

## Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

84-0935240

### Bicycle Racing Association of Colo

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>226,918</u>
<b>Revenue</b>		
Contributions	<u>98,857</u>	
Program service revenue	<u>88,957</u>	
Investment income	<u>100</u>	
Capital gain / loss	_____	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	_____	
<b>Total revenue</b>	<u>187,914</u>	
<b>Expenses</b>		
Program services	_____	
Management and general	_____	
Fundraising	_____	
<b>Total expenses</b>	<u>244,141</u>	
<b>Excess / (deficit)</b>		<u>-56,227</u>
Changes		_____
<b>Net Asset / Fund Balance at End of Year</b>		<u>170,691</u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>_____</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>_____</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>233,041</u>	<u>175,221</u>	
Liabilities	<u>6,123</u>	<u>4,530</u>	
Net assets	<u>226,918</u>	<u>170,691</u>	<u>-56,227</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/17  
 Failure to file penalty \_\_\_\_\_

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2016, or fiscal year beginning ..... 2016, and ending ..... 20 .....

# 2016

**u Do not send to the IRS. Keep for your records.**

**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**Bicycle Racing Association of Colo**

**84-0935240**

Name and title of officer

**Susan Adamkovics  
Treasurer**

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	2b	<b>187,914</b>
3a Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **Specialized Accounting Inc** to enter my PIN **35240** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **10/30/17**

#### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**84547036121**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **Patricia B Berger**

Date } **10/30/17**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see back of form.**

Form **8879-EO** (2016)

Form **990-EZ**

## 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)

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

} Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C Name of organization</b> <b>Bicycle Racing Association of Colo</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>PO Box 763</b> Room/suite _____ City or town, state or province, country, and ZIP or foreign postal code <b>Littleton CO 80160</b>	<b>D Employer identification number</b> <b>84-0935240</b>
<input type="checkbox"/> Name change		<b>E Telephone number</b> <b>303-458-5538</b>
<input type="checkbox"/> Initial return		<b>F Group Exemption Number</b> <b>u</b>
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G Accounting Method:**  Cash  Accrual Other (specify) **u** \_\_\_\_\_

**H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**

**I Website:** **u www.coloradocycling.org**

**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)( ) (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 \_\_\_\_\_ **u \$ 187,914**

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 <input checked="" type="checkbox"/>			
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>98,857</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>88,957</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>100</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>187,914</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>3,770</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>102,009</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>2,771</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>4,973</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>4,255</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>126,363</b>
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>244,141</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-56,227</b>
	<b>19</b> 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)	<b>19</b>	<b>226,918</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>170,691</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

**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	184,976	22	121,413
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	48,065	24	53,808
25 Total assets	233,041	25	175,221
26 Total liabilities (describe in Schedule O)	6,123	26	4,530
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	226,918	27	170,691

**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?

Organize and support amateur bicycle racing in Colorado and Wyoming

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 <u>Coordinate racing events, support track racing program, publish newsletter and racing schedule, and conduct racing programs in Colorado and Wyoming.</u>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u	28a	176,436
29 <u>Organize Junior, Women and Mens Racing camps and events to develop and improve member racing skills.</u>			
(Grants \$ <u>3,770</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	u	29a	16,050
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u	30a	
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u	31a	
32 Total program service expenses (add lines 28a through 31a)	u	32	192,486

**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
Doug Gordon President	3.00	0	0	0
Rib Mobus Vice President	1.00	0	0	0
Susan Adamkovics Treasurer	4.00	0	0	0
Lynn Taylor Secretary	3.00	0	0	0
Jon Heidemann Director	1.00	0	0	0
Michael McGuinn Director	1.00	0	0	0
Lance Panigutti Director	3.00	0	0	0
Kim Nordquist Director	1.00	0	0	0
Melissa Link Director	1.00	0	0	0
Troy Reynolds Director	1.00	0	0	0
Shawn Farrell Executive Director	40.00	60,000	0	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
<b>33</b>	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		<b>X</b>
<b>34</b>	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)		<b>X</b>
<b>35a</b>	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)?		<b>X</b>
<b>35b</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		
<b>35c</b>	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		<b>X</b>
<b>36</b>	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		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>u</b> <b>37a</b>		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b>	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?		<b>X</b>
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>39a</b>	Initiation fees and capital contributions included on line 9		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>u</b> ; section 4912 <b>u</b> ; section 4955 <b>u</b>		
<b>40b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		<b>X</b>
<b>40c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>u</b>		
<b>40d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>u</b>		
<b>40e</b>	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		<b>X</b>
<b>41</b>	List the states with which a copy of this return is filed <b>u None</b>		
<b>42a</b>	The organization's books are in care of <b>u Shawn Farrell</b> Telephone no. <b>u 719-393-5711</b> PO Box 763 Located at <b>u Littleton</b> co ZIP + 4 <b>u 80160</b>		
<b>42b</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: <b>u</b> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<b>X</b>
<b>42c</b>	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: <b>u</b>		<b>X</b>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>u 43</b>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>44b</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		<b>X</b>
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>44d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>45b</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)		<b>X</b>

