## **Short Form**

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

2020

Department of the Treasury Internal Revenue Service

▶ 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.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20									
В	Check if a	pplicable	C Name of organization D	D Employer Identification number					
	Address o	change	Evanston Bicycle Club	36-3720416					
	Name cha	ange	Number and street (or P O. box if mail is not delivered to street address) Room/suite E	Telephone number					
_	initial retu		PO Box 1981	(847) 644-7490					
=	Final retur Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption					
=		on pending .	Evanston, IL 60204-1981	Number	•				
		ting Method:	☐ Cash ☐ Accrual Other (specify) ► H Chi	eck ▶	If the organization is not				
	Vebsite	•			ttach Schedule B				
JT	ax-exen	npt status (che		•	90-EZ, or 990-PF).				
		organization:			· · · · · · · · · · · · · · · · · · ·				
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets					
			6500,000 or more, file Form 990 instead of Form 990-EZ		\$ 7,915				
Ρ	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins						
			the organization used Schedule O to respond to any question () his Ran ()						
	1		ons, gifts, grants, and similar amounts received	70 1	0				
	2		anica rovenus including government fore and contract 7	ए 2					
	3		ip dues and assessments	<i>i</i> 3	6,735				
	4	Investment	[ <del>                                     </del>	_ <u>  ĕ  4</u>	1,098				
	5a	Gross amo	unt from sale of assets other than inventory		<del> </del>				
	Ь		or other basis and sales expenses						
	c								
	6	Gaming and fundraising events:							
	a								
95	_								
Revenue	Ь	Gross inco	me from fundraising events (not including \$ 0 of contributions		Annual Fundraiser				
ě			aising events reported on line 1) (attach Schedule G if the		cancelled due to				
•			h gross income and contributions exceeds \$15,000)   6b	o	pandemic				
	С	Less: direc	t expenses from gaming and fundraising events 6c	0					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ict					
		line 6c) .		. 6d	0				
	7a	Gross sales	s of inventory, less returns and allowances   7a	<u> </u>					
	ь		of goods sold						
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c					
	8		nue (describe in Schedule O)	. 8	82				
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	7,915				
Expenses	10		similar amounts paid (list in Schedule O)	. 10	20,000				
	11	Benefits paid to or for members							
	12	Salaries, ot	her compensation, and employee benefits	. 12					
	13		al fees and other payments to independent contractors	. 13					
	14		r, rent, utilities, and maintenance						
	15	Printing, pu		349					
	16			15,145					
	17	Total expe	nses (describe in Schedule O)	▶ 17	35,494				
<b>(</b> 0	18	Excess or (	deficit) for the year (subtract line 17 from line 9)	. 18	-27,579				
<b>8</b>	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wi						
₽§§			r figure reported on prior year's return)		108,100				
Net Assets	20		1						
Ź	21		ges in net assets or fund balances (explain in Schedule O)		80,521				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2020)



	330-12 (2020)					rage =
Part II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	•	(B) End of year
	Cook sovies and investments		-	108,100	22	80,521
22	Cash, savings, and investments			100,100	23	00,321
23 24	Other assets (describe in Schedule O)		· · · · · ·		24	
25	Total assets			108,100		80,521
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			108,100	27	80,521
Par						_
	Check if the organization used Schedule				(Da	Expenses guired for section
What	is the organization's primary exempt purpose?	Promote bicycle edu	cation, safety, and u	tilization		(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	f its three largest p	rogram services,	_	anizations, optional for
	leasured by expenses. In a clear and concise m		services provided	, the number of	oth	ers.)
<u> </u>	ons benefited, and other relevant information for ea	<del></del>				<del></del>
28	Grants to organizations to promote bicycle education Grants were awarded to 13 nonprofit organizations s			n nraces		
	Glaris were awarded to 13 non-profit organizations 5	elected on the basis t	or all open application	in process		
	(Grants \$ 20,000) If this amount	includes foreign gra	nts check here	• 🗖	28a	20,000
29	Provide bicycle skills and leadership training to prom		ng		200	
	Offered to entire membership. SUSPENDED DURING					
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	10
30	Educational networking meetings for club members					
	Educational networking meetings for club members Held Monthly and open to all members. HELD VIRTUA	ALLY DURING PANDI	EMIC			
		includes foreign gra		▶ 🗆	30a	40
31	Other program services (describe in Schedule O)	· · · · · · · · ·				
		includes foreign gra			31a	<del></del>
32 Pari	Total program service expenses (add lines 28a t  IV List of Officers, Directors, Trustees, and Key				32	_ <del></del>
rai	Check if the organization used Schedule				istru	culous for Part IV)
	Chook ii the organization abod considera	(b) Average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		out of the control of
Alvin	Spector	10				
Presi			0		$\perp$	· · · · · · · · · · · · · · · · · · ·
	Taylor	5	_			
	President	_	0		$\bot$	
	ara Niehus	5				
Treas	e Miller		0		+	·
Secre		5	0	•		
	Strassberger				+-	
	Member at Large	2	0			
	e Coogan				1	
Board	Member at Large	2	0			
Alan	Cubbage	2				
Board	i Member at Large	2	0			
Timo	hy A Weaver	2				
	Member at Large	-	0		1	<del></del>
	y Pickard	2			1	
Board Member at Large			0	<u> </u>	-	
				<del> </del>	+	
	1,000				+	

