



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



Form **990-EZ**Department of the Treasury
Internal Revenue Service**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning <u>1/1/2011</u> , and ending <u>12/31/2011</u>																			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>Bloomington Bicycle Club Inc</u></td> <td>D Employer identification number <u>35-1716510</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2"><u>P O Box 463</u></td> <td></td> </tr> <tr> <td>City or town</td> <td>state or country</td> <td>ZIP + 4</td> </tr> <tr> <td><u>Bloomington</u></td> <td><u>IN</u></td> <td><u>47402-0463</u></td> </tr> <tr> <td colspan="2"></td> <td>F Group Exemption Number ►</td> </tr> </table>	C Name of organization <u>Bloomington Bicycle Club Inc</u>		D Employer identification number <u>35-1716510</u>	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number	<u>P O Box 463</u>			City or town	state or country	ZIP + 4	<u>Bloomington</u>	<u>IN</u>	<u>47402-0463</u>			F Group Exemption Number ►
C Name of organization <u>Bloomington Bicycle Club Inc</u>		D Employer identification number <u>35-1716510</u>																	
Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number																	
<u>P O Box 463</u>																			
City or town	state or country	ZIP + 4																	
<u>Bloomington</u>	<u>IN</u>	<u>47402-0463</u>																	
		F Group Exemption Number ►																	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____																			
I Website: ► <u>bloomingtonbicycleclub.org</u>																			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																			
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.																			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ <u>140,578</u>																			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments		5,460
	4	Investment income		10
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	135,108
	c	Less: direct expenses from gaming and fundraising events	6c	51,442
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	83,666
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	89,136
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	1,157
14		Occupancy, rent, utilities, and maintenance	14	212
15		Printing, publications, postage, and shipping	15	4,765
16		Other expenses (describe in Schedule O)	16	14,406
17		Total expenses. Add lines 10 through 16	17	31,030
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	58,106
Net Assets	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	57,768
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	107
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	115,981

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2011)

SCANNED MAY 09 2012

27

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	57,736	22	115,981
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	57,736	25	115,981
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,736	27	115,981

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

What is the organization's primary exempt purpose? To promote and encourage bicycling for recreation and transport

Describe the organization's program service accomplishments for each of its three largest program services, 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.

28 Ride Across Indiana (RAIN) is a one-way, one day 160 mile bicycle endurance event that attracts participants from across the country. The event encourages bicyclists to train on and to use public roads, and builds strength and safety skills. Approximately 1500 riders registered in 2011. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	51,442
29 Weekly organized bicycle rides that range from 15 to 200 miles are scheduled from March through October. These events attract new riders and experienced riders and help educate riders and motorists about bicycle safety and the rules of the road. These rides are free and open to the general public and represents the club's mission. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	20,540
30 Grants awarded to area organizations for bicycle education, safety, and/or advocacy programs (itemized on Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	10,490
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	82,472

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Keith Vogelsang	Title President Hr/WK 5.00	0		
Mark Villanova	Title Vice President Hr/WK 5.00	0		
Kathy Cummins	Title Secretary Hr/WK 5.00	0		
Jim Schroeder	Title Treasurer (resigned) Hr/WK .00	0		
Tammy Berger	Title Membership Hr/WK .00	0		
Allan Edmonds	Title News Editor Hr/WK .00	0		
Ron Brown	Title Advocacy Hr/WK .00	0		
Mike Finger	Title Touring Hr/WK .00	0		
Klaus Rothe	Title Web master Hr/WK .00	0		
Chris Tietz	Title Safety & Education Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	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		X
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)		X
35 a 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)?		X
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		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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	X	
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		
38 a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 40a , section 4912 40a , section 4955 40a		
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 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		X
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 40e		X
41 List the states with which a copy of this return is filed 41		
42 a The organization's books are in care of 42a Jerry Arvesen Telephone no 42a (812) 272-0625 Located at 42a 3614 E Post City 42a Bloomington ST 42a IN ZIP + 4 42a 47408		
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)? If "Yes," enter the name of the foreign country: 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
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		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
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-EZ (see instructions) 45b		X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
-----------	--	---

- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
------------	--	---

- 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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00			

- 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."