	Yes	No
<b>46</b> 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 .....		<b>X</b>

**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
<b>47</b> 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 .....		<b>X</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....		<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization? .....		

**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
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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**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** Date  
 Signature of officer: **Susan Adamkovics**  
 Type or print name and title: **Treasurer**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Patricia B Berger</b>	<b>Patricia B Berger</b>			<b>P00069830</b>
	Firm's name } <b>Specialized Accounting Inc</b>	Firm's EIN } <b>84-1442149</b>		Phone no. <b>970-531-1721</b>	
	Firm's address } <b>3100 Huron St Unit 2G Denver, CO 80202-1574</b>				

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**u Attach to Form 990 or Form 990-EZ.**

**u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

**Bicycle Racing Association of Colo**

Employer identification number

**84-0935240**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	140,883	145,380	120,608	128,191	98,857	633,919
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	178,569	184,645	149,664	151,513	89,057	753,448
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	319,452	330,025	270,272	279,704	187,914	1,387,367
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,387,367

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6	319,452	330,025	270,272	279,704	187,914	1,387,367
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	321	349	214	171		1,055
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	321	349	214	171		1,055
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,285	539				2,824
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	322,058	330,913	270,486	279,875	187,914	1,391,246

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.72 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	99.65 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b** A family member of a person described in (a) above?
  - c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
  - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
  - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>		<b>Current Year</b>		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b>	Distributable amount for 2016 from Section C, line 6			
<b>10</b>	Line 8 amount divided by Line 9 amount			
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b>	Distributable amount for 2016 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2016:			
<b>a</b>				
<b>b</b>				
<b>c</b>	From 2013 .....			
<b>d</b>	From 2014 .....			
<b>e</b>	From 2015 .....			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2016 distributable amount			
<b>i</b>	Carryover from 2011 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2016 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2016 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b>	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>	Excess from 2013 .....			
<b>c</b>	Excess from 2014 .....			
<b>d</b>	Excess from 2015 .....			
<b>e</b>	Excess from 2016 .....			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part III, Line 12 - Other Income Detail**

**Miscellaneous** \$ **2,824**

**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b>  <b>Bicycle Racing Association of Colo</b>	<b>Employer identification number</b>  <b>84-0935240</b>
--	--

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **Bicycle Racing Association of Colo** Employer identification number **84-0935240**

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



**SCHEDULE O**  
**(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**2016**Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Bicycle Racing Association of Colo**

Employer identification number

**84-0935240****Form 990-EZ, Part I, Line 16 - Other Expenses**

<b>Description</b>	<b>Amount</b>
<b>Expenses</b>	
Race Promotion & Materials	\$ 6,612
Office Supplies	\$ 674
Computer Software	\$ 70
Payroll Processing Fees	\$ 63
Website Hosing	\$ 3,087
Staff & Board Travel	\$ 1,024
BOARD MEETINGS	\$ 1,683
D&O	\$ 1,916
Motor Official	\$ 7,945
Workman Comp	\$ 191
Liability	\$ 1,728
RACING PROGRAM EXPENSES	\$ 29,562
Race Camp Expenses	\$ 12,280
AWARDS	\$ 9,724
PreJ Permits	\$ 675
BANK SERVICE CHARGES	\$ 132
Credit Card Processing	\$ 3,172
DUES AND SUBSCRIPTIONS	\$ 160
LICENSES	\$ 70
MISC	\$ 297
Loss on Disposal of Asset	\$ 163
Non-investment Depreciation	\$ 45,135

