Form **990** 

Department of the Treasury Internal Revenue Service

## Extended to November 15, 2024

## 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.

2023 Open to Public

Open to Public Inspection

Form 990 (2023)

A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change Washington Area Bicyclist Association Name change 23-7305477 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final (202)518-0524 2599 Ontario Road NW termi ated 3,027,764. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Washington, DC 20009-2811 Amended H(a) Is this a group return Applica-F Name and address of principal officer: Elizabeth Kiker Yes X No for subordinates? ..... pending same as C above H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or If "No." attach a list. See instructions (insert no.) https://waba.org/ J Website: H(c) Group exemption number K Form of organization: X Corporation Trust 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. oxed if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 46 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 200 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 2,352,773. 2,869,428. Contributions and grants (Part VIII, line 1h) Revenue 402,592. 137,673. Program service revenue (Part VIII, line 2g) 1 402. 20 663 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 706. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2.757.473. 3.027.764. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 45,000. 4,132. 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) 1,900,574. 2,239 124 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, English 16a Professional fundraising fees (Part IX, column (A), line 11e) 251 292,841. 0. 682,975. 679,967. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,628,549. 2,923,223 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 104,541. 128 924 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 1.884.688. 1,979,501. 20 Total assets (Part X, line 16) 390,243. 379,683. 21 Total liabilities (Part X, line 26) 494,445. ,599,818. 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. re of officer 30 24 Sign Elizabeth Kiker, Executive Director Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 09/20/24 P02014004 Paid Amanda E. Waterhouse (imande F. Waterhouse Firm's EIN 58-2676261 Rogers & Company PLLC Preparer Firm's address 8300 Boone Boulevard, Suite 600 Use Only Vienna, VA 22182 Phone no. (703) 893-0300 X Yes May the IRS discuss this return with the preparer shown above? See instructions

332001 12-21-23

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pai	t III Statement of Program Service Accomplishments
	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. We envision a just and sustainable transportation system where
	walking, biking, and transit are the best ways to get around.
	maining, sining, and clausic ale one sets half to get alound.
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?
	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.
40	(Code:) (Expenses \$ 767,858 • including grants of \$) (Revenue \$ 3,294 • )
44	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.
	600 060
4b	(Code:) (Expenses \$ 609,869 • including grants of \$) (Revenue \$)
	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 is 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.
_	, , , , , , , , , , , , , , , , , , , ,
4c	(Code: ) (Expenses \$ 391,778. including grants of \$ 4,132.) (Revenue \$ 22,657.)
	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 471,237 • including grants of \$ ) (Revenue \$ 111,722 • )
<u>4e</u>	Total program service expenses 2,240,742.
	Form <b>990</b> (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	- 25	
3	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			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			- 1
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
5	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	X	
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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	
12a	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 22
13	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	-10		
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	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?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			- v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	00		X
04.0	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			. v
-	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/ff	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
	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?			- v
07	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	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3/		1
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
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### Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V					
		_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	46			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	

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

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4.5							
	filed for the calendar year ending with or within the year covered by this return	2a 46							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	3?	2b	Х					
За			3a		Х				
	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 au	-			,,				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	, ,			37				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		_				
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X				
р	If "Yes," did the organization include with every solicitation an express statement that such contribution	-	CI-						
-	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	on provided to the pover?	7-		Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.		7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		_				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-	7-		Х				
ما	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		-22				
d	<del>-</del>	<u> </u>	7e		Х				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7 <del>f</del>		X				
	If the organization received a contribution of qualified intellectual property, did the organization file Forr		7g						
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b		711						
Ū	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а			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		0a							
b		0b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	1a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	1b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı							
	1	3b							
		3c			₹				
14a			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera		4-		v				
	excess parachute payment(s) during the year?		15		X				
10	If "Yes," see the instructions and file Form 4720, Schedule N.		40		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	ncome?	16						
47	If "Yes," complete Form 4720, Schedule O.	vition							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active that would result in the imposition of an excise tax under section 4951, 4952 or 49523.		17						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes " complete Form 6069		17						

