

990-EZForm Department of the Treasury
Internal Revenue Service**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)

2017

Open to Public
Inspection

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning January 1, 2017, and ending December 31, 2017

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	Salem Bicycle Club	93-0943612
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	PO Box 2224	(503) 881-4933
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number
<input type="checkbox"/> Amended return	Salem, OR 97308-2224	04
<input type="checkbox"/> Application pending		

G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ►				
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				

K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Non-Profit Club	
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	► \$ 51297

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

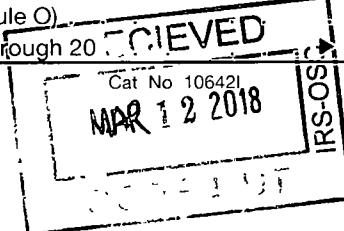
1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 4 980
4 Investment income	4 14
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	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 43 750
c Less direct expenses from gaming and fundraising events	6c 32,735
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 11 015
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)	8 967
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 16,976
10 Grants and similar amounts paid (list in Schedule O)	10 2 860
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
14 Occupancy, rent, utilities, and maintenance	14 1 788
15 Printing, publications, postage, and shipping	15 4 955
16 Other expenses (describe in Schedule O)	16 5.284
17 Total expenses. Add lines 10 through 16	17 14,887
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2.089
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 24.979
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 27.068

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED APR 25 2018
Revenue

Expenses

Net Assets



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	24,979	22 27,068
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	24,979	25 27,068
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,979	27 27,068

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? Bicycle Club

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				
	(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>	28a
29				
	(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>	29a
30				
	(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>	30a
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

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
Hersch Sangster, President 832 Maine Ave Keizer, OR	6	0	0	0
Robert Luoma, Vice President 620 Menlo Dr N, Salem, OR	5	0	0	0
Marilyn Monson, Secretary 2236 Wildwood Dr SE Salem, 97306	4	0	0	0
Sandra Lundblad, Treasurer 2260 Red Oak Dr S, Salem, OR	4	0	0	0
Preslee Jeffers, Membership Coordinator 11015 S Ridgetop Dr, Molalla, OR	4	0	0	0
Chris Hoy, Board Member at large 1913 Future Dr NE, Salem, OR	3	0	0	0
John Newell, Board Member at large 1115 Madison St SE, Salem, OR	3	0	0	0
Jim Ross, Board Member at large 295 Church St SE, Salem, OR	3	0	0	0
Winnie Sangirardi, Board Member at large 1719 Hardin ST NW, Salem, OR	3	0	0	0
Jackie Lefevre, Accountant 6782 Amy Ln NE, Keizer, OR	4	0	0	0
Doug Parrow, Webmaster 6782 Amy Ln NE, Keizer, OR	5	0	0	0
Larry Lohrman, Newsletter Editor 5889 Montevallo St SE, Salem, OR	4	0	0	0

Expenses

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

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

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

	Yes	No
33		✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34		✓
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a		✓
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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

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

35b		
35c		

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36		✓
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

37a		
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b Did the organization file Form 1120-POL for this year?

37b		
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a		
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b		
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39 Section 501(c)(7) organizations Enter:

39a		
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a Initiation fees and capital contributions included on line 9

39b		
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b Gross receipts, included on line 9, for public use of club facilities

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40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____

40a		
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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

40b		
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c 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 ► _____

40c		
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____

40d		
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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 8866-T

40e		
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41 List the states with which a copy of this return is filed ► Oregon

42a The organization's books are in care of ► Jackie Lefevre Telephone no ► 503-881-4933
Located at ► 6782 Amy Ln NE Keizer, OR ZIP + 4 ► 97303-1884

42a		
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b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b		✓
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If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

42c		✓
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c 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: ►

42d		
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

43		
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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a		✓
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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		✓
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c Did the organization receive any payments for indoor tanning services during the year?

44c		✓
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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		✓
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a		✓
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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		✓
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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

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."		

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

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	 Date
	 Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

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

Form 990-EZ (2017)

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Salem Bicycle Club

Employer identification number

930943612

Part I

Other Revenue \$967 = Advertising in Newsletter 750, Donations 199, Clothing from rides 18

Grants \$2,860 = Kiwanis scholarship fund 2,000, Salem Parks Foundation 300, Marion Polk Food Share 310, Open Streets Salem 250

Other Expenses \$5 284 = Awards banquet 2,821, Paypal Fees 14, Insurance 2,079, Membership Fees and Subscriptions 300, State Fees 70

Part IV

Joanne Heilinger, Rides Coordinator

7883 Jani Ct NE, Salem OR Hours

Average hours per Week = 4, Reportable Compensation = 0, Health Benefits = 0, Estimated Other Compensation = 0