Name of the organization <b>Bicycle Racing Association of Colo</b>	Employer identification number <b>84-0935240</b>
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**Total \$ 126,363**

**Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 9,550	\$ 0
Prepaid Expenses and Deferred Charges	\$ 1,371	\$ 0
	\$ 141,046	\$ 202,299
Less Accumulated Depreciation	\$ 103,902	\$ 148,491
Security Deposit	\$ 0	\$ 0
<b>Total</b>	<b>\$ 48,065</b>	<b>\$ 53,808</b>

**Form 990-EZ, Part II, Line 26 - Other Liabilities**

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,228	\$ 2,765
Deferred Revenue	\$ 3,895	\$ 1,765

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

u **Attach to your tax return.**

u **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

OMB No. 1545-0172

**2016**

Attachment  
Sequence No. **179**

Name(s) shown on return

**Bicycle Racing Association of Colo**

Identifying number

**84-0935240**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	24,481
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		61,962	3.0	HY	200DB	20,654
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	45,135
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2016)

Year Ended: December 31, 2016

84-0935240

Bicycle Racing Association of Colo  
PO Box 763  
Littleton, CO 80160

**Electing out of Bonus Depreciation Allowance  
for 3-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 3-year depreciable property placed in service during the tax year.

Year Ended: December 31, 2016

84-0935240

Bicycle Racing Association of Colo  
PO Box 763  
Littleton, CO 80160

**Electing out of Bonus Depreciation Allowance  
for 5-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 5-year depreciable property placed in service during the tax year.

84-0935240

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>3-year GDS Property:</b>											
36	Website Redesign	4/30/16	43,258				43,258	3	HY 200DB	0	14,419
37	Website Build	12/05/16	18,704				18,704	3	HY 200DB	0	6,235
			<u>61,962</u>				<u>61,962</u>			<u>0</u>	<u>20,654</u>
<b>Prior MACRS:</b>											
1	RACE BARRIERS & SIGNAGE	5/28/06	8,808				8,808	7	HY 200DB	8,808	0
2	TENT & CANOPY	3/23/07	1,721				1,721	7	HY 200DB	1,721	0
3	500HD BLACK STEP IN	10/01/08	1,345			X	672	7	HY 200DB	1,345	0
4	150 18" TRAFFIC CONES	5/28/08	839			X	419	7	HY 200DB	839	0
5	8 DYNALITE SIGN STANDS	7/12/08	730			X	365	7	HY 200DB	730	0
6	100 18" TRAFFIC CONES	7/12/08	634			X	317	7	HY 200DB	634	0
7	SPECTRUM DIGITAL SIGN	8/10/09	1,691			X	845	5	HY 200DB	1,691	0
8	LAP COUNTER	4/26/10	1,100			X	550	5	HY 200DB	1,100	0
9	DELL LAPTOP	12/31/11	872			X	50	5	HY 200DB	822	50
10	DELL LAPTOP 2	12/31/11	926			X	53	5	HY 200DB	873	53
11	A FRAME BIKE HOLDER	5/05/12	600			X	300	5	HY 200DB	503	65
12	LAPTOP RACE KIT 3	8/29/12	1,945			X	972	5	HY 200DB	1,588	238
13	2 ACA POPUP TENTS	9/25/12	1,897			X	948	5	HY 200DB	1,549	232
14	ELECTRONIC TIMING SYSTEM	3/01/11	62,913			X	3,624	5	HY 200DB	59,289	3,624
15	TIMING SYSTEM EQUIPMENT	3/20/12	914			X	457	5	HY 200DB	786	85
16	TRANSPONDERS	12/31/12	7,700			X	3,850	5	HY 200DB	6,120	1,053
19	Manager Laptop	4/03/13	1,074			X	537	5	HY 200DB	765	123
20	GoPro Camera Setup	3/12/13	709			X	354	5	HY 200DB	505	41
	Sold/Scrapped: 7/01/16										
21	3 Bike A Frame Racks	5/01/13	510			X	255	5	HY 200DB	363	59
22	BRAC Podium Blocks	7/02/13	750			X	375	7	HY 200DB	422	94
23	Red Green Course Preview Flags	8/20/13	765			X	382	7	HY 200DB	430	96
24	Walls for BRAC Tent	8/27/13	1,600			X	800	7	HY 200DB	901	199
25	4 Rolls Course Fencing	8/27/13	1,942			X	971	7	HY 200DB	1,093	243
26	Timing Chips	6/15/13	665			X	332	5	HY 200DB	473	77
27	Race Registration Website Upgrade	10/03/13	4,103			X	2,051	3	HY 200DB	3,799	304
28	Mac Computer-Membership	6/23/09	1,744			X	872	5	HY 200DB	1,744	0
29	Slide Projector	1/20/09	320			X	160	5	HY 200DB	320	0
30	Mac Air Computer	12/31/11	1,235			X	71	5	HY 200DB	1,164	71
31	Projector & Screen	3/20/14	801			X	400	5	HY 200DB	609	77
32	Tent Frame & Flag Poles	9/09/14	678			X	339	5	HY 200DB	515	65
33	Podium Backdrop	10/02/15	799				799	5	MQ200DB	40	304
34	CX Start/Finish Flags	10/19/15	956				956	5	MQ200DB	48	363
35	Website Redesign	12/31/15	27,760				27,760	3	MQ200DB	2,313	16,965
			<u>141,046</u>				<u>61,365</u>			<u>103,902</u>	<u>24,481</u>
	<b>Grand Totals</b>		203,008				123,327			103,902	45,135
	<b>Less: Dispositions and Transfers</b>		709				354			505	41
	<b>Less: Start-up/Org Expense</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>202,299</u>				<u>122,973</u>			<u>103,397</u>	<u>45,094</u>