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

	Check if Schedule O contains a response or note to any line in this Part VI				X					
Sec	tion A. Governing Body and Management									
		1 1 4	1	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	.1							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	,	1							
b	Enter the number of voting members included on line 1a, above, who are independent		.1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				37					
	officer, director, trustee, or key employee?		2		X					
3	Did the organization delegate control over management duties customarily performed by or under the				37					
	of officers, directors, trustees, or key employees to a management company or other person?				X					
4	Did the organization make any significant changes to its governing documents since the prior Form				X					
5	Did the organization become aware during the year of a significant diversion of the organization's as			X	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 a	•		3,7						
	more members of the governing body?		. <u>7a</u>	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	·								
	persons other than the governing body?		. 7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			77						
а	The governing body?			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 real				37					
<del></del>	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 Fi	evenue Code.)		1.,	T					
				Yes	No X					
	Did the organization have local chapters, branches, or affiliates?		. 10a							
р	If "Yes," did the organization have written policies and procedures governing the activities of such of		401							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing both	ly before filing the form?	11a	_ ^						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		40	X						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		. 12b		-					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		40-	х						
40	on Schedule O how this was done			X	-					
13	Did the organization have a written whistleblower policy?			X						
14	Did the organization have a written document retention and destruction policy?		. 14	125						
15	Did the process for determining compensation of the following persons include a review and approve	*								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	Х						
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			1	Х					
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		. 130							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
100	taxable entity during the year?		16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		104							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation of ev									
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure		. 100							
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, a	nd 990-T (section 501(c	)(3)s only	n) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.	(555.511.551(0)	,,-,- 5,,,)	,						
		on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	and 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 bo	ooks and records								
	Elizabeth Kiker - (202)518-0524									
	2599 Ontario Road NW. Washington, DC 20009-2811									

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Elizabeth Kiker Executive Director	40.00	-		x				101,363.	0.	5,167.
(2) Julie Meyer	24.00	$\vdash$		21		$\vdash$		101,303.	0.	3,107.
Interim Executive Director	24.00	1		х				35,635.	0.	0.
(3) Kira Marchenese	2.00					$\vdash$		00,000	•	
President		Х		х				0.	0.	0.
(4) Shelley Vineyard	2.00					$\vdash$				
Vice President		Х		Х				0.	0.	0.
(5) Jessica Hough	2.00					$\vdash$				
Treasurer		Х		Х				0.	0.	0.
(6) Nick Johnson	2.00									
Secretary		Х		Х				0.	0.	0.
(7) Llewelyn Engel	2.00									
Board Member		Х						0.	0.	0.
(8) Allison Foster	2.00									
Board Member		Х			L	L		0.	0.	0.
(9) Marya Torrez	2.00								_	
Board Member		Х			L	$oxed{oxed}$		0.	0.	0.
(10) Debra Lane	2.00									
Board Member		Х			<u> </u>	oxdot		0.	0.	0.
(11) Mishal Thadani	2.00									
Board Member		Х			L	╙		0.	0.	0.
(12) Jim Sebastian	2.00									•
Board Member	2 00	Х			<u> </u>	╙		0.	0.	0.
(13) Dan Langenkamp	2.00	٠,,								0
Board Member	2 00	Х	_	_	$\vdash$	⊢	_	0.	0.	0.
(14) Karen Davis Miller	2.00	X						0.	0.	0
Board Member		_	_	H	$\vdash$	⊬	_	0.	0.	0.
		1								
		$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$			
		1								
		$\vdash$	$\vdash$	$\vdash$		$\vdash$	$\vdash$			
		1								
	I	1	ı	ı	1	1	I	1	I	

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck	sitior more	1 than	one	Reportable	Reportable		Estimated		ed
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation		ar	nount	of
		week	$\vdash$	T	iu a u	Inecti	Jiriius	lee)	from	from related			other	
		(list any hours for	recto						the organiz			l .	pensa	
		related	or di	8			ated		organization	(W-2/1099-MIS		l	om th	
		organizations	nstee	trust		e e	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ı ~	ıanizat d relat	
		below	lual tr	tional	١.	ploye	st con	_	1099-1120)			l	anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5.9		00
			_	<del>  -</del>		<u> </u>	1	_						
						$\vdash$	$\vdash$							
			_											
						$\vdash$								
						$\vdash$								
							$\vdash$							
									126 000				- 1	<u> </u>
1b	Subtotal								136,998.		0.		5,1	0.
	Total from continuation sheets to Part VI								136,998.		0.		5,1	
2	Total (add lines 1b and 1c)									000 of reported			J, 1	07.
2	Total number of individuals (including but no compensation from the organization	iot iiiriitea to ti	1056	11516	eu a	DOV	e) wi	10 1	eceived more than \$100	,000 or reportab	ie			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,			key e	emp	loye	e, o	hig	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													37
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=							-			5		Х
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co										npens	ation	from	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	with	or w	ithir	n the organization's tax y (B)	year.			C)	
	Name and business	address	N	INC	Ξ				Description of s	ervices	С		رر nsatio	n
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to		se lis	stec	d above) who received m	nore than				
	Too,ooo or compensation from the organi	∠αιι∪ι I										Form	990 (;	2023)