(	)
•	_

Part				_		
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Parl		<u> </u>		
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	Yes	No		
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					
35a	3					
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b	ļ	1		
c	14/ 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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		,		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a					
b	Did the organization file Form 1120-POL for this year?	37b		•		
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		~		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved					
39	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on line 9	Į				
b	Gross receipts, included on line 9, for public use of club facilities	1				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶					
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					
С	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					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
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		V		
41	List the states with which a copy of this return is filed ▶ Illinois					
42a		347) 64	4-749	0		
_	Located at ► 7527 Frontage Rd, Skokle, IL ZIP + 4 ►	600				
Ь	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)?	405	Yes			
	If "Yes," enter the name of the foreign country	42b				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
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				
43						
			Yes	No		
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		·		
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		,		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~		
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		_		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>- 1</del>	-		
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		,		

Form 990	LF7 (2	020)						Pa	ge <b>4</b>
	7	523,			····································			<del>,</del>	No
46'		he organization engage, directly or in	directly, in political of	campaign activities	on behalf of or	in opposition	on 🗀	103	110
		ndidates for public office? If "Yes," c					46		/
Part V	1	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.		estions 47–49b a	nd 52, and co	nplete the	tables t	or lines	
		Check if the organization used Sch	nedule O to respond	d to any question	in this Part VI				
	-		· · · · · · · · · · · · · · · · · · ·					Yes	No
	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," comple	ete Schedule E		48		~
		he organization make any transfers to			anızatıon?		49a		1
		es," was the related organization a se					49b	بلبيل	
		plete this table for the organization's							key
	empi	oyees) who each received more than	\$100,000 or compe	nsation from the of	<del></del>	·	enter	ione.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	(d) Health contributions to benefit plans, a compen	o employee ( and deferred	e) Estimate other con		
None									
			<del></del>				· · · · · · · · · · · · · · · · · · ·		
					<del></del>				
					ł				
f	Total	number of other employees paid over	er \$100,000	>					
51	Com <sub> </sub> \$100	olete this table for the organization's ,000 of compensation from the organ	s five highest comp nization. If there is no	ensated independene, enter "None."	ent contractors	who each i	received	more t	:han
	(a)	Name and business address of each independ	ent contractor	(b) Type of	(c) Compensation				
None									
						<del> </del>		,	
				-					
				<del>                                     </del>					
				-					
	<b>.</b>			0100 555					
<b>52</b>	Did t	number of other independent contra the organization complete Schedu	le A? <b>Note:</b> All se	· · · · · · · · · · · · · · · · · · ·	. ► rganızatıons mı	_			
Under per	nalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than							-
			$\mathcal{I}$			-			
Sign		Signature of officer	J. L	7) //	Date		/_	,	
Here		Barbara Niehus, Treasurer Type or print name and title	pholice	all	·· · ·	5/5	5/2	/	
Deid		Print/Type preparer's name	Preparer's signature	<del></del>	Date	Chest. 🗆	PTIN		
Paid Preparer						Check L if self-employed			

**Preparer** 

Use Only

Firm's name

Firm's address ▶

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

► ✓ Yes ☐ No

Firm's EIN ▶

Phone no

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

Open to Public Inspection

36-3720416

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

**Evanston Bicycle Club** 

► Attach to Form 990 or 990-EZ.

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

Part I, Line 8 - Other Income: Bike Case Rental					
Part I, Line 10 - see Part III, line 28 for description (no one grant exceeded \$5,000)					
Part I, Line 16 - Other Expenses: Board & member meetings, safety & training programs, website & publicity, Insurance, administration,					
storage and miscellaneous expenses related to annual fundraiser that was cancelled in 2020 due to pandemic					
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***************************************					
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Schedule O (Form 990 or 990-EZ) 2020	Page 2					
Name of the organization	Employer identification number					