></u>						
			Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 41							
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37					
	(gambling) winnings to prize winners?	1 10	Х	1				

Washington Area Bicyclist Association
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
<b>2</b> a	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		37	
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 e-file. See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_^
D	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).			
<b>5</b> 0		Eo.		Х
5a	, , , , , , , , , , , , , , , , , , , ,	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa		6a		х
h		ou		<del> </del>
		6b		
7		- OD		
а	•	7a		х
b				
С				
		7с		Х
d	1 1			
е	<del></del>	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			
	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?	9b		
10	Section 501(c)(7) organizations. Enter:			
а				
b				
11				
D	· · · · · · · · · · · · · · · · · · ·			
120		120		
		ıza		
13				
		13a		
-		104		
b				
С				
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	any contributions that were not tax deductible as charitable contributions?  f'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  forganizations that may receive deductible contributions under section 170(c).  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 f'Yes," did the organization notify the donor of the value of the goods or services provided?  7bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  1c in the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c in the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7d the organization received a contribution of dars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h Sponsoring organizations maintaining donor advised funds.  1other sponsoring organization make any taxable distributions under section 4966?  9a bid the sponsoring organization make any taxable distributions under section 4966?  9a bid the sponsoring organization make any taxable distributions under section 4966?  9a bid the sponsoring organization make any taxable distributions under section 4966?  9a bection 501(c)(27) organizations. Enter:  nitiation fees and capital contributions included on Part VIII, line 12  1ca conseinable from members or shareholders  1ross income from members or shareholders  1ross income from members or shareholders  1ross income from the sources. (Do not net amounts due or paid to other sources against amounts due or received from them)  1section 501(c)(27) qualified nonprofit health plans in more than one state?  1ryes, "enter the amou			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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

	Crieck if Schedule O contains a response or note to any line in this Part VI			22						
Sec	tion A. Governing Body and Management									
	Enter the number of voting members of the governing body at the end of the tax year 17		Yes	No						
1a		-								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17	-								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠,,						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	Х	Х						
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a	Х							
	more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		x						
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37							
a	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		,						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		· ·							
40-	Did the every insting have lead shouten hypershap as efflicted.	40-	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a		22						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
		Ha								
12a	<ul> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> </ul>									
b		12a 12b	X							
		120								
·	on Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
		15b		Х						
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶MD , VA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd fina	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	Kristin Frontiera - (202)518-0524									
	2599 Ontario Road NW, Washington, DC 20009-2811									

# Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	l	(C)		прсі	iioai	(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	$\vdash$	CCI aii	lu a u	II ecto	1 1		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or o	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ıal tru		yee	ompe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	Je.	Key employee	nest c	ner			organizations
	line)	lndi	Inst	Officer	Key	High	Former			
(1) Kristin Frontiera	40.00							05 554		10 520
Acting Executive Director	40.00			Х				87,554.	0.	10,739.
(2) Gregory Billing	40.00	-		l				00 454	•	E 00E
Executive Director				Х				92,154.	0.	5,097.
(3) Joanne Neukirchen	2.00									•
Board President	0 00	Х		Х				0.	0.	0.
(4) Carl Turpin	2.00	١								•
Board Vice President	2 00	Х		Х				0.	0.	0.
(5) Jessica Hough	2.00	,,		,,					0	•
Board Treasurer	2 00	Х		Х				0.	0.	0.
(6) Shelley Vinyard	2.00	,,		,,					0	•
Board Secretary	2 00	Х		Х				0.	0.	0.
(7) Peter Gray	2.00	٠,,							0	•
Board Member	2 00	Х						0.	0.	0.
(8) Adina Crawford	2.00	X							0	0
Board Member	2.00	Δ.						0.	0.	0.
(9) Allison Foster	2.00	X						0.	0.	0
Board Member	2.00	^						0.	0.	0.
(10) John Days	2.00	X						0.	0.	0.
Board Member	2.00	^						0.	0.	0.
(11) Kira Marchenese	2.00	X						0.	0.	0.
Board Member (12) Llewelyn Engle	2.00	^						0.	0.	0.
Board Member	2.00	X						0.	0.	0.
(13) Chioma Ohalete	2.00	^						0.	0.	<u></u>
Board Member	2.00	X						0.	0.	0.
(14) Nicholas Johnson	2.00	^						0.	0.	0.
Board Member	2.00	X						0.	0.	0.
(15) Marya Torrez	2.00	^						0.	0.	<u></u>
Board Member	2.00	x						0.	0.	0.
(16) Thomas Geraghty	2.00							0.	0.	
Board Member	4.00	X						0.	0.	0.
(17) Keya Chatterjee	2.00						$\vdash$	0.	0.	
Board Member		x						0.	0.	0.
Dould Hellibel		72						0.	0.	- 000

Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B) (C)							(D)	(E)			(F)	
Name and title	Average	(do not check more than one					one	Reportable	Reportable			timate	
	hours per					is bot or/trus			compensation	ן י		nount	of
	week (list any	_	- CO. CO.	<u> </u>	1	1	1	from	from related			other	. 4.1
	hours for	lirect				L		the organization	organizations (W-2/1099-MIS			pensa om th	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	<sup>0</sup> /		anizat	
	organizations	Individual trustee or director	Institutional trustee		/ee	mper		1099-NEC)	,		•	d relat	
	below	idual	ution	-	Key employee	est co oyee	ь	,				anizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) Paul Heaton	2.00												
Board Member		Х						0.		0.			0.
(19) Scott Barash	2.00												
Board Member		Х						0.		0.			0.
						_							
						<u> </u>				-			
							Ļ	179,708.		0.	1	F 0	36.
1b Subtotal								0.		0.		J, 0	0.
c Total from continuation sheets to Part V								179,708.		0.	1	5 Ω	36.
d Total (add lines 1b and 1c)  Total number of individuals (including but n								<u> </u>	000 of reportable	-		<i>J</i> , 0	50.
	ot ilmited to tr	iose	IISLE	eu ai	DOV	e) wi	101	eceived more than \$100	,000 or reportable	7			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director trust	ا مم	(AV 6	amn	love	<u> </u>	r hic	nhest compensated emr	Novee on	Г			
line 1a? If "Yes," complete Schedule J for s										- 1	3		х
4 For any individual listed on line 1a, is the su								her compensation from		····	Ť		
and related organizations greater than \$15	•							•	•	ı	4		х
5 Did any person listed on line 1a receive or a										····			
rendered to the organization? If "Yes," com	•				•			iod organization of many		- 1	5		х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,								
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	=	-											
(A)								(B)			(0	<del>)</del>	
Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
							_						
							_						
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation >				(	0						066	
											Form	<b>990</b> (	2021)

