Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

AI	or the						/31/2022			
В	Check if ap	oplicable:	C Name of organization			D Emp	loyer identif	ication number		
	Address change RESTON BICYCLE CLUB						54-1785291			
	Name cha	•				Telephone number				
=	/ Initial return Pinal return/terminated PO BOX 3389						571-445-5993			
=			City or town, state or province, country, and ZIP or	foreign postal code		F Gro	Group Exemption			
=	Amerided return					Nun	Number			
G	Account	ting Method:	✓ Cash			H Check	ck if the organization is not			
		•	stonbikeclub.org/					Schedule B		
			ck only one) — 501(c)(3) 501(c) (4)	(insert no.) 4947(a	a)(1) or 527	(Form 9	90).			
				Association						
		•	7b to line 9 to determine gross receipts. If gros			otal assets				
			500,000 or more, file Form 990 instead of Form				. \$	82,274		
_	art I		e, Expenses, and Changes in Net A							
			the organization used Schedule O to re		•			,		
_	1		ns, gifts, grants, and similar amounts rec				1	150		
	2		ervice revenue including government fees				2	0		
	3	-	p dues and assessments				3	18,824		
	4	Investment	•				4	0		
	5a		unt from sale of assets other than inventor		5a					
	b		or other basis and sales expenses	- +	5b	0				
	C						5c	0		
	6		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)							
	a	_	Gross income from gaming (attach Schedule G if greater than							
ē	"		\$15,000)							
Revenue	b		me from fundraising events (not including	L	0 of contribu	utions				
ě		from fundraising events reported on line 1) (attach Schedule G if the				11.01.10				
<u> </u>			h gross income and contributions exceed		6b	63,271				
	С		t expenses from gaming and fundraising		6c	60,917				
	d									
							6d	2,354		
	7a	,	s of inventory, less returns and allowance	ı	7a	29	-	2,004		
	b		of goods sold	- t	7b	15				
	C		t or (loss) from sales of inventory (subtrac		-		7c	14		
	8	•	nue (describe in Schedule O)		•		8	0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	21,342		
_	10		similar amounts paid (list in Schedule O)				10	9,784		
	11		id to or for members				11	4,786		
w	12	•	her compensation, and employee benefit				12			
Expenses	13		al fees and other payments to independen				13	0		
en	14		γ , rent, utilities, and maintenance γ .				14	0		
X	15						15	0		
_			iblications, postage, and shipping					0		
	16	Total average	nses (describe in Schedule O) .See Sche	equie U, Statement 1		· · ·	16	17,419		
	17	Types s	nses. Add lines 10 through 16				17	31,989		
ţ	18 19		deficit) for the year (subtract line 17 from				18	-10,647		
SSE	19		or fund balances at beginning of year (r figure reported on prior year's return)				10			
Net Assets							19	98,538		
	20		ges in net assets or fund balances (expla				20	0		
_	21	Net assets	or fund balances at end of year. Combine	e lines 18 through 20	J		21	87,891		

Form 990-EZ (2022) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 22 Cash, savings, and investments 93,408 22 82,756 23 0 23 Land and buildings 0 24 Other assets (describe in Schedule O) 5,130 24 5,744 25 98,538 25 88,500 26 Total liabilities (describe in Schedule O) 0 26 609 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 98,538 27 87,891 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III **Expenses** (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Philanthropy for bike-related activities in the comunity. Rest stop improvements for the W&OD Trail for an Eagle Scout project, The Reston Sprint Tri police support (500 participants), Phoenix Bikes to purchase bike (Continued on Schedule O, Statement 3) 9,784) If this amount includes foreign grants, check here . 28a 0 Donations to our RBC Reston Century partners. These organizations include the Ashburn Volunteer Fire & Rescue, Herndon HS JROTC, South Lakes HS JROTC, Loudoun Amature Radio group, and the Lovettsville Lions Charities. (Grants \$ 3,535) If this amount includes foreign grants, check here 29a 0) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here . 31a Total program service expenses (add lines 28a through 31a) 32 0

List of Officers, Directors, Trustees, and Key				tructions for Part IV)
Check if the organization used Schedule	O to respond to ar	ny question in this I	Part IV	🔲
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kathryn Troutman	20.00	0		
Chairperson				
Jame Stroud	10.00	0		
Vice Chairperson				
James Ruffin	15.00	0		
Secretary				
Laura Robinson	20.00	0		
Treasurer				
Kelley Westenhoff	20.00	0		
At-Large Board Member				

