

Form 990-EZ

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)

► 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.

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning January 1 , 2019, and ending December 31 , 20 19

B Check if applicable	C Name of organization Salem Bicycle Club		D Employer identification number 93-0943612
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address) PO Box 2224		E Telephone number (503) 881-4933
<input type="checkbox"/> Name change	Room/suite 04		F Group Exemption Number ►
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Salem, OR 97303		G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<input type="checkbox"/> Final return/terminated			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<input type="checkbox"/> Amended return			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
<input type="checkbox"/> Application pending			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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **56,259**

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	280
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	4,169
4 Investment income	4	233
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	50,471
c Less: direct expenses from gaming and fundraising events	6c	34,409
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	16,062
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	1,107
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	21,851
10 Grants and similar amounts paid (list in Schedule O)	10	310
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	370
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	5,459
16 Other expenses (describe in Schedule O)	16	7,687
17 Total expenses. Add lines 10 through 16 ►	17	13,826
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	8,025
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	20,958
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	28,983

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2019)

2021
Revenue
SCANNED

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	20,958	22 28,983
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	20,958	25 28,983
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,958	27 28,983

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? Club to ride bikes

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	-----		

	(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
Jim Ross, President jakeypr@msn.com				
295 Church St SE, Salem, OR	10	0	0	0
Pam Carey, Vice President pamcarey@comcast.net				
2831 Cleveland Ave NW, Salem, OR	4	0	0	0
Paul Lindauer, Treasurer psllindauer@gmail.com				
4205 Dwight Dr S, Salem, Or	3	0	0	0
Laurie Garrett, Secretary ld-garr@hotmail.com				
4001 - 12th St SE #31, Salem, OR	3	0	0	0
Winnie Sangirardi, Membership Coordinator				
1719 Hardin ST NW, Salem, OR	3	0	0	0
Emily Loberg, Member at Large ealoberg@gmail.com				
2225 Ellis Ave NE, Salem, OR	2	0	0	0
Gary Strand, Member at Large gary7797@hotmail.com				
1555 Jamestown St SE, Salem, OR	2	0	0	0
Keith Lippy, Member at Large lipcycle@msn.com				
609 J David St SE, Salem, OR	2	0	0	0
Rod Lundblad, Member at Large roblundblad@ucdavis-				
2260 Red Oak Dr S, Salem, OR alumni.com	2	0	0	0
Doug Parrow, Webmaster dparrow@comcast.net				
6782 Amy Ln NE, Keizer, OR	5	0	0	0
Jackie Lefevre, Accountant jacilef@caomcast.net				
6782 Amy Ln NE, Keizer, OR	4	0	0	0
Joanne Hellinger, Rides Committee Coordinator				
7883 Jani Ct NE, Keizer, OR bikes8cats2@yahoo0com	4	0	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 <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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	33 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input type="checkbox"/>
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	35b <input type="checkbox"/>
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	35c <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a <input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	37b <input type="checkbox"/>
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 <input type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b <input type="checkbox"/>
39	Section 501(c)(7) organizations. Enter:	39a <input type="checkbox"/>
a	Initiation fees and capital contributions included on line 9	39b <input type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities	39b <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e <input type="checkbox"/>
41	List the states with which a copy of this return is filed ► _____	41 <input type="checkbox"/>
42a	The organization's books are in care of ► _____ Located at ► _____	Telephone no. ► _____ ZIP + 4 ► _____
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____	42b <input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		42c <input checked="" type="checkbox"/>
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 ► _____	42c <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	43 <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>

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

	Yes	No
46	4	✓

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

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

	Yes	No
47		

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

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	<i>James Potter Ross</i>	Date <i>3/16/2020</i>
	Signature of officer	Type or print name and title <i>JAMES POTTER ROSS - PRESIDENT</i>

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 ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
Salem Bicycle Club

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. 1645-0047

2019

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Employer Identification number
03-0943612

Part I

Line 8 Other Revenue: \$1107 = 1050 advertising + 55 sales of t-shirts and jerseys from previous years + 2 Paypal

Line 10 Grants: \$370 = 300 Membership Fees and Subscriptions + 70 State fees

Line 16 Other expenses: \$7,687 = 5710 awards/banquet + 20 Bank/Paypal fees + 1892 insurance + 50 Over/Short

Part IV

Larry Lehman, Newsletter Editor

5889 Montezuma St SE, Salem, OR

Ave per week 4 Reportable Comp 0 Health Benefits 0 Estimated Other Comp 0