Га	IL VI	Check if Schedule O contains a res	onse	or note to any lir	ne in this Part VIII			
		Official in Schledule O Contains a res	JOHSE	or note to any in	(A)  Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c d e f	A Federated campaigns  D Membership dues  D Fundraising events  D Related organizations  D Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  D Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	1,	46,676. 247,609. 499,694. 075,449. 1,041.	2,869,428.			
				Business Code				
e G		Registration		900099	128,611.			
e Z	b	Contracts		900099	7,098.	7,098.		
n Si	c	Merchandise sales		900099	1,964.	1,964.		
Jrar Rev	C	·						
Program Service Revenue	е							
-	f	All other program service revenue			127 672			
$\overline{}$	<u>0</u>	Total. Add lines 2a-2f			137,673.			
	3	other similar amounts) Income from investment of tax-exempt I			20,663.			20,663.
	5	Royalties						
		(i) Re	al	(ii) Personal				
	6 a							
		Less: rental expenses 6b						
		Rental income or (loss)						
		` ` <del> </del>		(2) 04				
	7 a	Gross amount from sales of (i) Secu	rities	(ii) Other				
		assets other than inventory <b>7a</b>						
ø	b	Less: cost or other basis						
nue	_	and sales expenses 7b Gain or (loss) 7c						
e ve				l				
er Revenue		Net gain or (loss)	····	T				
Ğ	0 4	including \$ of contributions reported on line 1c). See						
		Part IV, line 18	. 8a					
	b	Less: direct expenses	. 8b					
	c	Net income or (loss) from fundraising ev	ents					
	9 a	a Gross income from gaming activities. Se	- 1					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activit	ies	 I				
	10 a	Gross sales of inventory, less returns						
		and allowances		<del> </del>				
		Less: cost of goods sold		•				
$\dashv$		Net income or (loss) from sales of inven-	ory	Business Code				
snc	11 a			Busilless Code				
ne	ii a							
ella ella	C							
Miscellaneous Revenue		All other revenue						
2		• Total. Add lines 11a-11d						
	12	Total revenue. See instructions			3,027,764.	137,673.	0.	20,663.

### 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).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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		ехрепзез	general expenses	ехрепзез
	and domestic governments. See Part IV, line 21	4,132.	4,132.		
2	Grants and other assistance to domestic	1,132.	1,152.		
2					
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	140 165	116 042	10 045	15 077
	trustees, and key employees	142,165.	116,043.	10,845.	15,277.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 840 555	1 100 500	121 100	104 504
7	Other salaries and wages	1,719,555.	1,403,589.	131,182.	184,784.
8	Pension plan accruals and contributions (include	22 1	2= 22=		
	section 401(k) and 403(b) employer contributions)	39,177.	27,897.	7,647.	3,633. 16,959.
9	Other employee benefits	183,707.	130,277.	36,471.	16,959.
10	Payroll taxes	154,520.	126,122.	11,790.	16,608.
11	Fees for services (nonemployees):				
а	Management				
b					
С	Accounting	26,571.		26,571.	
	Lobbying	33,411.	33,411.		
	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 O.)	261,313.	197,689.	47,574.	16,050.
12	Advertising and promotion	14,808.	9,405.	5,403.	
13	Office expenses	89,833.	23,773.	36,993.	29,067.
14	Information technology	•	•		· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	101,908.	78,886.	13,048.	9,974.
17	Travel	7,178.	5,615.	1,563.	- 7
18	Payments of travel or entertainment expenses	.,,	0,0200		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,609.	5,483.	1,126.	
	T	3,003.	3,103.		
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	19,142.		19,142.	
	. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	26,275.		26,275.	
23	Other expenses. Itemize expenses not covered	20,210		20,213	
24	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.)  Equipment	52,011.	41,245.	10,766.	
a	Member Premiums	33,979.	31,384.	2,156.	439.
b	Permits and Fees	6,929.	5,791.	1,088.	50.
C	LETHICS WIN LEES	0,343.	5,191.	1,000.	50.
d					
e	All other expenses	2 022 222	2 240 742	200 640	202 041
25	Total functional expenses. Add lines 1 through 24e	2,923,223.	2,240,742.	389,640.	292,841.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22201	0 12-21-23				Form <b>990</b> (2023)

