

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)

2020Department 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.**Open to Public
Inspection****2012****A For the 2020 calendar year, or tax year beginning** January 1 , 2020, and ending **Dacember 31 , 20 20**

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)	E Telephone number 503-881-4933
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method Cash Accrual Other (specify) ►**I Website:** ► salemcycleclub.org**J Tax-exempt status** (check only one) — 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527**K Form of organization:** Corporation Trust Association Other **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 ► \$ **6,937****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

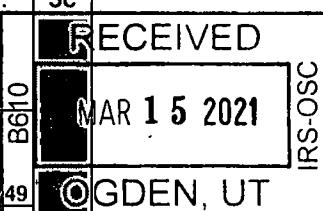
1 Contributions, gifts, grants, and similar amounts received	1 75
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 4,304
4 Investment income	4 153
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 749
c Less: direct expenses from gaming and fundraising events	6c 3,649
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d -2,900
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 1,656
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 3,288
10 Grants and similar amounts paid (list in Schedule O)	10
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	13 270
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 5,169
16 Other expenses (describe in Schedule O)	16 5,163
17 Total expenses. Add lines 10 through 16 ►	17 10,602
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -7,314
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 28,983
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 21,669

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2020)

SCANNED APR 14 2022 Revenue



IRS-OSC

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	28,983	22 21,669
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	28,983	25 21,669
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,983	27 21,669

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.

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
Emily Loberg, Vice-President ealoberg@gmail.com				
2225 Ellis Ave NE, Salem, OR	4	0	0	0
Paul Lindauer, Treasurer pslindauer@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
Gary Strand, Member at Large gary7797@hotmail.com				
1555 Jamestown 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
Pat Carey, Member at Large marchal@aol.com				
3620 Eola Dr NW, Salem, OR 97304	2	0	0	0
Larry Miles, Member at Large lmiles@windemere.com				
6386 Hogan Dr N, Keizer, OR 97303	2	0	0	0
Jackie Lefevre, Accountant jacilef@comcast.net				
6782 Amy Ln NE, Keizer, OR	4	0	0	0
Joanne Heilinger, Rides Committee Coordinator				
7883 Jani Ct NE, Keizer, OR bikes8cats2@yahoo.com	4	0	0	0
Dan Shryock, Newsletter Editor spokes@saalembicycleclub				
540 Tower Dr NW, Salem, OR 97304 .org	5	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

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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35b	
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35c	
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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

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

39a	
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39 Section 501(c)(7) organizations Enter:

39b	
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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 ► _____

40b	
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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

40c	
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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

40d	
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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

40e	
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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 8886-T

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► _____ Telephone no. ► _____

Located at ► _____

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)?

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 ► _____

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

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

43	
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44a	✓
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44b	✓
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44c	✓
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44d	✓
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45a	✓
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d Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

45b	✓
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e Did the organization receive any payments for indoor tanning services during the year?

45b	✓
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f If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

45b	✓
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45b	✓
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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

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 Christine Speak, Treasurer	
	Date 3/11/2021	
	Type or print name and title 	

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 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

93-0943612

Part 1:

Line 8 Other Revenue: \$1656

Advertising 600

2019 Banquet Revenue 1056

Line 16 Other Expense: \$5,163

Banquet 1207

Bank/Paypal Fees 24

Insurance 2060

Awards 1822

Supplies 50