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990 Form

Return of Organization Exempt From Income Tax

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

lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008 Open to Public Inspection

OMB No 1545-0047

Α	For the 20	08 calendar year, or tax year beginning $ ext{DEC} ext{O} extbf{1}$, 2008, and en	iding	NOV 30,2009								
<u> </u>	Check if applicable Address chang	Please C Name of organization, number and street, city, town, state, and ZIP code use IRS label or		entification number 1074130								
Н	Name change Initial return	print or type QUAD CITIES BICYCLE CLUB	E Telephone n	umber -386-4489								
Н	Termination	Specific PO BOX 3575	Const	\$ 251613.								
Н	Amended retur	institute	H(a) Is this a									
	Application	F Name and address of principal officer JOHN HARRINGTON	for affilia	* '								
Ц	pending	4552 AMBER CT BETTENDORF IA 52722-										
	av ovomni		H(b) Are all affili If "No", atta	ach a list								
	ax-exempt		(see instru	oliono,								
		▶ WWW.QCBC.ORG ation Corporation Trust Association X Other ▶501C 7 L Year of form	H(c) Group exermation 1971	M State of legal domicile TA								
_	ype of organiz	ation Corporation Trust Association X Other ▶501C / L Year of for Cummary	mation IJ/I	181 State of legal domicile 171								
		ily describe the organization's mission or most significant activities ISE AWARENESS OF BICYCLING AS A FITNESS ACTI	UTTV AND	PR∩M∩TF								
0		FETY	VIII AND	TROPOTE								
auc) SA	FELI										
Activities & Governance	2	ck this box I if the organization discontinued its operations or disposed of more that	on 25% of its ass									
Š	I	ck this box ▶ ☐ if the organization discontinued its operations or disposed of more the liber of voting members of the governing body (Part VI, line 1a)	an 25 /0 Or its ass	2								
ઝ	i	ber of independent voting members of the governing body (Part VI, line 1b)		4								
ies	i		•	5								
Ξ	!	I number of employees (Part V, line 2a)		6								
AC		I number of volunteers (estimate if necessary). I gross unrelated business revenue from Part VIII, line 12, column (C)		7a								
		unrelated business taxable income from Form 990-T, line 34		7b								
	D IVE	unitelated business taxable income from Form 990-1, line 54	Prior Year	Current Year								
	8 Con	tributions and grants (Part VIII, line 1h)	11101 1001	12178.								
ЭT	L	239409.										
Revenue	9 Program service revenue (Part VIII, line 2g)											
8		er revenue (Part VIII, column (A), lines 5, 4, and 70)		25.								
	1	I revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		251612.								
	1	nts and similar amounts paid (Part IX, column (A), lines 1-3)		8210.								
	1	efits paid to or for members (Part IX, column (A), line 4)										
	1	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										
penses	L	essional fundraising fees (Part IX, column (A), line 11e)										
beu	ł	I fundraising expenses, (Part IX, column (D), line 25)▶		ı								
Ä	17 Oth	or expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		228416.								
	18 Total	l expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1	236626.								
	19 Rev	enue less expenses Subtract line 18 from line 12	7	14986.								
			Seginning of Yea									
t Assets or d Balances	20 Tota	l assets (Part X, line 16) S AUG 1 6 2010 176		9. 62615.								
Asse Bala	21 Total	I liabilities (Part X, line 26)	-									
Net /		assets or fund balances Subtract line 21 from line 20 . OCHEN LIT	4577	9. 62615.								
		ignature Block										
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer	nts, 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 wh										
		1 24 1										
Sig	an l	Vailene Mouts	07	/06/2010								
He	- 1	Signature of officer	Date	e								
		Darlone Moritz TREASURER										
		Type or print name and title										
Pai	d	Preparer's Date C	heck if	Preparer's identifying number (see instructions)								
Pre		· • • • • • • • • • • • • • • • • • • •	elf- mployed ▶ ∏	P00420620								
	Only	Firms name (or yours WELLS ACCOUNTING SERVICES L	EIN ▶	04-3741333								
	- I	address, and ZIP+4 2550 MIDDL BETTENDORF IA 52722-	Phone no ▶									
Ma	y the IRS d	iscuss this return with the preparer shown above? (See instructions)		X Yes No								
	•	ct and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2008)								