84-0935240

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>3-year GDS Property:</b>									
36	Website Redesign	4/30/16	43,258			43,258	3 HY 150DB	0	10,815
37	Website Build	12/05/16	18,704			18,704	3 HY 150DB	0	4,676
			<u>61,962</u>			<u>61,962</u>		<u>0</u>	<u>15,491</u>
<b>Prior MACRS:</b>									
1	RACE BARRIERS & SIGNAGE	5/28/06	8,808			8,808	7 HY 150DB	8,808	0
2	TENT & CANOPY	3/23/07	1,721			1,721	7 HY 150DB	1,721	0
3	500HD BLACK STEP IN	10/01/08	1,345		X	672	7 HY 200DB	1,345	0
4	150 18" TRAFFIC CONES	5/28/08	839		X	419	7 HY 200DB	839	0
5	8 DYNALITE SIGN STANDS	7/12/08	730		X	365	7 HY 200DB	730	0
6	100 18" TRAFFIC CONES	7/12/08	634		X	317	7 HY 200DB	634	0
7	SPECTRUM DIGITAL SIGN	8/10/09	1,691		X	845	5 HY 200DB	1,691	0
8	LAP COUNTER	4/26/10	1,100		X	550	5 HY 200DB	1,100	0
9	DELL LAPTOP	12/31/11	872		X	50	5 HY 200DB	822	50
10	DELL LAPTOP 2	12/31/11	926		X	0	5 HY 200DB	926	0
11	A FRAME BIKE HOLDER	5/05/12	600		X	300	5 HY 200DB	548	35
12	LAPTOP RACE KIT 3	8/29/12	1,945		X	972	5 HY 200DB	1,777	112
13	2 ACA POPUP TENTS	9/25/12	1,897		X	948	5 HY 200DB	1,733	109
14	ELECTRONIC TIMING SYSTEM	3/01/11	62,913		X	3,624	5 HY 200DB	59,289	3,624
15	TIMING SYSTEM EQUIPMENT	3/20/12	914			914	5 HY 150DB	822	61
16	TRANSPONDERS	12/31/12	7,700		X	3,850	5 HY 200DB	7,035	443
19	Manager Laptop	4/03/13	1,074		X	537	5 HY 200DB	919	62
20	GoPro Camera Setup	3/12/13	709		X	354	5 HY 200DB	607	20
	Sold/Scrapped: 7/01/16								
21	3 Bike A Frame Racks	5/01/13	510		X	255	5 HY 200DB	437	29
22	BRAC Podium Blocks	7/02/13	750		X	375	7 HY 200DB	422	94
23	Red Green Course Preview Flags	8/20/13	765		X	382	7 HY 200DB	430	96
24	Walls for BRAC Tent	8/27/13	1,600		X	800	7 HY 200DB	901	199
25	4 Rolls Course Fencing	8/27/13	1,942		X	971	7 HY 200DB	1,093	243
26	Timing Chips	6/15/13	665		X	332	5 HY 200DB	473	77
27	Race Registration Website Upgrade	10/03/13	4,103		X	2,051	3 HY 200DB	3,799	304
28	Mac Computer-Membership	6/23/09	1,744		X	872	5 HY 200DB	1,744	0
29	Slide Projector	1/20/09	320		X	160	5 HY 200DB	320	0
30	Mac Air Computer	12/31/11	1,235		X	71	5 HY 200DB	1,164	71
31	Projector & Screen	3/20/14	801		X	400	5 HY 200DB	609	77
32	Tent Frame & Flag Poles	9/09/14	678		X	339	5 HY 200DB	515	65
33	Podium Backdrop	10/02/15	799			799	5 MQ150DB	30	231
34	CX Start/Finish Flags	10/19/15	956			956	5 MQ150DB	36	276
35	Website Redesign	12/31/15	27,760			27,760	3 MQ150DB	1,735	13,013
			<u>141,046</u>			<u>61,769</u>		<u>105,054</u>	<u>19,291</u>
<b>Grand Totals</b>			203,008			123,731		105,054	34,782
<b>Less: Dispositions and Transfers</b>			709			354		607	20
<b>Net Grand Totals</b>			<u>202,299</u>			<u>123,377</u>		<u>104,447</u>	<u>34,762</u>

# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
3	500HD BLACK STEP IN	10/01/08	1,345		0	0	673	672
4	150 18" TRAFFIC CONES	5/28/08	839		0	0	420	419
5	8 DYNALITE SIGN STANDS	7/12/08	730		0	0	365	365
6	100 18" TRAFFIC CONES	7/12/08	634		0	0	317	317
7	SPECTRUM DIGITAL SIGN	8/10/09	1,691		0	0	846	845
8	LAP COUNTER	4/26/10	1,100		0	0	550	550
9	DELL LAPTOP	12/31/11	872		0	0	822	50
10	DELL LAPTOP 2	12/31/11	926		0	0	873	53
11	A FRAME BIKE HOLDER	5/05/12	600		0	0	300	300
12	LAPTOP RACE KIT 3	8/29/12	1,945		0	0	973	972
13	2 ACA POPUP TENTS	9/25/12	1,897		0	0	949	948
14	ELECTRONIC TIMING SYSTEM	3/01/11	62,913		0	0	59,289	3,624
15	TIMING SYSTEM EQUIPMENT	3/20/12	914		0	0	457	457
16	TRANSPONDERS	12/31/12	7,700		0	0	3,850	3,850
19	Manager Laptop	4/03/13	1,074		0	0	537	537
20	GoPro Camera Setup	3/12/13	709		0	0	355	354
21	3 Bike A Frame Racks	5/01/13	510		0	0	255	255
22	BRAC Podium Blocks	7/02/13	750		0	0	375	375
23	Red Green Course Preview Flags	8/20/13	765		0	0	383	382
24	Walls for BRAC Tent	8/27/13	1,600		0	0	800	800
25	4 Rolls Course Fencing	8/27/13	1,942		0	0	971	971
26	Timing Chips	6/15/13	665		0	0	333	332
27	Race Registration Website Upgrade	10/03/13	4,103		0	0	2,052	2,051
28	Mac Computer-Membership	6/23/09	1,744		0	0	872	872
29	Slide Projector	1/20/09	320		0	0	160	160
30	Mac Air Computer	12/31/11	1,235		0	0	1,164	71
31	Projector & Screen	3/20/14	801		0	0	401	400
32	Tent Frame & Flag Poles	9/09/14	678		0	0	339	339
	<b>Form 990, Page 1</b>		101,002		0	0	79,681	21,321
	<b>*Less: Dispositions and Transfers</b>		709		0	0	355	354
	<b>Net Form 990, Page 1</b>		100,293		0	0	79,326	20,967
	<b>Grand Total</b>		101,002		0	0	79,681	21,321
	<b>Less: Dispositions and Transfers</b>		709		0	0	355	354
	<b>Net Grand Total</b>		100,293		0	0	79,326	20,967



