

Form **990EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Central Indiana Bicycling Association Inc
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 55313
City or town, state or province, country, and ZIP or foreign postal code
Indianapolis, IN 46201

D Employer identification number
23-7334666
E Telephone number
F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) **H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.cibaride.org

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 31,422

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	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	27,928
	4	Investment income	4	1,194
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	2,300
Expenses	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,300
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31,422
	10	Grants and similar amounts paid (list in Schedule O)	10	5,383
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	1,137
	15	Printing, publications, postage, and shipping	15	438
	16	Other expenses (describe in Schedule O)	16	31,796
	17	Total expenses. Add lines 10 through 16	17	38,754
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,332
	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	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	-7,332

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	0 22	31,422
23 Land and buildings	0 23	0
24 Other assets (describe in Schedule O)	0 24	0
25 Total assets	0 25	31,422
26 Total liabilities (describe in Schedule O).	0 26	38,754
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	-7,332

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 ☐
What is the organization's primary exempt purpose?
Provide Opportunities for bicyclist
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
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐
29

(Grants \$) If this amount includes foreign grants, check here ☐
30

(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32** 0

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28a

29a

30a

31a

32

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 title	(b) 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
Katie Feltman President	0 00	0	0	0
Pat Madaras Vice President	0 00	0	0	0
Martha Hall Secertary	0 00	0	0	0
Jay Hardcastle Treasurer	0 00	0	0	0
Alan Rainey Board Member	0 00	0	0	0
Cheryl Surman Board Member	0 00	0	0	0
Marc Walter Board Member	0 00	0	0	0
Sheldon Hall Board Member	0 00	0	0	0

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		Yes	No
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	46	No

Part VI **Section 501(c)(3) organizations only**
All section 501(c)(3) organizations 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 ☐

		Yes	No
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	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."

(a) Name and title of each employee	(b) 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

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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 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		2020-01-08 Date		
	Katie Feltman President, President Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Sherry S Borshoff EA	Preparer's signature	Date 2020-01-14	Check ☒ if self-employed	PTIN P01614309
	Firm's name ► Borshoff Consulting LLC			Firm's EIN ► 46-3623004	
	Firm's address ► 3422 Beech Drive Carmel, IN 46033			Phone no. (317) 846-1005	

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

Additional Data

Software ID:
Software Version:
EIN: 23-7334666
Name: Central Indiana Bicycling Association Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 Provide Opportunities for bicyclist of all ages to ride bicycles on safe organized rides through events and related activities (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Central Indiana Bicycling Association Inc

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.

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

OMB No 1545-0047

2018

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Employer identification number

23-7334666

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	Activity CIBA Foundation Grantee CIBA Foundation Amount 5,383

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	Description AmountAdvertising and Marketing 10,575Events 12,521Bank Fees 125Insurance 8,575

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	Category Beginning of Year End of YearExpenses 0 38,754