#### 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 832,329. 848,231. Cash - non-interest-bearing 1 450,457. 473,166. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 224,114. 369,407. Accounts receivable, net 4 **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 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 40,276. 24,709. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 135,595. basis. Complete Part VI of Schedule D 10a 90,083. 57,869. 45,512. b Less: accumulated depreciation 10b 10c 60,809. 64,486. 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 153,990. Other assets. See Part IV, line 11 218,834. 15 15 1,884,688. 1,979,501. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 141,106. 197,537. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 31,647. 35,024. 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 217,490. 147,122. 390,243. 26 379,683. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,387,798. 1,388,212. Net assets without donor restrictions 27 27 106,647. 211,606. 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

1,599,818.

31

32

1,494,445.

1,884,688.

31

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ....

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,02				
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,92				
3	Revenue less expenses. Subtract line 2 from line 1	3			4,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,49		45. 32.		
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		1,59	9,8	18.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	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:		•					
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	it.					
review, or compilation of its financial statements and selection of an independent accountant?								
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired a	udit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
					000			

Form **990** (2023)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		wasn	ington Are	a Bicyclist	Assoc	latio	n	4	3-7305477
Pa	art I	Reason for Public	Charity Status.	(All organizations must o	omplete tl	his part.) S	See instruction	S.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch							
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental u	nit descrik	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ılly receives a substa	antial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	and-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of	the colleg	je or
		university:							
10		An organization that norma	ılly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersl	nip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Co							
11	Щ	An organization organized a							
12		An organization organized							
		more publicly supported or							Check the box on
		lines 12a through 12d that							
а	ı								
		the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o							
b	) [								
		control or management o			ame perso	ons that co	ontrol or mana	ge tne sup	ропеа
		organization(s). You mus			in connoc	tion with	and functional	lı intoarat	ad with
C	-	☐ Type III functionally inte						iy integrat	ea with,
c		its supported organizatio  Type III non-functionally						tod organi	ization(a)
		that is not functionally int						-	
		requirement (see instruct						i aii aileiil	iveriess
e		Check this box if the orga						II Tyne III	
	,	functionally integrated, or					а турст, турс	ii, Type iii	
f	- Ente	er the number of supported of							
		vide the following information							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				asovo (oco motracciono)					
Tota	al						1		1

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,316,735.	1,731,263.	1,625,122.	2,352,773.	2,869,428.	9,895,321.	
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	1,316,735.	1,731,263.	1,625,122.	2,352,773.	2,869,428.	9,895,321.	
	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)						444,760.	
6	Public support. Subtract line 5 from line 4.						9,450,561.	
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	1,316,735.	1,731,263.	1,625,122.	2,352,773.	2,869,428.	9,895,321.	
	Gross income from interest,			-, ,			7 1 1 7 1 = 0	
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	6,731.	3,501.	759.	1,402.	20,663.	33,056.	
9	Net income from unrelated business	0,7.020	0,0020					
,	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
			723.	1,171.	706.		2,600.	
11	Total support. Add lines 7 through 10		0		, , ,		9,930,977.	
	Gross receipts from related activities,	etc (see instruction	nne)			12 1	,441,228.	
	<b>First 5 years.</b> If the Form 990 is for th	•	,	ourth or fifth tax v			7 7	
10	organization, check this box and <b>stop</b>			or mar tax y				
Sec	etion C. Computation of Publ							
	Public support percentage for 2023 (I			column (f))		14	95.16 %	
	Public support percentage from 2022					15	93.47 %	
	<b>33 1/3% support test - 2023.</b> If the o							
	<b>stop here.</b> The organization qualifies	-						
b	33 1/3% support test - 2022. If the o							
-	and <b>stop here.</b> The organization qual	-						
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact							
	meets the facts-and-circumstances te				- ·	viriow the organiz		
h	10% -facts-and-circumstances test	-		*	-			
	more, and if the organization meets the	_					. 570 01	
	organization meets the facts-and-circu		•					
18								
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here		<u></u>				<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2023 (					15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20			ine 13, column (f))		17	<u>%</u>
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2023. If the						17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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		
	_		
	За		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2023