84-0935240

## Depreciation Adjustment Report

### All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	1	RACE BARRIERS & SIGNAGE	0	0	0
Page 1	1	2	TENT & CANOPY	0	0	0
Page 1	1	3	500HD BLACK STEP IN	0	0	0
Page 1	1	4	150 18" TRAFFIC CONES	0	0	0
Page 1	1	5	8 DYNALITE SIGN STANDS	0	0	0
Page 1	1	6	100 18" TRAFFIC CONES	0	0	0
Page 1	1	7	SPECTRUM DIGITAL SIGN	0	0	0
Page 1	1	8	LAP COUNTER	0	0	0
Page 1	1	9	DELL LAPTOP	50	50	0
Page 1	1	10	DELL LAPTOP 2	53	0	53
Page 1	1	11	A FRAME BIKE HOLDER	65	35	30
Page 1	1	12	LAPTOP RACE KIT 3	238	112	126
Page 1	1	13	2 ACA POPUP TENTS	232	109	123
Page 1	1	14	ELECTRONIC TIMING SYSTEM	3,624	3,624	0
Page 1	1	15	TIMING SYSTEM EQUIPMENT	85	61	24
Page 1	1	16	TRANSPONDERS	1,053	443	610
Page 1	1	19	Manager Laptop	123	62	61
Page 1	1	20	GoPro Camera Setup	41	20	21
Page 1	1	21	3 Bike A Frame Racks	59	29	30
Page 1	1	22	BRAC Podium Blocks	94	94	0
Page 1	1	23	Red Green Course Preview Flags	96	96	0
Page 1	1	24	Walls for BRAC Tent	199	199	0
Page 1	1	25	4 Rolls Course Fencing	243	243	0
Page 1	1	26	Timing Chips	77	77	0
Page 1	1	27	Race Registration Website Upgrade	304	304	0
Page 1	1	28	Mac Computer-Membership	0	0	0
Page 1	1	29	Slide Projector	0	0	0
Page 1	1	30	Mac Air Computer	71	71	0
Page 1	1	31	Projector & Screen	77	77	0
Page 1	1	32	Tent Frame & Flag Poles	65	65	0
Page 1	1	33	Podium Backdrop	304	231	73
Page 1	1	34	CX Start/Finish Flags	363	276	87
Page 1	1	35	Website Redesign	16,965	13,013	3,952
Page 1	1	36	Website Redesign	14,419	10,815	3,604
Page 1	1	37	Website Build	6,235	4,676	1,559
				<u>45,135</u>	<u>34,782</u>	<u>10,353</u>

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
1	RACE BARRIERS & SIGNAGE	5/28/06	8,808	0	0
2	TENT & CANOPY	3/23/07	1,721	0	0
3	500HD BLACK STEP IN	10/01/08	1,345	0	0
4	150 18" TRAFFIC CONES	5/28/08	839	0	0
5	8 DYNALITE SIGN STANDS	7/12/08	730	0	0
6	100 18" TRAFFIC CONES	7/12/08	634	0	0
7	SPECTRUM DIGITAL SIGN	8/10/09	1,691	0	0
8	LAP COUNTER	4/26/10	1,100	0	0
9	DELL LAPTOP	12/31/11	872	0	0
10	DELL LAPTOP 2	12/31/11	926	0	0
11	A FRAME BIKE HOLDER	5/05/12	600	32	17
12	LAPTOP RACE KIT 3	8/29/12	1,945	119	56
13	2 ACA POPUP TENTS	9/25/12	1,897	116	55
14	ELECTRONIC TIMING SYSTEM	3/01/11	62,913	0	0
15	TIMING SYSTEM EQUIPMENT	3/20/12	914	43	31
16	TRANSPONDERS	12/31/12	7,700	527	222
19	Manager Laptop	4/03/13	1,074	124	62
21	3 Bike A Frame Racks	5/01/13	510	59	29
22	BRAC Podium Blocks	7/02/13	750	67	67
23	Red Green Course Preview Flags	8/20/13	765	68	68
24	Walls for BRAC Tent	8/27/13	1,600	143	143
25	4 Rolls Course Fencing	8/27/13	1,942	173	173
26	Timing Chips	6/15/13	665	77	77
27	Race Registration Website Upgrade	10/03/13	4,103	0	0
28	Mac Computer-Membership	6/23/09	1,744	0	0
29	Slide Projector	1/20/09	320	0	0
30	Mac Air Computer	12/31/11	1,235	0	0
31	Projector & Screen	3/20/14	801	46	46
32	Tent Frame & Flag Poles	9/09/14	678	39	39
33	Podium Backdrop	10/02/15	799	182	161
34	CX Start/Finish Flags	10/19/15	956	218	193
35	Website Redesign	12/31/15	27,760	5,655	6,940
36	Website Redesign	4/30/16	43,258	19,226	16,222
37	Website Build	12/05/16	18,704	8,312	7,014
			<u>202,299</u>	<u>35,226</u>	<u>31,615</u>
<b>Grand Totals</b>			<u>202,299</u>	<u>35,226</u>	<u>31,615</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2015 &amp; 2016</b>
For calendar year 2016, or tax year beginning _____, ending _____		