Form	1 990 (2008) QU	AD CITIES BI	CYCLE CLUB		42-1074	130 Pag	ge 2
Par	t III Stateme	nt of Program Servi	ce Accomplishments	(See instructions)	•		
1		the organization's missio				_	
		ARENESS OF B	ICYCLING AS A	FITNESS ACTIV	ITY AND PROMO	ΓE	
	SAFETY						
			-			·	
			<u></u>		hatadan		
2			icant program services duri			Yes 🛛 N	۱۵
	•	90 or 990-EZ?				∐ Yes ⊠ N	10
3			r make significant changes	in how it conducts any proc	rram services?	Yes 🛛 N	lo
3	=	e these changes on Sch	-	in now it conducts any prot	gram services.	_ 162 ₩ 14	.0
4		<u> </u>	nts for each of the organiza	tion's three largest program	n services by expenses		
•			tions and section 4947(a)(1)			i	
		· · · · · · · · ·	and revenue, if any, for eac	•			
				· -			
4a	(Code) (Expenses \$	216907. including g	rants of \$) (Revenue \$	23825	59.)
		The state of the s		TDEC MONDIA	DACDDAT		
			DU-STATE-DU R				
			CYCLE TOUR AND		NTS USED		
	TO INCRE	ASE AWARENES	S OF BICYCLING	· · · · · · · · · · · · · · · · · · ·			
							
			"				
							
						· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$	ıncluding g	rants of \$) (Revenue \$		
					<u></u>		
		_		. 			
		•					
4c	(Code) (Expenses \$	ıncluding g	rante of \$) (Revenue \$		
40	(Code) (Expenses \$	including g	rants or ψ) (itevende ψ		
			······				
		 -		· · · · · · · · · · · · · · · · · · ·			
						<u></u> .	
							
4d		services (Describe in Sci			- ^	,	
	(Expenses \$		cluding grants of \$)(Revenue) (B))	
40	Total program s	service expenses \$	216907.	(Must equ	ial Part IX, Line 25, column	Form 990 (2	2000
						1 OHH 330 (4	~~~)

Par	Checklist of Required Schedules		T	
	In the experimental processing the process of COV(a)(2) as 40.47(-)(4) (attention a process foundation) 2 If "You "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	^_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations.Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	.		
_	Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations the organization subject to the section 6033(e) notice and	ا ۽		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			Х
_	Schedule D, Part I	6		^_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	44		Х
	Parts VI, VIII, VIII, IX, or X as applicable	11		
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40		Х
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			Х
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I.	14b		^_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			Х
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		^_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.		Х
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		$\frac{\lambda}{X}$
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	Λ	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23_	-	Λ.
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d	24-		Х
	and complete Schedule K If "No," go to question 25	24a		^_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	340		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations.Did the organization engage in an excess benefit transaction with a	25-		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	256		
20	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20		X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	27		Х
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<u></u>	rm 990	

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Part	Checklist of Required Schedules (Continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	. 28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	1		
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	. 28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	-		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u></u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ľ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Ρž	art V Statements Regarding Other IRS Filings and Tax Compliance						
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			_			
	U.S. Information Returns. Enter -0- if not applicable	1a		2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able				
	gaming (gambling) winnings to prize winners?			.	1c	X	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				-		
	Statements, filed for the calendar year ending with or within the year covered by this return	. 2a					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r	eturns?			2b		1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see inst	ructions)	•	•		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cov	ered by	,				
	this return?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			[3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	ner auth	ority over,			·	
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial acc	count)?	. [4a		X_
b	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fore	ıgn Ban	k				
	and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	t,		.	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train	nsaction	۲		5b		Х
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt En	ntity Re	garding				
	Prohibited Tax Shelter Transaction?			.	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			.	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions	or		1		
	gifts were not tax deductible?			.	6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of m	оге					
	than \$75?				7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			-	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	t was					
	required to file Form 8282?	1 .			7c		l
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>				
9		a perso	onal		I _		1
_	benefit contract?			-	76		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or				7f		-
	For all contributions of qualified intellectual property, did the organization file Form 8899 as requir		roquirod?	•	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 109			• • • •	7h		1
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and S supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring						
	excess business holdings at any time during the year?	Organiz	ation, nave	,	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	••••	• • • • • •	-	, ,		ı
	Did the organization make any taxable distribution under section 4966?				9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?		•	1	9b		
	Section 501(c)(7) organizations.Enter				, • ,	ļ	1
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations.Enter						
	Gross income from members or shareholders						
	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them)						
I2a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of For	m 1041	?] 12a		
	If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12b						

