990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public Inspection

A	For the	2023 calend	dar year, or tax year beginning	01/01/2023	and end	ling	12/31/2	023				
В	Check if a	applicable:	C Name of organization RESTON	BICYCLE CLUB				D Emple	oyer identification nu	ımber		
	Address	change	Doing business as RESTON BI	KE CLUB					54-1785291			
	Name cha	ange	Number and street (or P.O. box if	mail is not delivered to st	treet address)	Roon	n/suite	E Teleph	hone number			
~	Initial retu	ırn	PO BOX 3389					571-445-5993				
\Box	Final retur	n/terminated	City or town, state or province, co	ountry, and ZIP or foreign	postal code	'						
П	Amended		Reston, VA 20195					G Gross	receipts \$ 1	13,395		
П		on pending	F Name and address of principal off	icer: Laura R Robinso	on		H(a) Is this a gro	up return fo	or subordinates? Yes	✓ No		
	• •		2407 Old Trace Lane, Reston,	VA 20191			H(b) Are all su	ıbordinat	es included? Yes	☐ No		
ī	Tax-exem	npt status:	501(c)(3) 501(c) (4) (insert no.)	4947(a)(1) or	527	1	ch a list. See instructions.				
J	Website:	https://re	stonbikeclub.org/				H(c) Group ex	exemption number				
K		<u> </u>	Corporation Trust Associa	tion Other	L Year o	of formation	1982	M State	of legal domicile:	VA		
Р	art I	Summa			1							
	1		cribe the organization's miss	ion or most significa	ant activities: T	he Resto	n Bicycle Cl	ub prov	ides organized bi	ke		
ė												
Activities & Governance			ides, social gatherings, and the Reston Century, an organized fundraising event. These programs benefit our 1350 members nd the public.									
ērn			box if the organization di	scontinued its oper	ations or dispo	sed of m	ore than 25	% of it	s net assets.			
Š			voting members of the gove	•				3		8		
۵			independent voting member	• • •	•			4		8		
ies			er of individuals employed in		• •	,		5		0		
ξ			per of volunteers (estimate if i	-		-		6		120		
Aci			ated business revenue from I					7a		0		
			ted business taxable income	7b		0						
				Prior Year		Current Year						
Ф	8	Contributio	ons and grants (Part VIII, line	1h)				150	;	30,460		
ğ	9	Program se	ervice revenue (Part VIII, line		18,824		0					
Revenue		_	t income (Part VIII, column (A	0		1,493						
ď			nue (Part VIII, column (A), line			2,368		7,356				
	12	Total reven	ue-add lines 8 through 11 (n	12)		21,342	;	39,309				
	13	Grants and	similar amounts paid (Part I)	X, column (A), lines	1–3)			9,784		14,740		
	14	Benefits pa	aid to or for members (Part IX	(, column (A), line 4)				4,786		10,574		
Ø	15	Salaries, ot	her compensation, employee I	penefits (Part IX, colu	ımn (A), lines 5-	-10)		0		650		
nse	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e)				0		0		
Expenses	b ·	Total fundr	aising expenses (Part IX, colu	umn (D), line 25)	1,0	041						
û	17	Other expe	enses (Part IX, column (A), line	es 11a-11d, 11f-24	e)			17,419	,	19,317		
	18	Total expe	nses. Add lines 13–17 (must	equal Part IX, colum	nn (A), line 25)			31,989		45,281		
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12		. \square	-	10,647		-5,972		
Net Assets or Fund Balances						Beg	inning of Curre	ent Year	End of Year			
sets	20	Total asset	s (Part X, line 16)					87,891		83,375		
t As	21	Total liabili	ties (Part X, line 26)					0		0		
활	22	Net assets	or fund balances. Subtract li	ne 21 from line 20				87,891		83,375		
P	art II	Signatu	re Block									
			, I declare that I have examined this r						my knowledge and be	∍lief, it is		
tru	e, correct,	, and complete	e. Declaration of preparer (other than	officer) is based on all in	ormation of which	preparer na	as any knowied	ge.				
٥.												
Sig	- 1	Signature	of officer				Date	9				
He	ere		binson, Treasurer									
		Type or pr	int name and title									
Pa	iid	Print/Type	preparer's name	Preparer's signature		Date		Check	if PTIN			
	eparei	r						self-emp	oloyed			
	se Only	L Ciuma'a man	ne				Firm's	EIN				
_		Firm's add	dress				Phone	no.				
Ma	v the IR	S discuss t	this return with the preparer s	shown above? See i	nstructions				Yes	ີ No ¯		