Га			Check if Schedule O contains a	rosponso	or noto to any lir	ao in this Part VIII			
			Check if Schedule O Contains a	response	or note to any iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
ts t	1	а	Federated campaigns	1a	98,504.				
iran			Membership dues	<del></del>					
S, G			Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations	1d					
s, C			Government grants (contributions)	1e	820,731.				
tion		f	All other contributions, gifts, grants, and						
the			similar amounts not included above	1f	705,887.				
d O		g	Noncash contributions included in lines 1a-1f	1g \$					
g E		h	Total. Add lines 1a-1f		<b>&gt;</b>	1,625,122.			
					<b>Business Code</b>				
9			Membership Dues		900099	226,473.	226,473.		
Program Service Revenue			Registration		900099	132,559.	132,559.		
Scu		С	Contracts		900099	28,575.	28,575.		
ran ev		d							
Pog		е							
Δ.		f	All other program service revenue $\underline{\ }$						
		g	Total. Add lines 2a-2f			387,607.			
	3		Investment income (including divide		•	750			750
			other similar amounts)			759.			759.
	4		Income from investment of tax-exer						
	5		Royalties	i) Real	(ii) Personal				
	_			i) Real	(II) Personal				
	6		Gross rents 6a			1			
			Less: rental expenses 6b  Rental income or (loss) 6c			-			
			Not worth live a rose on (least)						
				Securities	(ii) Other				
	'	а	assets other than inventory <b>7a</b>	, , , , , , , , , , , , , , , , , , ,	(ii) Garior				
		h	Less: cost or other basis						
ē		-	and sales expenses 7b						
Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)		<b>•</b>				
ĕ			Gross income from fundraising events (						
₹			including \$	of					
			contributions reported on line 1c). §	See					
			Part IV, line 18	8a					
		b	Less: direct expenses						
		С	Net income or (loss) from fundraising	g even <u>ts</u>	<b></b>				
	9	а	Gross income from gaming activitie	s. See					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming a		<b></b>				
	10	а	Gross sales of inventory, less return		7 001				
			and allowances						
			Less: cost of goods sold		3,507.	2 E1/	2 E1/		
-		С	Net income or (loss) from sales of in	iventory	Busines: Oc. 1	3,514.	3,514.		
sn		_	Miscellaneous Inco	m <sub>O</sub>	Business Code 900099	1,066.			1,066.
Miscellaneous Revenue	11		Admin processing f		900099	1,000.			1,000.
ella			TOWITH PLOCESSING I		200099	103.			103.
Re		q	All other revenue						
Σ			Total. Add lines 11a-11d		<u> </u>	1,171.			
	12	_	Total revenue. See instructions		<b>•</b>	2,018,173.	391,121.	0.	1,930.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	Charle if Sahadula Chartains a reason			impiete columni (A).	X
Da	Check if Schedule O contains a respor not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	35 000	35 000		
_	and domestic governments. See Part IV, line 21	35,000.	35,000.		
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				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors,				
3	trustees, and key employees	195,544.	156,436.	18,596.	20,512.
6	Compensation not included above to disqualified	155,511.	130,430.	10,3301	20,312.
U	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 40E0(a)(2)(D)				
7	Other salaries and wages	993,592.	794,873.	94,491.	104,228.
8	Pension plan accruals and contributions (include	220,000		J = , = J = V	_01,220•
J	section 401(k) and 403(b) employer contributions)	26,811.	21,450.	2,549.	2.812.
9	Other employee benefits	83,865.	67,091.	7,976.	2,812. 8,798.
10	Payroll taxes	101,694.	81,355.	9,671.	10,668.
11	Fees for services (nonemployees):	. – ,	,	- ,	2,220
	Management				
	Legal				
	Accounting	15,993.		15,993.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch 0.)	206,821.	134,064.	72,757.	
12	Advertising and promotion	3,462.	2,387.	75.	1,000.
13	Office expenses	69,260.	36,327.	11,819.	21,114.
14	Information technology				
15	Royalties				
16	Occupancy	92,924.	69,855.	13,909.	9,160.
17	Travel	5,469.	4,205.	1,079.	185.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,263.	1,321.	13,942.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,179.		12,179.	
23	Insurance	20,697.		20,697.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Member Premiums	33,519.	32,898.	621.	
b	Equipment	28,073.	21,901.	6,172.	
С	Permits and Fees	4,033.	2,207.	1,048.	778.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,944,199.	1,461,370.	303,574.	179,255.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 00 01				Form <b>990</b> (2021)

Part X | Balance Sheet

### Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 848,911. 687,659. Cash - non-interest-bearing 1 559,063. 446,982. 2 Savings and temporary cash investments 27,500. 74,304. 3 3 Pledges and grants receivable, net 48,559. 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 32,544. 31,353. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 95,691. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 53,157. 46,036. 42,534. b Less: accumulated depreciation 10b 10c 60,710. 60,973. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 4,325. 4,325. Other assets. See Part IV, line 11 15 15 1,438,896. 1,536,882. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 116,090. 141,623. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 1,446. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 28,459 28,507. of Schedule D 145,995. 170,130. 26 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,192,901. 1,366,752. 27 27 Net assets without donor restrictions 100,000. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund ..... 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,292,901. 1,366,752. 32 Total net assets or fund balances 32 1,438,896. 1,536,882. 33 Total liabilities and net assets/fund balances ...... Form **990** (2021)

Pa	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		,01			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,94			
3	Revenue less expenses. Subtract line 2 from line 1	3			3,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	1,292,901			
5	Net unrealized gains (losses) on investments	5			-1	23.	
6	Donated services and use of facilities	6					
7							
8	Prior period adjustments	8					
9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
						No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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						
	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 th	e audit,	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit				
	Act and OMB Circular A-133?	-		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				_	000	2004	