- Form 990 (2008)

Part VI Governance, Management, and Disclosure

(Sections A, B, and C request information about policies not

	required by the Internal Revenue Code)					
Secti	on A. Governing Body and Management			1		r
					Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the					
_	circumstances, processes, or changes in Schedule O See instructions	ا ۔ه				
	Enter the number of voting members of the governing body	1a	_	_		
b	Enter the number of voting members that are independent	1b		_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			اما		Х
_	any other officer, director, trustee, or key employee?		• • •	. 2		^
3	Did the organization delegate control over management duties customarily performed by or under the direct			,		х
	supervision of officers, directors or trustees, or key employees to a management company or other person?		-40	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990	was III	eu'	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			6		X
6	Does the organization have members or stockholders?			-		
/a	Does the organization have members, stockholders, or other persons who may elect one of more members			7a	Х	
	of the governing body?		•	. 7b	X	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	•		. 75		
. 8						
	the year by the following? The governing body?			8a	Х	i
	The governing body? Each committee with authority to act on behalf of the governing body?	•	••	8b	X	
	Does the organization have local chapters, branches, or affiliates?	• •		9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapter	e		Ja		
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	3,		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	เดกร				
10	must describe in Schedule O the process, if any, the organization uses to review the Form 990 .	0110		10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached	lat				
• • •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			11		Х
Secti	ion B. Policies					·
					Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13			12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			. 13		X
14	Does the organization have a written document retention and destruction policy?			. 14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci	sion?		1	ı	1
а	The organization's CEO, Executive Director, or top management official?			15a		X
b	Other officers or key employees of the organization?	• •		. 15b		X
	Describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			i	ı	1
	with a taxable entity during the year?		•	. 16a	l	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguare	d		1	ı	i
	the organization's exempt status with respect to such arrangements?	• • • •		16b		
	ion C. Disclosure					
	List the States with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nly)			
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website Upon request	_				
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of	f intere	est			
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and reco			_024	5	
	organization ►DARLENE MORITZ 2833 KELLINGDAVENPORT IA 52804	26	0 - ∠ ⊥ ل	-034	<u> </u>	

Rev 1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization'scurrent officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's fivecurrent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week		nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOHN HARRINGTO								_	_	
PRESIDENT	3			X_				0	0	0
PHIL SCHUBBE										
VICE PRES	2			X		<u> </u>		0	0	0
DEB MATHIAS										_
SECRETARY	2			X	_	ļ		0	0	0
DARLENE MORITZ										E00
TREASURER	3	<u> </u>	ļ	X				0	0	588.
CHARLIE SATTLE										500
MEMB SEC	3	<u> </u>	<u> </u>	-	X		_	0	0	588
SHARON SATTLER					.,			o	0	588.
NEWLETTER	3	-		 	X		_	0		300.
CY GALLEY WEBSITE	. 3				X			0	0	588.
WEDSTIE	- 	<u> </u>		\vdash	<u> </u>	-	-		-	
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4	2-		H	14	- 1	٠.	11