Name **Bicycle Racing Association of Colo** Taxpayer Identification Number **84-0935240**

		2015	2016	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	31,438		-31,438
	2. Membership dues and assessments .....	96,753		-96,753
	3. Government contributions and grants .....			
	4. Program service revenue .....	151,342		-151,342
	5. Investment income .....	171		-171
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....			
	8. Net income or (loss) from fundraising events .....			
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>279,704</b>		<b>-279,704</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	2,650		-2,650
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....	55,000		-55,000
	16. Salaries, other compensation, and employee benefits .....	47,940		-47,940
	17. Professional fundraising fees .....			
	18. Other professional fees .....	7,205		-7,205
	19. Occupancy, rent, utilities, and maintenance .....	5,439		-5,439
	20. Depreciation and Depletion .....	13,969		-13,969
	21. Other expenses .....	149,593		-149,593
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>281,796</b>		<b>-281,796</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-2,092</b>		<b>2,092</b>
<b>Other Information</b>	24. Total exempt revenue .....	279,704		-279,704
	25. Total unrelated revenue .....			
	26. Total excludable revenue .....	151,513		-151,513
	27. Total assets .....	233,041		-233,041
	28. Total liabilities .....	6,123		-6,123
	29. Retained earnings .....	226,918		-226,918
	30. Number of voting members of governing body .....	10		
	31. Number of independent voting members of governing body .....	10		
	32. Number of employees .....	6		
	33. Number of volunteers .....			

Form <b>990</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>Bicycle Racing Association of Colo</b>	Employer Identification Number <b>84-0935240</b>
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants .....			33,012	31,438		
Membership dues .....			82,596	96,753		
Program service revenue .....			149,664	151,342		
Capital gain or loss .....						
Investment income .....			214	171		
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....			<b>265,486</b>	<b>279,704</b>		
Grants and similar amounts paid .....			10,000	2,650		
Benefits paid to or for members .....						
Compensation of officers, etc. ....			43,334	55,000		
Other compensation .....			61,281	47,940		
Professional fees .....			9,048	7,205		
Occupancy costs .....			6,670	5,439		
Depreciation and depletion .....			16,568	13,969		
Other expenses .....			170,652	149,593		
<b>Total expenses</b> .....			<b>317,553</b>	<b>281,796</b>		
<b>Excess or (Deficit)</b> .....			<b>-52,067</b>	<b>-2,092</b>		
Total exempt revenue .....			265,486	279,704		
Total unrelated revenue .....						
Total excludable revenue .....			149,878	151,513		
Total Assets .....			239,555	233,041		
Total Liabilities .....			10,545	6,123		
Net Fund Balances .....			229,010	226,918		

**Schedule A, Part III, Line 1(e)**

<u>Description</u>	<u>Amount</u>
Individuals	\$ 62,162
Juniors	1,260
Club Dues	9,550
One Day Memberships	3,489
COBRAS Bike Team	7,500
Team Evergreen	7,500
DONORS < \$5000	7,396
Total	<u>\$ 98,857</u>

**Schedule A, Part III, Line 2(e)**

<u>Description</u>	<u>Amount</u>
Race Registration Fees	\$ 51,859
Camp Income	5,435
USAC Fee Rebates	32,526
Race Date Fees	1,690
Race Kit Fees	496
Misc Revenue	852
Fee Refunds and Waivers	-3,901
Taxable Interest on Savings and Temporary Cash Investments	100
Total	<u>\$ 89,057</u>