Part	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:
	The Reston Bicycle Club provides organized bike rides, social gatherings, and the Reston Century, an organized fundraising event.
	These programs benefit our 1200 members and the public.
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 other the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
A	(Code) \(\sum_{\text{Cyperpose}}\text{\$\frac{1}{2}\text{\$\text{Cyperpose}}\text{\$\frac{1}{2}\$\text{\$\ext{\$\text{\$\e
4a	(Code:) (Expenses \$ 7,000 including grants of \$ 0) (Revenue \$ 0)
	Philanthropy for bike-related activities in the comunity. The Reston Sprint Tri police support (500 participants) and Superheroes
	Unite program, Phoenix Bikes to purchase bike locks for their earn-a-bike program (35 children), Trails for Youth to support a youth biking program in Springfield, VA (50 students), Girls in Gear a learn-to-ride program for girls, Epilepsy Foundation of
	Virginia for advantional programs, William Warriogs for participant curport
4b	(Code:) (Expenses \$
	Donations to our RBC Reston Century partners. These organizations include the Ashburn Volunteer Fire & Rescue, South Lakes
	HS JROTC, Loudoun Amature Radio group, Maverick Bicycles, Fair Oaks Volunteer Fire & Rescue, NRO Joint Military Ball
	Committee, Mobile Hope, Hamilton Volunteer Rescue Squad and the Lovettsville Lions Charities.
4c	(Code:) (Expenses \$10,574 including grants of \$0) (Revenue \$0
	Reston Bike Club provides member benefits: member's website to register for rides and maintain financial payments, League of
	American Bicycle membership, and an annual meeting for members.
A al	Other program convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses 25,314
	20 ₁ 017

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orm 99	00 (2023)		ı	Page
Part	V Checklist of Required Schedules			
4	In the executation described in section $EO1(a)/2$ or $40.47(a)/1$ (ather then a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		,
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	,	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		,
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		_
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		,
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	~	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		<i>\</i>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		_
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		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	,	
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		,
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

Part	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		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		.,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		<i>V</i>
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	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		~
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		V
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			·
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		V
	complete Schedule N, Part II	32		~
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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<i>'</i>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	-
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		'

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<i>-</i>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		•
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
46	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
• •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 8 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 1 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a V 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a V b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Upon request Other (explain on Schedule O) ✓ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Laura Robinson, (571)445-5993

Part VI

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.
- 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.

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

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					C)					
(A)	(B)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
	hours							compensation	compensation	of other
	per week (list any	Individual trustee or director	Ins	오	6	en Ji	Fo	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	dire	籄	Officer	Key employee	ples	Former	1099-MISC/	1099-MISC/	organization and
	related	cto	tion	,	l pic	st cc	٦	1099-NEC)	1099-NEC)	related organizations
	organizations below	trus	al tr		уеє	р				
	dotted line)	tee	Institutional trustee		"	ensa				
			ф			Highest compensated employee				
Chris Griffin	40.00									
Chairperson	0.00			~				0	0	0
Joel Kuester	40.00									
Vice Chairperson	0.00			~				0	0	0
Lauren Goebel	40.00									
Secretary	0.00			~				0	0	0
Laura Robinson	40.00									
Treasurer	0.00			~				0	0	0
	<u> </u>									

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Em	ployees (co	ontinued)
					(6	C)						
	(A) Name and title	(B) Average hours	box,	unles	heck ss pe	erson	e than of is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation from related	Estimate of o	ed amount other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)		W-2/ fror / organiz	ensation n the ation and ganizations
			-									
			-									
			-									
			-									
			-									
			-									
1b	Subtotal								0		0	0
d	Total (add lines 1b and 1c) Total number of individuals (including reportable compensation from the organic	but not		ed 1	to 1	thos	e lis	ted	above) who re	eceived mo	o re than \$10	0 00,000 of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete or the line of the </i>										ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th									such	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co										V
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	Iress							(B) Description of serv	vices	(C) Compensa	tion
None												
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	re) who		

