

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

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. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: SAN DIEGO BICYCLE CLUB INC. Number and street (or P O box, if mail is not delivered to street address): PO BOX 80562. City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO, CA 92138

D Employer identification number: 33-0640963. E Telephone number: (619) 495-2454. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

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

I Website: www.sdbc.org

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(4) (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. \$ 76,645

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 [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 13,297 to 11,183.

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	11,183	22 13,218
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	11,183	25 13,218
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,183	27 13,218

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?
 THE SAN DIEGO BICYCLE CLUB, A BICYCLE RACING CLUB, IS DEDICATED TO SUPPORTING AND DEVELOPING COMPETITIVE BICYCLING AND SKILLS OF ITS MEMBERS THE ORGANIZATION ALSO SUPPORTS THE GENERAL BICYCLE COMMUNITY BY PROVIDING INFORMATION, TRAINING, AND RACING (THROUGH THE UNITED STATES CYCLING FEDERATION, A DIVISION OF USA CYCLING) THE ORGANIZATION ACTIVELY PURSUES THE INTERESTS OF ALL LEVELS OF BICYCLISTS THROUGH ITS PARTICIPATION IN LOCAL/REGIONAL, STATE AND NATIONAL BICYCLING OPPORTUNITIES

Expenses
 (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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 A RACING THE ORGANIZATION SPONOSRS/CONDUCTS THE FOLLOWING BICYCLE RACING ACTIVITIES IN THE SAN DIEGO AREA 1) THE CLUB'S ANNUAL BICYCLE RACE, THE BARRIO LOGAN GRAND PRIX, IS HELD IN THE SAN DIEGO NEIGHBORHOOD OF BARRIO LOGAN THIS RACE IS SANCTIONED BY THE UNITED STATES CYCLING FEDERATION (USCF) AND IS ATTENDED BY APPROXIMATELY 500-600 LICENSED BICYCLE RACERS IN CONCURRENCE WITH THE ANNUAL RACE, THE CLUB HOSTS A COMMUNITY CHILDREN'S RACE THE CLUB PROVIDES UP TO 300 BICYCLE HELMETS FREE TO THE NEIGHBORHOOD CHILDREN WHO PARTICIPATE 2) THE FIESTA ISLAND TIME TRIAL SERIES TIME TRIALING IS A BICYCLE RACE WHERE EACH INDIVIDUAL RACES FOR TIME, AGAINST THE CLOCK THIS SERIES CONSISTS OF EIGHT (8) RACES THAT ARE HELD FOR LICENSED AND PUBLIC RIDERS 3) THE CLUB SUPPORTS DEVELOPING RACERS WITH SPECIFIC TRAINING PROGRAMS FOR JUNIORS, MEN, AND WOMEN CYCLISTS THE CLUB ALSO SPONSORS ELITE MEN'S AND WOMEN'S TEAMS THAT HAVE PRODUCED HIGH-CALIBER AMATEUR CYCLISTS B TRAINING THE ORGANIZATION PROMOTES THE FOLLOWING TRAINING RIDES WITHIN THE SAN DIEGO COMMUNITY 1) THE CLUB'S MAIN TRAINING RIDES CONSIST OF EIGHT (8) GROUP RIDES FOR DIFFERENT ABILITY LEVELS THESE RIDES ARE HELD EVERY SATURDAY MORNING, ALL YEAR LONG THE RIDES ARE FREE AND ARE OPEN TO ALL BICYCLISTS THE AVERAGE RIDER ATTENDANCE IS 250 BICYCLISTS 2) TEAM RIDES AND TRAINING CAMPS, FOCUSING ON SPECIFIC TEAMS AND THEIR INDIVIDUAL RACERS C MEMBER BENEFITS THE ORGANIZATION ALSO PROMOTES SEVERAL BENEFITS FOR ITS MEMBERS (CURRENTLY, THERE ARE APPROXIMATELY 500 CLUB MEMBERS) SUCH BENEFITS INCLUDE 1) THE SALE OF CLUB BICYCLE CLOTHING/RACE UNIFORMS AT COST 2) THE SALE OF BICYCLE EQUIPMENT AND COMPONENTS (THROUGH VARIOUS SPONSORSHIP AFFILIATIONS) BELOW RETAIL COST 3) VELODROME (TRACK) RACE TRAINING IS PROVIDED THROUGH THE SAN DIEGO VELODROME AT A REDUCED COST 4) A WEEKLY ELECTRONIC NEWSLETTER IS PROVIDED TO MEMBERS AND THE GENERAL CYCLING COMMUNITY, DETAILING UPCOMING RACES, TRAINING RIDES AND OTHER MISCELLANEOUS CLUB EVENTS 5) REGULAR CLUB MEETINGS ARE HELD FOR CURRENT AND PROSPECTIVE MEMBERS TO DISCUSS CLUB ACTIVITIES AND UPCOMING EVENTS D COMMUNITY INVOLVEMENT THE CLUB IS ACTIVELY INVOLVED IN THE SAN DIEGO COMMUNITY TWO MAJOR COMMITMENTS INCLUDE 1) THE CLUB ORGANIZES AND LEADS AN ANNUAL CHRISTMAS TOY RIDE THIS RIDE ENGAGES AS MANY AS MANY AS 350 BICYCLISTS, WHO BRING TOYS TO A SOCIAL WELFARE ORGANIZATION, SUCH AS THE SALVATION ARMY 2) AS PART OF THE CLUB'S COMMITMENT TO THE NEIGHBORHOOD OF BARRIO LOGAN (SEE ITEM A1 ABOVE), THE CLUB DONATES 50% OF THE BARRIO LOGAN RACE PROFITS TO THE LOGAN HEIGHTS FAMILY HEALTH CENTER, A NON-PROFIT COMMUNITY HEALTH CLINIC 3) THE CLUB PROVIDES COURSE MARSHALS AND RIDER SUPPORT TO THE SAN DIEGO TOUR DE CURE (A PUBLIC FUNDRAISING BICYCLE RIDE, ORGANIZED BY THE AMERICAN DIABETES ASSOCIATION, WHOSE PROCEEDS BENEFIT DIABETES RESEARCH) E) AWARDS THE ORGANIZATION HAS WON THE FOLLOWING PRESTIGIOUS BICYCLE CLUB AWARDS 1998-2000 USCF NATIONAL CLUB OF THE YEAR (DIVISION 1) 1993-2000, & 2006 SOUTHERN CALIFORNIA RACING CLUB OF THE YEAR (DISTRICT 7) 2005 & 2006 WINNER OF SOUTHERN CALIFORNIA/NEVADA CYCLING ASSOCIATION "SOUTHERN CALIFORNIA CUP" - OVERALL TEAM, WOMEN'S CATEGORY 3 AND SEVERAL JUNIOR DIVISIONS 2008 SOUTHERN CALIFORNIA/NEVADA CYCLING ASSOCIATION "SOUTHERN CALIFORNIA CUP" - WINNER (ELITE TEAM), 2ND (OVERALL TEAM), 3RD (JUNIORS) 2011 WINNER OF SOUTHERN CALIFORNIA/NEVADA CYCLING ASSOCIATION "SOUTHERN CALIFORNIA CUP" - OVERALL TEAM AND ELITE TEAM