Part VII S	Section A. Of	fficers, Directors,		Key E	mploy			d High	nest	Compensated Emp		T
	(A)		(B)			(C	•			(D)	(E)	(F)
	Name and to	tle	Average							1	Reportable	Estimated
			hours per	Individual trustee or director	Inst	Officer	Key	Highest compensated employee	Former	compensation	compensation from related	amount of other
			week	rec	Institutional trustee	eq	employee	nest	ਜੂ	from the	organizations	compensation
				or a	ona		90	88	ŀ	organization	(W-2/1099-MISC)	from the
				rust	l tru		/ee	l mg	ŀ	(W-2/1099-MISC)	(**-2/1099-101130)	organization
				8	stee			nse		(** 2/1000 **********************************		and related
					· ·			Ē				organizations
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			-			Ì		1				
1b Total		 -		<u> </u>	l	J				0	0	2352
	er of individu		 e ın 1a) w		eived		e tha	n \$10		00 in reportable com	<u> </u>	
organizatio		iais (moidaing thos	O 111 Tu) 111	110 100	o.vou			λιι ψ ι υ	.0,0	o in reportable com	pomounom mont and	
											_,	Yes No
3 Did the org	janization list	anyformer officer,	director or	r truste	e, ke	em	ploy	ree, or	hıgi	hest compensated		
employee o	on line 1a? If	"Yes," complete S	chedule J	for su	ch ind	ıvıdu	ıal					. 3 X
										er compensation from		
the organiz	zation and rela	ated organizations	greater th	an \$15	50,000)? If	"Ye	s," cor	nple	te Schedule J for su	ch	1 1 1
ındıvıdual		••					•				•••••	4 X
		line 1a receive or										1 1 1 ,
		organization? If "	Yes," com	plete S	ched	ule J	l tor	such	pers	on		. 5 X
Section B. Inde					nond	- nt a		o oto ro	. +b.o	t recovered more than	\$100,000 of	
	tion from the		ımpensate	ea mae	pena	ent c	onu	actors	i ina	t received more than	1 \$ 100,000 01	
Compensar	uon nom me	(A)	-						1	(B)		(C)
		رم) Name and busines	s address							Description of	services	Compensation
		2 2 2001100									-	=
2 Total numb	her of indeper	ndent contractors (including t	hose i	ո 1) ա	ho r	ecei	ved m	ore	than \$100 000 in		

compensation from the organization ▶

Page 9

Fall	: VIII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) 1a 1b 11733. 1c Related organizations 1d 1e				
Contributions and other sin	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f	12178.			
<u> </u>	h	Total. Add lines 1a-1f Business Code	12170.			
eun	2a	CLUB DINNER	1150.	1150.		
ě	- b	CENTURY, TAILWIND	6430.	6430.		-
8	c	RAGBRAI	70749.	70749.		-
ĒΣ	d -	TOMRV	123716.	123716.		
υS		CRITERIUM	37364.	37364.		
grar	f -	All other program service revenue				
Program Service Revenue	g	Total. Add lines 2a-2f	239409.	<u> </u>		
	3	investment income (including dividends, interest, and				
		other similar amounts) ▶				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties ▶			····	
		(ı) Real (ıı) Personal	_			
	6a	Gross Rents.	_			
	b	Less rental expenses ·	_			
	С	Rental income or (loss)		1		1
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets (ii) Securities (ii) Other	_			
	b	other than inventory Less cost or other basis and sales	_			
		expenses	_			
	C	Gain or (loss)	٦	1	1	1
	d	Net gain or (loss)	<u>' l</u>			
as a	8a	Gross income from fundraising events				
Jun ((not including \$				
eve		of contributions reported on line 1c) See Part IV, line 18a				
E.	_	See Part IV, line 18a Less direct expensesb	_			
Other Revenue	"	Net income or (loss) from fundraising events		1		1
Ŭ	9a	Gross income from gaming	<u> </u>	<u> </u>		
	"	activities See Part IV, line 19 a				
	ь	Less direct expenses b	_			
	c	Net income or (loss) from gaming activities . ▶	\Box			1
		Gross sales of inventory, less		· <u>·</u> ·····	<u> </u>	
		returns and allowancesa				
	ь	Less cost of goods sold b	_			
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	ь	ADVERTISING INCOM	25.	25.		
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	25.	ŀ	I	I
	12	Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
	<u> </u>	9c, 10c, and 11e	251612.	239434.		1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete				
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	bb, 9b, and 10b of Part VIII.		expenses	generăl expenses	expenses
1	Grants and other assistance to governments and	0010	0010		
_	organizations in the U.S. See Part IV, line 21	8210.	8210.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			ļ	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			_	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		·		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	175.		175.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	2352.		2352.	
12	Advertising and promotion			·	
13	Office expenses	3894.		3894.	
14	Information technology	10631.		10631.	
15	Royalties				
16	Occupancy	4455		1155.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	150.		150.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3419.	3419.		
24	Other expenses Itemize expenses not	01201		ļ	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	SUPPLIES	205278.	205278.		
b	MISC	1362.	2002701	1362.	
c d					
e f	Ail other expenses				
	•	236626.	216907.	19719.	
25	Total functional expenses.Add lines 1 through 24f	230020.	210007.	10119.	
26	Joint Costs. Check here I I I following				
	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined			!	
	educational campaign and fundraising solicitation Copyright form software only, 2008 Universal Tax Systems, Inc. All		US990\$10 Rev 1		Form 990 (2008
nt.A	CONTROL TO THE SUMMER OF THE AUTOMOTE AND AUTOMOTE AND AUTOMOTE AU	HALIES LOSELVEU	UUJJUBIU 1104 I		1 01111 000 12000

