



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable	C Name of organization <b>Bloomington Bicycle Club Inc.</b>	D Employer identification number <b>35-1716510</b>
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) <b>PO Box 463</b>	E Telephone number <b>(812) 332-60</b>
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4	F Group Exemption Number ►
<input type="checkbox"/> Terminated	<b>Bloomington, IN 47403</b>	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method  Cash  Accrual  
Other (specify) ►I Website: ► [bloomingtonbicycleclub.org](http://bloomingtonbicycleclub.org)J Tax-exempt status (check only one) —  501(c) ( 4 ) ► (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	0
2	Program service revenue including government fees and contracts . . . . .	2	310855
3	Membership dues and assessments . . . . .	3	3094
4	Investment income . . . . .	4	13
5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
b	Less: cost or other basis and sales expenses . . . . .	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5a from line 5b) . . . . .	5c	0
6	Special events and activities (complete applicable parts of Schedule G. If any amount from gaming, check here ► <input type="checkbox"/> of contributions . . . . .	6a	0
a	Gross revenue (not including \$ _____ reported on line 1) . . . . .	6b	0
b	Less: direct expenses other than fundraising expenses . . . . .	6c	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	0
b	Less: cost of goods sold . . . . .	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
8	Other revenue (describe ► ) . . . . .	8	(947)
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	9	313016
10	Grants and similar amounts paid (attach schedule) . . . . .	10	29542
11	Benefits paid to or for members . . . . .	11	0
12	Salaries, other compensation, and employee benefits . . . . .	12	0
13	Professional fees and other payments to independent contractors . . . . .	13	65000
14	Occupancy, rent, utilities, and maintenance . . . . .	14	0
15	Printing, publications, postage, and shipping . . . . .	15	12147
16	Other expenses (describe ► <b>Four organized bicycle tours in Indiana</b> ) . . . . .	16	205477
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	312165
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	851
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	43643
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	(937)
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21	45431

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	43643	22
23	Land and buildings . . . . .	0	23
24	Other assets (describe ► <b>Accounts Receivable</b> ) . . . . .	650	24
25	<b>Total assets</b> . . . . .	44293	25
26	Total liabilities (describe ► <b>Accounts Payable</b> ) . . . . .	(297)	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	44590	27

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Promote bicycling and bicycle safety and education.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Mark Napier 2520 N Loesch Rd., Bloomington, IN 47404	Co-President	0		
Jennifer Miers 3212 S Rogers St., Bloomington, IN 47403	Co-President	0		
Tom Whitehead 2784 Pointe Cove Rd., Bloomington, IN 47403	Vice President	0		
Joe Anderson 3603 S Essex Ct., Bloomington, IN 47401	Treasurer	0		
Keith Bobay 4998 E Ridgewood Dr., Bloomington, IN 47401	Secretary	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .	35a	✓
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35b	✓
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	36	✓
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 . . . . .	37a	0
a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a . . . . .	37b	✓
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	38a	✓
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 period covered by this return? . . . . .	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	39a	
39 Section 501(c)(7) organizations. Enter: . . . . .	39b	
a Initiation fees and capital contributions included on line 9 . . . . .	40a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ . . . . .	40c	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .	40d	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► 0 . . . . .	40e	✓
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0 . . . . .		
e 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. . . . .		
41 List the states with which a copy of this return is filed. ► Indiana		
42a The organization's books are in care of ► Joe W Anderson	Telephone no. ► (812) 332-60	
Located at ► 3603 S Essex Court, Bloomington, IN 47401	ZIP + 4 ► 47401-8747	
b 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)? . . . . .	42b	✓
If "Yes," enter the name of the foreign country: ► _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	✓
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43		□
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	✓

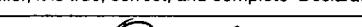
**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	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	Yes	No
		46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

**f Total number of other employees paid over \$100,000 . . . ►**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

d Total number of other independent contractors each receiving over \$100,000

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer		 Date	
	 Joe W Anderson, Treasurer Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN		Phone no
May the IRS discuss this return with the preparer shown above? See instructions  				

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

990-EZ

Bloomington Bicycle Club

EIN 35-1716510

Part 1 Line 8 Other Revenue (\$947) accounting adjustment to remove \$650 from 2008  
Accounts Receivable and (\$297) from 2008 Accounts Payable

Part 1 Line 10 Grants and similar amounts paid See attachments.

Part 1 Line 20 Other changes in net assets or fund balances Correct \$10 error in the 2008  
End of year Fund Balance and incorporate the \$947 accounting adjustment  
included in Part 1 Line 8 above

## Bloomington Bicycle Club, Inc.

## General Ledger

For the Period From Jan 1, 2009 to Dec 31, 2009

Filter Criteria includes 1) IDs from 51090 to 51090 Report order is by ID Report is printed in Detail Format