(Grants \$ 31,887) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 31,887

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 SWIGART Vice President	0	0		
JAMES RING President	0	0		
ARTHUR GOUSBY Secretary	0	0		
MIKE MCLAUGHLIN Treasurer	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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Yes No

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 46 No

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 "

Table with 5 columns: (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. Row 1 contains '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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains '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) nonexempt charitable trusts must attach a completed Schedule A

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 the taxpayer) is based on preparer's knowledge.

Sign Here ***** Signature of officer MIKE MCLAUGHLIN Treasurer Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Elana D Cooper Preparer's signature Firm's name ELANA D COOPER CPA Firm's address 7770 REGENTS RD STE 113636 SAN DIEGO, CA 92122

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

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Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization SAN DIEGO BICYCLE CLUB INC

Employer identification number

33-0640963

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL RACE</u> (event type)	<u>FIESTA ISLAND TT SERIES</u> (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	24,615	11,534		36,149
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	24,615	11,534		36,149
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,468	10,264		34,732
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(34,732)
11 Net income summary Subtract line 10 from line 3, column (d) ▶				1,417	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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Name of the organization
SAN DIEGO BICYCLE CLUB INC

Employer identification number

33-0640963

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$2137
Other Expenses 1012	Insurance \$1000
Other Expenses 1	Website \$428
Other Expenses 3	Training \$244
Other Expenses 5	Licenses & Permits \$121
Other Expenses 6	Bank Charges \$116
Other Expenses 7	Sponsorship \$57
Other Expenses 8	Miscellaneous \$52
Other Expenses 9	Taxes \$10