Page 8

/////	Statement of Revenue
	Statement of Dovenile
	Statement of nevenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		
					-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	23,033				
ي ق	С	Fundraising events			1c	7,356				
rs,	d	Related organization	ns .		1d	0				
ig ë	е	Government grants	(cont	ributions)	1e	0				
ns,	f	All other contribution								
tio er (and similar amounts no	ot included above 1f			71				
혈美	g	Noncash contribution	oncash contributions included in							
d H		lines 1a–1f 1g				\$ 0				
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-	-1f .				30,460			
						Business Code				
Se	2a									
e Z	b									
Sul	С									
gram Ser Revenue	d									
يق ج	е									
Program Service Revenue	f	All other program se					0	0	0	0
	g	Total. Add lines 2a-	-2f .				0			
	3	Investment income	(incl	uding divid	dends	s, interest, and				
		other similar amoun	ıts) .				1,493	1,493	0	0
	4	Income from investr	nent o	of tax-exem	pt bo	and proceeds	0	0	0	0
	5	Royalties			0	0	0	0		
				(i) Real		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)		0		0				
	d	Net rental income o	r (los	s)			0	0	0	0
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets			0	0				
		other than inventory	7a			· ·				
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
È		Gain or (loss)	7c		0	0				
							0	0	0	0
Other	8a	Gross income from		_						
0		events (not including		1,000						
		of contributions rep 1c). See Part IV, line			٥-					
		•			8a	81,442				
		Less: direct expens			8b	74,086	/			
	с 9а	Net income or (loss) Gross income f			g eve	nts	7,356		0	7,356
	Ja	activities. See Part I			9a					
	h				9a 9b	0				
		Less: direct expension Net income or (loss)				_	0	0	0	0
		Gross sales of in			LIVILIE		U	U	U	U
	Iou	returns and allowan			10a	0				
	b	Less: cost of goods			10a					
	C	Net income or (loss)					0	0	0	0
			, 511	. 34.35 01 11	, 5, 110	Business Code	0	0	0	0
oŭ.	11a					2451000 0040				
scellaneo Revenue	b									
ella Ve	C									
Miscellaneous Revenue	d	All other revenue								
Σ	e	Total. Add lines 11a			-		0			
	12	Total revenue. See					39,309	1,493	0	7,356

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete a	all columns. All other organizations must complete colum	n (A).
0 1 1 1	<u> </u>		

	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		слропосо	general expenses	одранова
	and domestic governments. See Part IV, line 21 .	14,740	14,740		
2	Grants and other assistance to domestic	11/710	11,710		
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	10,574	10,574		
5	Compensation of current officers, directors,	10,574	10,574		
	trustees, and key employees	(50		(50	0
6	Compensation not included above to disqualified	650	0	650	0
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			_	
_		0	0	0	0
7 8	Other salaries and wages	0	0	0	0
0	section 401(k) and 403(b) employer contributions				
_	<u> </u>	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	156	0	156	0
13	Office expenses	3,723		2,682	1,041
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	4,920	0	4,920	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	10,518	0	10,518	0
24	Other expenses. Itemize expenses not covered		-	13/213	-
	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 O.)				
а					
b					
C					
d					
e	All other expenses	0	0	0	0
			_	_	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	45,281	25,314	18,926	1,041
20	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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	<u>tx</u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	14,652	1	7,380
	2	Savings and temporary cash investments	68,222	2	69,522
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from 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	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	5,017	15	6,473
	16	Total assets. Add lines 1 through 15 (must equal line 33)	87,891	16	83,375
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
Liabilities			0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	0	24	0
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	0	25 26	
<i>'</i> 0	20	Organizations that follow FASB ASC 958, check here	0	20	0
čě		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	87,891	27	83,375
Ва	28	Net assets with donor restrictions	0	28	03,373
pu		Organizations that do not follow FASB ASC 958, check here			<u> </u>
Ī		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Ϋ́	32	Total net assets or fund balances	87,891	32	83,375
Š	33	Total liabilities and net assets/fund balances	87,891	33	83,375

Part	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)		3	9,309
2	Total expenses (must equal Part IX, column (A), line 25)		4	5,281
3	Revenue less expenses. Subtract line 2 from line 1		-	5,972
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			1,456
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		8	3,375
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			\sqcup
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	•			
	Separate basis Consolidated basis Both consolidated and separate basis	0.		
b	Were the organization's financial statements audited by an independent accountant?	2b		_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
C	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	20		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
oa	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		•
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	The second secon	JU		

Form **990** (2023)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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. Name of organization **Employer identification number RESTON BICYCLE CLUB** 54-1785291 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 . 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . Yes No Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5) (6)