Account ID Account Des	Date	Reference	Trans Description	Debit Amt	Credit Amt	Balance	Job ID
51090	1/1/09		Beginning Balance				
Donations	2/1/09		Beginning Balance				
	3/1/09		Beginning Balance				
	4/1/09		Beginning Balance				
	5/1/09		Beginning Balance				
	6/1/09		Beginning Balance				
	7/1/09		Beginning Balance				
	7/22/09	1372	BHHS Solar Racing Team - Plainfield Rest Stop Donation	2,000 00			
	7/22/09	1375	Union Baptist Church - US 231 RS Donation	700 00			
	7/22/09	1376	Plainfield Middle School - Rest Stop Donation	1,000 00			
	7/22/09	1377	Franklin Twnshp Schools - Lunch Stop Donation	1,000 00			
	7/22/09	1378	Dunreith Volunteer Fire Dept - Rest Stop Donation	1,000 00			
	7/22/09	1379	Earlham Track & Cross Country - Finish Donation	2,000 00			
			Current Period Change	7,700 00		7,700 00	
	8/1/09		Beginning Balance			7,700 00	
	8/1/09	1395	Indiana Bicycle Coalition, Inc - IBC Funding Ride	1,297 00			
			Current Period Change	1,297 00		1,297 00	
	9/1/09		Beginning Balance			8,997 00	
	10/1/09		Beginning Balance			8,997 00	
	10/9/09	1410	CIBA Safety & Education - Kirk Memorial Contribution	50 00			
	10/9/09	1411	Decycles - BBC Grant	2,000 00			
			Current Period Change	2,050 00		2,050 00	
	11/1/09		Beginning Balance			11,047 00	
	12/1/09		Beginning Balance			11,047 00	
	12/12/09	1415	Ellettsville Main Street, Inc - BBC Trail Grant	1,700 00			
	12/12/09	1416	Blmgt Community Bike Project - BBC Grant	2,000 00			
	12/12/09	1418	Boys & Girls Clubs of Blmgt - BBC Grant	1,415 00			
	12/12/09	1417	Girls Incorporated of Blmgt - BBC Grant	750 00			
	12/12/09	1419	Blmgt Parks & Rec Foundation - BBC Grant	1,480 00			
	12/12/09	1420	Faith Lutheran Church - BBC Grant	900 00			
	12/12/09	1421	Monroe County United Minstry - BBC Grant	620 82			
	12/12/09	1422	Stepping Stones - BBC Grant	1,482 00			
	12/12/09	1423	Banneker Community Center - BBC Grant	750 00			
	12/12/09	1425	Mother Hubbard's Cupboard - BBC Grant	1,000 00			
	12/12/09	1424	Earth Care Bloomington - BBC Grant	162 00			
	12/12/09	1426	Blmgt Developmental Learning - BBC Grant	703 00			
	12/31/09	1205V	Bloomington Parks & Rec - BBC Grant - 2007		1,500 00		
			Current Period Change	12,962 82	1,500 00	11,462 82	
	12/31/09		Ending Balance			22,509.82	

**TRIRI & TRIRI SE**  
**General Ledger**

For the Period From Jan 1, 2009 to Dec 31, 2009

Filter Criteria includes 1) IDs from 51090 to 51090 Report order is by ID Report is printed in Detail Format

Account Account	Date	Reference	Jrnl	Trans Description	Debit Amt	Credit Amt	Balance
51090	1/1/09			Beginning Balance			
Donation	2/1/09			Beginning Balance			
	3/1/09			Beginning Balance			
	4/1/09			Beginning Balance			
	5/1/09			Beginning Balance			
	6/1/09			Beginning Balance			
	6/29/09	2605	CDJ	Bristow Community Center - Rest Stop	50 00		
	6/29/09	2610	CDJ	Indiana Bicycle Coalition - Speaking Exp Reimb	100 00		
	6/29/09	2611	CDJ	Indiana Bicycle Coalition - Rider Donation	212 00		
	6/29/09	2612	CDJ	Newton Stewart SRA - TRIRI Donation	1,500 00		
	6/29/09	2613	CDJ	Lincoln State Park - Donation	1,500 00		
	6/29/09	2614	CDJ	Harmonie State Park - Donation	1,500 00		
				Current Period Change	4,862 00		4,862 00
	7/1/09			Beginning Balance			4,862 00
	8/1/09			Beginning Balance			4,862 00
	8/21/09	2642	CDJ	Indiana Bicycle Coalition - IBC Funding Ride	30 00		
				Current Period Change	30 00		30 00
	9/1/09			Beginning Balance			4,892 00
	9/21/09	2660	CDJ	Brown County SP - Donation (Bag Fee)	150 00		
	9/21/09	2663	CDJ	Spring Mill SP - Donation (Patrick)	1,000 00		
	9/21/09	2664	CDJ	Spring Mill State Park - Donation (Bags)	150 00		
	9/21/09	2664	CDJ	Spring Mill State Park - Donation (Bus to Village)	100 00		
	9/24/09	2667	CDJ	Clifty Falls SP - Donation (Bags)	150 00		
	9/24/09	2671	CDJ	Historic Bethlehem - SE '09 Restrooms	50 00		
	9/24/09	2672	CDJ	Fort Ritter Heritage Park - SE '09 Restrooms	50 00		
	9/24/09	2673	CDJ	Fort Vallonia Museum - SE '09 Restrooms	50 00		
	9/24/09	2674	CDJ	Bicycle Indiana - BI Funding Ride	175 00		
				Current Period Change	1,875 00		1,875 00
	10/1/09			Beginning Balance			6,767 00
	10/16/09	2684	CDJ	NBTDA - Break Sponsor	265 00		
				Current Period Change	265 00		265 00
	11/1/09			Beginning Balance			7,032 00
	12/1/09			Beginning Balance			7,032 00
	12/31/09			Ending Balance			7,032.00