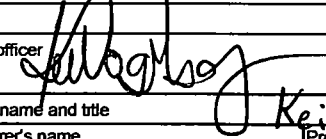
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		

- d** Total number of other independent contractors each receiving over \$100,000 **▶** _____

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

▶ ☐ Yes ☒ No

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.

Sign Here	Signature of officer 	Date <u>4-17-12</u>
	Type or print name and title <u>Keith Vogelsang, President</u>	
Paid Preparer Use Only	Print/Type preparer's name _____	Preparer's signature _____
	Firm's name ▶ _____	Firm's EIN ▶ _____
	Firm's address ▶ _____	Phone no _____

May the IRS discuss this return with the preparer shown above? See instructions.

▶ ☒ Yes ☐ No

SCHEDULE N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0037

2011

**Open to Public
Inspection**

Name of the organization

Bloomington Bicycle Club Inc

Employer identification number

35-1716510

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				

2	Did or will any officer, director, trustee, or key employee of the organization.	Yes	No
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶ Joe Anderson		

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

Schedule N (Form 990 or 990-EZ) (2011)

(HTA)

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III **3** ☐ Yes ☒ No
- 4 a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? **4a** ☐ Yes ☒ No
- b** If "Yes," did the organization provide such notice? **4b** ☐ Yes ☒ No
- 5** Did the organization discharge or pay all of its liabilities in accordance with state laws? **5** ☐ Yes ☒ No
- 6 a** Did the organization have any tax-exempt bonds outstanding during the year? **6a** ☐ Yes ☒ No
- b** Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? **6b** ☐ Yes ☒ No
- c** If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	cash balance of TRIRI checking account	1/13/2011	55,236	book value	unknown	J&B Events Management, Inc. 3603 S. Essex Ct, Bloomington, IN	S Corp
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				

2 Did or will any officer, director, trustee, or key employee of the organization

- a** Become a director or trustee of a successor or transferee organization? **2a** ☐ Yes ☒ No
- b** Become an employee of, or independent contractor for, a successor or transferee organization? **2b** ☐ Yes ☒ No
- c** Become a direct or indirect owner of a successor or transferee organization? **2c** ☐ Yes ☒ No
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? **2d** ☐ Yes ☒ No
- e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. **Joe Anderson**

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information

In May of 2010, the Bloomington Bicycle Club and J&B Events Management, Inc. came to an agreement on the disposition and organization of the Touring Ride through Rural Indiana (TRIRI), a series of week-long bicycle camping and lodging tours. The Bloomington Bicycle Club agreed to continue organizing the one-day Ride Across Indiana as a fundraising ride, while TRIRI was ceded to J&B Events Management, Inc. The formal separation into two entities was completed in early January, 2011, with J&B Events Management receiving the TRIRI cash reserves used to capitalize the next season's rides. Joe Anderson, principal of J&B Events Management, resigned as treasurer of the Bloomington Bicycle Club in January, 2011, to continue organizing TRIRI.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

Bloomington Bicycle Club Inc

Employer identification number

35-1716510

Line 10: Grants and similar amounts paid (total = \$10,490)

Boys & Girls Club = 1500, Monroe County Public Library = 1145, Buskirk-Chumley Theater = 525, deCycles Indiana = 1500

City of Bloomington Planning Department = 1500, City of Bloomington Parks & Rec = 990, Monroe County United Ministries = 830

Community Bike Project = 1500, Bloomington Transportation Options for People = 1000

Line 16: Other expenses (total = \$14,406)

Travel, mileage, lodging = 2908, conferences & meetings = 1370, interest expenses = 22, payments to affiliates = 250

insurance (liability, D&O, auto) = 4525, meals & entertainment = 1252, office expenses = 1848,

water tanks, drinking water hoses, plumbing supplies and hardware for water stations, syrup dispensers, traffic cones = 2231

Line 20: Other changes in net assets or fund balances

Cash left over from unbooked (lost) transactions = 107