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		\
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
		35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		-
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a				
b	section 4911:; section 4912:; section 4955: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
2	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: VA			
42a		571-44	5-5993	3
	Located at: DO ROY 3389 Peston VA 20105	20°	195	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	NI-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
444	completed instead of Form 990-EZ	44a		/
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 99	U-EZ (20	J22)							P	age 🕶
									Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c								
Part \		Section 501(c)(3) Organizations		Faii	• • •	<u>· · · · · </u>	<u> </u>	46		<i>'</i>
ıaıt		All section 501(c)(3) organizations		stions 47–49b ar	nd 52. and	d complete	e the t	ables fo	or line	es
		50 and 51.	9							
		Check if the organization used Sch	nedule O to respond	to any question i	n this Parl	: VI				
									Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		_		× 47		
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedul	eE		48		
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related orga	anization?			49a		
b		es," was the related organization a se						49b		
50		olete this table for the organization's								d key
	empi	oyees) who each received more than	\$100,000 of comper	1				enter "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contribu SC/ benefit p	lealth benefits, tions to emplo lans, and defe Impensation	yee (e)) Estimated other com		
None				1000 1420)			_			
IVOITC										
							\rightarrow			
							+			
f 51	Comp \$100,	number of other employees paid over plete this table for the organization's 000 of compensation from the organ	s five highest compenization. If there is no	ensated independene, enter "None."		 tors who e				than
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service		(c) Co	mpensatio	on	
None										
						_				
				1						
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .						
52		the organization complete Schedu pleted Schedule A	le A? Note: All se		_		tach a	a □ Yes		١o
		of perjury, I declare that I have examined this r					my know	ledge and	belief,	it is
true, cor	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	rer has any kr	owledge.				
0:						L				
Sign		Signature of officer				Date				
Here		Laura Robinson, Treasurer Type or print name and title								
		Print/Type preparer's name	Preparer's signature	1	Date			PTIN		
Paid	- w	Timo Type preparer smarrie	1, 2 2.3.18181		-	Checl self-e	k ∐ if employed			
Prepa		Firm's name	1			Firm's EIN	,			
Use (July	Firm's address Pho								
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions				Yes		lo ol

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.

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number **RESTON BICYCLE CLUB** 54-1785291 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) organization custody or control of contributions? fundraiser listed in or entity (fundraiser) from activity col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Part II 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.

		grood roodipto groater the	40,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
<u>o</u>			Reston Century (event type)	(ovent type)	(total number)	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	63,271			63,271
Œ	2	Less: Contributions	3,530			3,530
	3	Gross income (line 1 minus line 2)	59,741			59,741
		- /	07/111			07/11
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
sesue	6	Rent/facility costs	810			810
Direct Expenses	7	Food and beverages	23,667		0	23,667
Direc	8	Entertainment	0		0	0
	9	Other direct expenses .	32,910			32,910
	10	Direct expense summary. Ac	dd lines 4 through 9 in c	olumn (d)		57,387
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (a)		2,354
Pa	rt III		e organization answe	ered "Yes" on Form s	990, Part IV, line 19,	or reported more than
		\$15,000 on Form 990-E	z, iiile oa.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	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				
	a ls	inter the state(s) in which the or s the organization licensed to c "No," explain:	onduct gaming activities	s in each of these states	5?	🗌 Yes 🗌 No
10 a		Vere any of the organization's of "Yes," explain:	jaming licenses revoked	I, suspended, or termina		? . □Yes □No

Schedu	ule G (Form 990) 2022		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 a	Indicate the percentage of gaming activity conducted in: The organization's facility		%
a b	An outside facility		——————————————————————————————————————
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	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			

SCHEDULE 0 (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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

RESTON BICYCLE CLUB	54-1785291
Form 990-EZ, Part I, Line 10 - Reston Bicycle Club supports many local non-profit bike-related organization	ns with grants and donations
\$9,784: CORE Foundation \$1000, Herndon Rotary \$1000, Tour de Hunter Mill \$300, Bike Vienna \$125, Eagle	
Warriors \$1000, Girls in Gear \$1055, Phoenix Bikes \$1000, Trails for Youth \$1000, and NoVA Parks Tools for	or W&OD Rest stop \$2094.
Form 990-EZ, Part II, Line 24 - Equipment for the Century Ride: Tents \$3212; Jugs and water coolers \$1000	, Travel Cases \$784, and Addt'l
Equipment \$748	
Form 990-EZ, Part II, Line 26 - Credit Card Liability \$609	

Schedule O, Statement 1 RESTON BICYCLE CLUB

Form: **Form 990-EZ (2022)** EIN: **54-1785291**

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Annual Meeting	1,696
Bike Related Events	425
Fees	104
Insurance	7,968
Membership Bank Fees	869
Rentals	4,416
Subscription	1,941
Total:	17,419

Schedule O, Statement 2 RESTON BICYCLE CLUB

Form: **Form 990-EZ (2022)** EIN: **54-1785291**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

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.

Schedule O, Statement 3 RESTON BICYCLE CLUB

Form: Form 990-EZ (2022) EIN: 54-1785291
Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

locks for their earn-a-bike program (35 children), Trails for Youth to support a youth biking program in Springfield, VA (50 students), and Mid-Atlantic Off-Road Enthusiasts to support Lake Fairfax Trail building (all trail users of Lake Fairfax), Girls in Gear a learn-to-ride program for girls, and Herndon Rotary for a biking event in Herndon.