Schedule C (Form 990) 2023 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under Part II-A section 501(h)). Check [if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). **B** Check ☐ if the filing organization checked box A and "limited control" provisions apply. **Limits on Lobbying Expenditures** (b) Affiliated (a) Filing organization's totals group totals (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying). Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: not over \$500,000, 20% of the amount on line 1e. over \$500,000 but not over \$1,000,000, \$100,000 plus 15% of the excess over \$500,000. over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000. over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000. over \$17,000,000. \$1,000,000. Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 U No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount

Calendar year (or riscal year beginning in)

2a Lobbying nontaxable amount

b Lobbying ceiling amount (150% of line 2a, column (e))

c Total lobbying expenditures

d Grassroots nontaxable amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Page **3**

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	5768		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	mount	:
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	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 .					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	~	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		~
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					~
Part	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
_	and political expenditures next year?	•	4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A, I	ines 1	and

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047
2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspect

Employer identification number

u	i dio organization		Zimproyor racinamoadon mambor
	ON BICYCLE CLUB		54-1785291
Par			ds or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit	· · · · · · · · · · · · · · · · · · ·	
	conferring impermissible private benefit?		· · · · · · · · Yes No
Par	Conservation Easements		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	☐ Preservation of land for public use (for example, recreation)	ation or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified hi	storic structure included on line 2a .	. 2c
d	Number of conservation easements included on line		Inot
	on a historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or tern	ninated by the organization during the
	tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy reg	• •	pection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · Yes . No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing of	conservation easements during the year
_			
8	Does each conservation easement reported on line		
•			· · · · · · L Yes L No
9	In Part XIII, describe how the organization reports consheet, and include, if applicable, the text of the footing		
	organization's accounting for conservation easemer	•	tterrients that describes the
David			Oth Ciil At-
Part			Other Similar Assets
	Complete if the organization answered "		
та	If the organization elected, as permitted under FAS	•	
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote t		
	-		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held provide the following amounts relating to these item		search in furtherance of public service,
			•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		· · · · \$
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Schedu	le D (Form 990) 2023										P	age 2
Part												
3	Using the organization's acquisition, a collection items (check all that apply).		sion, and ot	ther recor	ds, chec	k any of the	e follov	ving that make	sign	ficant	use	of its
а	☐ Public exhibition			d	☐ Loan	or exchang	e prog	ram				
b	☐ Scholarly research			е	Other							
С	☐ Preservation for future generations											
4	Provide a description of the organizat	tion's	collections a	and expla	ain how t	hey further	the or	ganization's ex	empt	purpo	se in	Par
5	XIII. During the year, did the organization assets to be sold to raise funds rather									¬ v] N
Davi				allieu as p	Jan Oi lin	e organizan	011 5 00	Dilection? .	•	Yes	<u> </u>	No
Part	Complete if the organization 990, Part X, line 21.			" on For	m 990, F	Part IV, line	e 9, or	reported an a	amou	nt on	Forn	n
1a									not	☐ Yes		
b	If "Yes," explain the arrangement in Pa								. '	16:	• ∟	No
D	ii res, explain the arrangement ii r	ait Aiii	rana compi	ete trie io	mowning to	abie.			Amo	ınt		
С	Beginning balance						10		7			
d	Additions during the year						10					
e	Distributions during the year						16	•				
f	Ending balance						11	f				
2a	Did the organization include an amour						ustodia	l account liabil	ity?	Ye	s \Box	No
b	If "Yes," explain the arrangement in Pa	art XIII	l. Check her	e if the ex	kplanatio	n has been	provid	ed in Part XIII]
Par	t V Endowment Funds											
	Complete if the organization	ansv	vered "Yes	" on For	m 990, F	Part IV, line	e 10.					
		(a) (Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ack (e) Four	years b	oack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the	he cui	rrent year er	nd balanc	e (line 1g	ı, column (a)) held	as:				
а	Board designated or quasi-endowmer	nt		%								
b	Permanent endowment	%										
С	Term endowment%											
	The percentages on lines 2a, 2b, and 2											
3a	Are there endowment funds not in the	e poss	session of th	ne organi	zation tha	at are held	and ac	lministered for	the			
	organization by:										Yes	No
										3a(i)	\rightarrow	
	(ii) Related organizations?									3a(ii)	\rightarrow	
b	If "Yes" on line 3a(ii), are the related or	•		•						3b		
4	Describe in Part XIII the intended uses			on's endo	wment to	unds.						
Part				" on Fa-	m 000 r	Dort IV/ lim	. 11.	200 Earm 00	Λ D-	r+ ∨ 1:	ino 4	0
	Complete if the organization	ansv										
	Description of property		(a) Cost or of (investm		1	or other basis ther)		Accumulated epreciation	(d) Book	value	
	Land				<u> </u>							
b	Buildings	[-	
С	Leasehold improvements	[
d	Equipment	[-	
е	Other	[
Total.	Add lines 1a through 1e. (Column (d) m		qual Form 9	90, Part)	K, line 10	c, column (E	3)) .					