# **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization Washington Area Bicyclist Association Employer identification number 23-7305477

Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete tl	nis part.) S	ee instructions.						
The	organ	nization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative		·		(b)(1)(A)(ii	ii).						
4	Ħ	A medical research organiz					-	the hospital's name					
7		city, and state:	ation operated in co	njariotion with a moopital	accomba	a 111 000 110	ii iro(b)( i)(A)(iii)i Einoi	the nospital s name,					
_		<u> </u>	or the benefit of a co	llogo or university evene	d or opera	tod by a a	overnmental unit descri	had in					
5		An organization operated for		nege or university owner	u or opera	teu by a g	overnmental unit descri	Ded III					
_		section 170(b)(1)(A)(iv). (Complete Part II.)  A fodoral state or local government or governmental unit described in section 170(b)(1)(A)(v)											
6	v	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Co											
8	Н	A community trust describe											
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college					
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the collec	ge or					
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from					
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	t from gross investment					
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See <b>section 509(a)(2).</b> (Cor	nplete Part III.)										
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or					
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on					
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а			inization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting					
		organization. You must c	omplete Part IV, Se	ections A and B.									
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving					
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the su	oported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,					
	_	_ its supported organization	n(s) (see instructions	). You must complete F	Part IV, Se	ections A,	D, and E.						
d			<b>integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an attent	tiveness					
	_	requirement (see instruct)	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.						
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated supporti	ing organi:	zation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information		` '	(iv) le the orga	nization lietad							
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		organization		àbove (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
								<del> </del>					

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

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

Sec	ction A. Public Support	71		,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	, ,	` ,	`,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,361,999.	1,403,280.	1,316,735.	1,731,263.	1,625,122.	7,438,399.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,361,999.	1,403,280.	1,316,735.	1,731,263.	1,625,122.	7,438,399.
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)						666,632.
	Public support. Subtract line 5 from line 4.						6,771,767.
	ction B. Total Support		<u> </u>			1	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,361,999.	1,403,280.	1,316,735.	1,731,263.	1,625,122.	7,438,399.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	818.	2 051	6,731.	3,501.	759.	15 660
_	and income from similar sources	010.	3,851.	0,/31.	3,301.	759.	15,660.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		3,331.		723.	1,066.	5,120.
	assets (Explain in Part VI.)		3,331.		125.	1,000.	7,459,179.
	<b>Total support.</b> Add lines 7 through 10	-t- / in-tu-sti				12 1	$\frac{7,439,179}{,319,402}$
12	•			iourth or fifth tow			, 517, 402.
13	First 5 years. If the Form 990 is for the organization, check this box and store			•			ightharpoonup
Sec	ction C. Computation of Publ		rcentage				·····
	Public support percentage for 2021 (			column (f))		14	90.78 %
	Public support percentage from 2020					15	91.69 %
	33 1/3% support test - 2021. If the o					<u> </u>	
	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
_	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to					vi new and organiz	
h	10% -facts-and-circumstances tes	•	•		•		
-	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		▶□
18	<b>Private foundation.</b> If the organization		-	•			s •

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

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

Section A. Public Support	relow, please com	ipietė Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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  The value of services or facilities						
furnished by a governmental unit to the organization without charge						
·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		#1.0040	1 (10040	1 , , , , , ,	( ) 000/	(0
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶□
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2021 (	line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inve	stment Incom	ne Percentage	)			
17 Investment income percentage for 20	<b>)21</b> (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from	<b>2020</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	ınd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	zation	
b 33 1/3% support tests - 2020. If the						and
line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization						

# Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	- Ou		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
uule	Δ (Forr	n uan	ついりも

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Washington Area Bicyclist Association 23-7305477 Page 6 Schedule A (Form 990) 2021 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

3

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3

<u>4</u> 5

Sche	edule A (Form 990) 2021 Washington Ar	ea Bicyclist	Association	2	3-7305477 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting O	ganizations (continu	ued)	<u> </u>
Sect	ion D - Distributions		1		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is respons	sive		
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				

Schedule A (Form 990) 2021

g Applied to underdistributions of prior yearsh Applied to 2021 distributable amount

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

4 Distributions for 2021 from Section D,

Part VI. See instructions.