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

**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.* 

Schedule A (Form 990) 2023	Washington Area	a Bicyclist Association	23-7305477 Page 6
Part V Type III Non-Funct	ionally Integrated 509(a	)(3) Supporting Organizations	

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

Schedule A (Form 990) 2023

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

4 Amounts paid to acquire exempt-use assets

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Section D - Distributions

6

7

7

8

_	District details in Fact vis. Good for Continue	_			
_9_	Distributable amount for 2023 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
				90	hadula A (Form 990) 2023

# Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

2023

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Washington Area Bicyclist Association

23-7305477

Organization type (check one):							
Filers of:		Section:					
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.						
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 prequirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

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 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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	- Traine, address, and En 1 1	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions  \$ 1,385,536.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

## Washington Area Bicyclist Association

23-7305477

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

Name of organization Employer identification number

# Washington Area Bicyclist Association 23-7305477 Part III 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. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship 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

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.

Nan	ne of orga		ton Area Bicycli	ist Associati		oloyer identification number 23-7305477
Pa	art I-A		ganization is exempt un			
2	Political	campaign activity expendit	eation's direct and indirect politi ures gn activities			
Pa	art I-B	Complete if the org	janization is exempt und	der section 501(c)(	3).	
1	Enter the	e amount of any excise tax	incurred by the organization un	nder section 4955		\$
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
4a	Was a co	orrection made?				Yes No
		describe in Part IV.		-1		1/-1/01
			ganization is exempt un		-	* * * * * * * * * * * * * * * * * * * *
			by the filing organization for se			\$
2			ization's funds contributed to o	-		Φ
2			s. Add lines 1 and 2. Enter here			Φ
3			s. Add lines 1 and 2. Linter here	•		\$
4			1120-POL for this year?			
5			mployer identification number (I			
			tion listed, enter the amount pa		_	
	contribu	tions received that were pr	omptly and directly delivered to	a separate political orga	anization, such as a sepa	rate segregated fund or a
	political	action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
		(a) Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

25,005.

25,005.

f Grassroots lobbying expenditures

# Schedule C (Form 990) 2023 Washington Area Bicyclist Association 23-7305477 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
	e lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
_	or referendum, through the use of:				
a	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?  Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		_		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 504(v)(2)	on 501(c)(	5), or se	ection	
	501(c)(6).			Vaa	N <sub>a</sub>
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 5			ection	
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3. is
	answered "Yes."		(10)		· ·, ··
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and $\mu$	oolitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	de 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 II-/	A, lines 1	and 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

### **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

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Similar Funds o	r Accounts. Complete if the
	organization anowored 100 off officeo, Farriv, iii	(a) Donor advised	d 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		ld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose cor	nferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes	" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			<b>2</b> a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included on line 2	a	2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the or	ganization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ion, handling of	
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	id enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and on	forcing consonyation	a casements during the year
•	Amount of expenses mounted in monitoring, inspecting, many	alling of violations, and on	loroling conscivation	reasements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	of section 170(h)(4)	)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statement	s that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	•	asures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reve	enue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education,	or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furthera	ance of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre	easures, or other similar as	ssets for financial ga	ain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

### Part VI Land, Buildings, and Equipment

Describe in Part XIII the intended uses of the organization's endowment funds.

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		135,595.	90,083.	45,512.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, line 1	Oc. column (B))		45,512.

Schedule D (Form 990) 2023

Washington.	Amon Dienselies		22 7205477 - 6
Schedule D (Form 990) 2023 Washington Part VII Investments - Other Securities	Area Bicyclist	L ASSOCIACION	23-7305477 Page 3
Complete if the organization answered "Yes	" on Form 990 Part IV line 1	11b See Form 990 Part X line	12
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives		. ,	•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	-		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990 Part IV line 1	11c See Form 990 Part X line	. 13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	(-,	(-)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	" F 000 D 1 N/ " -	14 1 0 . E	45
Complete if the organization answered "Yes		11d. See Form 990, Part X, line	
	) Description		(b) Book value
(1) Deposits (2) Right-of-use asset - open	rating lease		10,230. 143,760.
(-)	acing rease		143,700
(3) (4)			
(5)			

(a) Description	(b) Book value
(1) Deposits	10,230.
(2) Right-of-use asset - operating lease	143,760.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	153,990.

#### Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Lease liability - operating lease	147,122.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	147,122.

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

Schedule D (Form 990) 2023

#### Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 3,028,596. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 832 a Net unrealized gains (losses) on investments **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 832. e Add lines 2a through 2d 3,027,764. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,923,223. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2,923,223. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.)

#### Part XIII Supplemental Information

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)

### Part IV, line 2b:

The Association affects change, not only through the direct impact of its own programs, but also by supporting members who have yet to receive their tax-exempt status. One of the ways the Association does this is by becoming a fiscal sponsor to independent projects to further their mission. As a fiscal sponsor, the Association receives donations and provides organizational infrastructure, legal services, and tax-exempt status for the projects it sponsors for a small fee.

#### Part X, Line 2:

Management has evaluated the Association's tax positions and concluded that the Association had no significant uncertain tax positions at

Schedule D (Forn	n 990) 20	)23	Wa	shington	Area	Bicyclist	Association	23-7305477	Page 5
Schedule D (Form	ppleme	ental In	format	ion (continued)					
December	31,	2023	and	2022.					

### 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.

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

2023
Open to Public Inspection

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 \$ 188,579. including grants of \$ 0. Revenue \$ 1,964. 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. including grants of \$ 0. Expenses \$ 163,114. Revenue \$ 27. Events - Bicycle rides exploring trails, bike lanes and neighborhoods in Maryland, Virginia, and Washington, DC. including grants of \$ 0. Revenue \$ 109,731. Expenses \$ 119,544. 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 provided to board members for

review prior to filing.

Employer identification number 23-7305477

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.

Form 990, Part VI, Section B, Line 15a:

The Executive Director's salary is set by the Executive Committee and approved by the full Board after review of comparable positions in the Washington, DC area and the United States. The most recent review took place in March 2023.

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy and financial statements available upon request.

### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Washington Area Bicyclist Association

Employer identification number 23-7305477

Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco		(e) /ear assets	(f) Direct controlling entity		3
Gearin' Up LLC						Washington :	Area	
2599 Ontario Road NW	Educational and charitable-					Bicyclist A	ssocati	.on
Washington, DC 20009	See Part VII	District of Columbia	a	0.	0	Inc.		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization a	nswered "Yes" on Form 990	), Part IV, line 34,	because it had	one or mor	e related tax-exe	empt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charit		(f) ect controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Organization district as a particular particular year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	rect controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets  Share of total end-of-year assets  Share of total end-of-year assets  Yes No K-1 (Form		l amount in how If		General managi partne	or Percentage ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	0
											+
							-			$\vdash$	
	1										
	l		1	l .					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(b contr enti	i) tion o)(13) rolled ity?
		country)		or trust)		assets		Yes	
								·	
		2.0							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or	r more r	elated organizations listed	in Parts II-IV?		
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
С	c Gift, grant, or capital contribution from related organization(s)				1c	
	d Loans or loan guarantees to or for related organization(s)				1d	
е	e Loans or loan guarantees by related organization(s)				1e	
f	f Dividends from related organization(s)				1f	
g	g Sale of assets to related organization(s)				1g	
h	h Purchase of assets from related organization(s)				1h	
i	i Exchange of assets with related organization(s)				1i	
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k	
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11	
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
	Sharing of paid employees with related organization(s)				10	
р	p Reimbursement paid to related organization(s) for expenses				1p	
q	q Reimbursement paid by related organization(s) for expenses				1q	
r	r Other transfer of cash or property to related organization(s)				1r	
	s Other transfer of cash or property from related organization(s)				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must cor	mplete t	his line, including covered	relationships and transaction thresholds.		·
	(a) (b) Name of related organization Transact type (a)	tion	<b>(c)</b> Amount involved	(d) Method of determining amount invo	olved	
1)						
2)						
-,						
3)						
,						
4)						
5)						
,						
6)						
3216	163 09-28-23 3	7		Schedule F	(Form	990) 2023

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)  Name, address, and EIN  of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?  Yes NO	(k) Percentage ownership