Part VII	Investments—Other Securities	N/ 15 44b O E	000 D+	V II: 10
	Complete if the organization answered "Yes" on Form 990, Part (a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	f valuation:
(1) Financial	derivatives			
	neld equity interests			
(3) Other	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(H)	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments—Program Related			
T all C VIII	Complete if the organization answered "Yes" on Form 990, Part	IV line 11c See Fo	orm 990 Part	X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) Description of investment	(b) Book value	Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F		
	(a) Description		(b)	Book value
	ent for Reston Century			6,473
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 15, col. (B))			6,473
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 in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
<u>(8)</u> (9)				
	mn (b) must equal Form 990, Part X, line 25, col. (B))			
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	nization's financial stat	tements that rend	orts the
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text			

Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

	Complete if the organization answered "Yes" on Form 990, F	⊃art I\	/. line 12a.		•••
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	-
Part	Reconciliation of Expenses per Audited Financial Statem			er Ke	turn
	Complete if the organization answered "Yes" on Form 990, F			4	
1	'			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
a b	Prior year adjustments	2b			
C	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
b	Other (Describe III art XIII.)	-10			
b c	Add lines 4a and 4b			4c	
с 5	Add lines 4a and 4b			4c 5	
c 5 Part	Add lines 4a and 4b	 e 18.)		5	V 5 4 5 1 V 5
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa		5 o; Part	
5 Part Provid	Add lines 4a and 4b	 e 18.) d 4; Pa		5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	rt IV, lines 1b and 2b	5 ; Part forma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

, or if the	2023
	Open to Public Inspection
Employer identif	fication number

RES1	ON BICYCLE CLUB					54-	1785291
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on F	Form 990, Part IV,	line 17.
1 a b c d 2a b	Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a write or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by	ons tten or oral agre n 990, Part VII) o I individuals or o	e f g cement with or entity in coentities (fundament)	Solicitati Solicitati Special i any individ	ion of non-govern ion of government fundraising events dual (including offi with professional f	ment grants grants cers, directors, trust undraising services	? ☐ Yes ☐ No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the orga registration or licensing.	anization is regi	stered or lic	eensed to s	colicit contribution	s or has been notifi	ed it is exempt from

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(a) Event #1 (b) Event #2 (c) Other events

			(a) Event #1 Reston Century	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	81,442			81,442
Я	2	Less: Contributions	1,000			1,000
	3	Gross income (line 1 minus line 2)	80,442			80,442
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
sesue	6	Rent/facility costs	4,657			4,657
Direct Expenses	7	Food and beverages	22,688		0	22,688
Direc	8	Entertainment	0		0	0
	9	Other direct expenses .	39,002			39,002
	10 11	Direct expense summary. Ac Net income summary. Subtra				66,347 14,095
Pa	rt II	Gaming. Complete if th \$15,000 on Form 990-E	e organization answe			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
_		Enter the etato(a) in which the ex	raanization conducts as	ming activition		
	a I	Enter the state(s) in which the or s the organization licensed to c f "No," explain:	onduct gaming activities	s in each of these states		Tes No
	-					
10		Were any of the organization's g	-	I, suspended, or termina		
	_					

Schedu	ule G (Form 990) 2023		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		0/
a b	The organization's facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns of Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

RESTON BICYCLE CLUB	54-1785291
Form 990, Part VI, Section A, Line 6 - Reston Bicycle Club is a social organization with 1350 members.	
Form 990, Part VI, Section A, Line 7a - Reston Bicycle Club members elect the executive board each Novel	mber.
Form 990, Part VI, Section B, Line 11b - Tax filing is reviewed by the executive board before filing.	
Form 990, Part VI, Section C, Line 19 - Tax filings are posted on the club's website, https://restonbikeclub.	ora/TayPenorts/
Torni 770, Part VI, Section C, Line 17 - Tax mings are posted on the club's website, https://restorbikeclub.	org/TaxReports/.
Form 990, Part XI, Line 9 - Purchase of a bike case for loaner program and flags for the century.	