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

i Carryover from 2016 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

# Schedule B

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Washington Area Bicyclist Association 23-7305477 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# Washington Area Bicyclist Association

23-7305477

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$51,215.	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	\$ 69,141.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 6	Name, address, and ZIP + 4	\$ 701,146.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# Washington Area Bicyclist Association

23-7305477

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		s		
(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	

Name of organization

Washington Area Bicyclist Association

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)

Use duplicate copies of Part III if additional space is needed.

(a) No.

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
				<del></del>
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfe	er of gift	
		(e) Transit	er or girt	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfe	er of gift	
		(e) Transit		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfe	er of gift	
		(e) Transfe	er or grit	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee

# SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ 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.

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- 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 answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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.

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization				oloyer identification number
		ton Area Bicycli			23-7305477
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2 3	Provide a description of the organize Political campaign activity expenditively Volunteer hours for political campa	tures ign activities		<b>&gt;</b>	\$
	-	ganization is exempt un		• •	
1	Enter the amount of any excise tax	incurred by the organization un	nder section 4955	<b>&gt;</b>	\$
	Enter the amount of any excise tax		-		
	If the organization incurred a section				
48	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV.	<del> </del>	1 1 504/ )		( )(0)
	art I-C Complete if the org				
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditures			*	
	line 17b				\$
_	Did the filing organization file Form				
5	,		•		
	made payments. For each organization contributions received that were pr	,	0 0		•
	political action committee (PAC). If			•	ate obgregated fand of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organization's	contributions received and
				funds. If none, enter -0-	
					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) 2021

Sched	dule C (Form 990)	2021	Washi	ngton	Area Bicycl	ist Associa	tion 23-7	7305477 Page 2
Par	t II-A   Comp	lete if the org	janizatio	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
	sectio	n 501(h)).						
A Ch	eck 🕨 🔲 if t	the filing organiza	tion belon	gs to an affi	liated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
	ex	penses, and sha	re of exces	ss lobbying	expenditures).			
<b>B</b> Ch	eck 🕨 📖 if t	the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.	•	
	Т)			oying Expe leans amou	nditures ınts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying ex	penditures to infl	uence pub	lic opinion (	grassroots lobbying)			
					dy (direct lobbying)			
d	Other exempt pur	rpose expenditur	es					
е	Total exempt pur	pose expenditure			d)			
f_	Lobbying nontax	able amount. Ente	er the amo	unt from the	e following table in bot	th columns.		
	If the amount on li	ne 1e, column (a) c	or (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,00	00		20% of	the amount on line 1e			
	Over \$500,000 bu	ut not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
	Over \$1,000,000	but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
-	Over \$1,500,000		,000,000		00 plus 5% of the exce	ess over \$1,500,000.		
L	Over \$17,000,000	0		\$1,000,	000.			
_	Grassroots nonta	,		,				
	Subtract line 1g f							
						· · · · · · · · · · · · · · · · · · ·		
-	If there is an amo reporting section				line 1i, did the organiz	ation file Form 4720	[	Yes No
				4-Year Ave	eraging Period Under	Section 501(h)		
	(Some	organizations t				have to complete all	of the five columns b	pelow.
					ate instructions for li			
			Lobi	ying Expe	nditures During 4-Ye	ar Averaging Period	•	•
	Calendar y (or fiscal year be	,	(a)	2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) Total
2a	Lobbying nontax	able amount						
	Lobbying ceiling							
	(150% of line 2a,	column(e))						
с	Total lobbying ex	penditures						
d	Grassroots nonta	axable amount						
е	Grassroots ceiling	g amount						
	(150% of line 2d,	column (e))						
f	Grassroots lobby	ring expenditures						

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	a)	(I	o)
of th	e 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:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?	Х		4	4,414.
	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			4,414.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			3,829.
	Other activities?	X			5,486.
	Total. Add lines 1c through 1i			4.4	4,143.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/->	/ <b>/</b> /\	-4:	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
	33.(3)(3).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section			ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part	: III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	ide 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	I-A, lines 1	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
Pa:	rt II-B, Line 1, Lobbying Activities:				
WA]	BA staff and volunteers worked with citizens and lo	cal go	vernm	ent	
of:	ficials on bike-friendly legislation and on identif	ying m	resour	ces fo	or
im	provements in bike infrastructure.				

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Washington Area Bicyclist Association

Employer identification number 23-7305477

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered Tes Off Official 350, Fartiv, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
Do	organization's accounting for conservation easements.  t III Organizations Maintaining Collections or	f Art Historical Tracquires or C	Other Similar Assets
Ра	till Organizations Maintaining Collections or Complete if the organization answered "Yes" on Form		Other Sillinar Assets.
10			and balance sheet works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	•	
	,	,	'
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in turn	therance of public service,
	provide the following amounts relating to these items:		<b>•</b>
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L</b>
•			
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under FASB A	-	<b>•</b>
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		🖊 🔻

## Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		95,691.	53,157.	42,534.
<b>e</b> Other				
Total Add lines 1a through 1e (Column (d) must equa	42.534.			

Schedule D (Form 990) 2021

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Due to Sponsored Projects	28,507.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	28,507.

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

# Part XI, Line 2d - Other Adjustments: COGS Part XII, Line 2d - Other Adjustments: COGS 3,507.

Schedule D	(Form 990) 2021	Washington	Area	Bicyclist	Association	23-7305477	Page 5
Part XIII	(Form 990) 2021 Supplemental Info	rmation (continued)					
		, ,					
_							

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Washington Area Bicyclist Association 23-7305477 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) RTC's support of the WABA Rails To Trails Coalition (RTC) Capital Trails Coalition through technical 2121 Ward Court NW 52-1437006 501 (c)(3) 35,000. expertise and strategic Washington, DC 20037 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0.

Enter total number of other organizations listed in the line 1 table

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

2021
Open to Public Inspection

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

Name of the organization

Washington Area Bicyclist Association

Employer identification number 23-7305477

Form 990, Part III, Line 4d, Other Program Services:

Membership and Development: Members and stakeholders directly support

WABA's advocacy for infrastructure and policy to make biking, walking,
and transit the best ways to get around the region.

Expenses \$ 198,492. including grants of \$ 0. Revenue \$ 229,987.

Events - Fundraising bicycle rides exploring trails, bike lanes and neighborhoods in Maryland, Virginia, and Washington, DC.

Expenses \$ 134,479. including grants of \$ 0. Revenue \$ 43,366.

Trail Rangers - WABA's Trail Ranger program is putting a fresh set of eyes on DC trails to support and encourage a growing community of trail users. Trail Rangers are a consistent and helpful presence on DC's mixed-use, paved trails, charged with assisting trail users, improving trail conditions, and working with city agencies to keep the trails clean, welcoming, and clear of obstacles. They carry tools and are able to help patch a flat, provide a quick fix, dish out maps and directions, or clear up glass and debris before it causes trouble.

Their presence means less ducking around branches, and more reasons to enjoy the area's trail network.

Expenses \$ 109,132. including grants of \$ 0. Revenue \$ 0.

50 States Ride: Annual fundraising recreational bike ride that takes riders on every state named avenue in the District.

Expenses \$ 4,186. including grants of \$ 0. Revenue \$ 56,863.

Name of the organization

Washington Area Bicyclist Association

Employer identification number 23-7305477

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 Board Treasurer. A copy of the Form 990 was emailed to board members for 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 Diretors 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.

Name of the organization  Washington Area Bicyclist Association	Employer identification number 23-7305477
Form 990, Part VI, Section B, Line 15a:	
The Executive Director's salary is set by the Executive C	Committee and
approved by the full Board after review of comparable pos	sitions in the
Washington, DC area and the United States. The most recen	nt review took
place in July 2020.	
Form 990, Part VI, Section C, Line 19:	
The Organization makes its governing documents, conflict	of interest policy
and financial statements available upon request.	or interest perior
Form 990, Part IX, Line 11g, Other Fees:	
Consultants:	
Program service expenses	134,064.
Management and general expenses	72,757.
Fundraising expenses	0.
Total expenses	206,821.
Total Other Fees on Form 990, Part IX, line 11g, Col A	206,821.