. i ai;	ι Λ	parance Sheet	(A)		(B		
			Beginning of year		End of		
	1	Cash - non-interest-bearing	45779.	1		626	$\overline{15.}$
İ	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section		,			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L		6			
ıχ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	·	8			
As	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost basis 10a 5761.			-		
	b	Less accumulated depreciation Complete					
		Part VI of Schedule D		10c			
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line 11		12			
	13	Investments - program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets Add lines 1 through 15 (must equal line 34)	45779.	16		626	15.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
s	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key					
abil		employees, highest compensated employees, and disqualified		1 1			
		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		26			
		Organizations that follow SFAS 117, check here ▶ 📋 and					
S		complete lines 27 through 29, and lines 33 and 34.					
nce	27	Unrestricted net assets		27			
Net Assets or Fund Balances	28	Temporarily restricted net assets		28			
<u> </u>	29	Permanently restricted net assets		29			
Ē		Organizations that do not follow SFAS 117, check here 🕨 🗵					
ō		and complete lines 30 through 34.		1 1			
ets	30	Capital stock or trust principal, or current funds	43197.	30		626	<u> 15.</u>
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
6	32	Retained earnings, endowment, accumulated income, or other funds		32			
Z	33	Total net assets or fund balances	43197.	33		626	
	34	Total liabilities and net assets/fund balances	43197.	34		626	15.
Par	: XI	Financial Statements and Reporting			_		
			l			Yes	No
1		ounting method used to prepare the Form 990 🗵 Cash 📙 Accrual 📋	Other		1 1		1
2a		e the organization's financial statements compiled or reviewed by an independent		•••	2a	<u> </u>	X
b		e the organization's financial statements audited by an independent accountant?			2b		X
С		es" to lines 2a or 2b, does the organization have a committee that assumes response		the		٠,	
		t, review, or compilation of its financial statements and selection of an independe			2c	X	
3a		result of a federal award, was the organization required to undergo an audit or a	udits as set forth in				١,,
		Single Audit Act and OMB Circular A-133?	••••		3a		X
b	If "Y	es." did the organization undergo the required audit or audits?			. 3b	í '	

Form **990** (2008)

Rev 1

SCHEDULEI (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Open to Public Inspection

2008

OMB No 1545-0047

► Complete if the organization answered "Yes," of Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. **Employer Identification number** 42-1074130

QUAD CITIES BICYCLE CLUB	LE CLUB	nd Assistance				42-1074130	4130
oes th	in records to substanti	rate the amount of the gra	ants or assistance, the g	grantees' eligibility for the	grants or assistance, and	the selection criteria	
used to award the grants or assistance?	ssistance?			•		:	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	zation's procedures fo	or monitoring the use of g	trant funds in the United	States			
Part II Grants and Other	r Assistance to C	Sovernments and C	Irganizations in the	e United States. Con	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	ation answered ``Y	es
on Form 990, Part IV, line 21, for any recipient that than \$5,000. Use Part IV and Schedule L-1 (Form 9	rt IV, line 21, for a	any recipient that residule I-1 (Form 990)	t received more than \$5,000. Che 190) if additional space is needed	\$5,000. Check this lee is needed	tt received more than \$5,000. Check this box if no one recipient received more 190) if additional space is needed	ent received more	⊠
1 (a) Name and address of	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-cash (f) Method of valuation	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		section	grant	assistance	(book, FMV, appraisal,	non-cash assistance	or assistance
		ıt applicable			otner)		
	-1						
	1						
	- 1						
	T						
	501(c)(3) and governi	ment organizations .		:		▲	
3 Enter total number of other organizations	ganizations					•	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	duction Act Notice, s	see the Instructions for I	for Form 990.			Sched	Schedule I (Form 990) 2008

Rev 1

Form **8868**

(Rev April 2008)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

nternal Revenue Service		
If you are filing for anAutomatic 3-Month Extension, complete only Part land check this box	▶ X	
If you are filing for anAdditional (Not Automatic) 3-Month Extension, complete only Part I(on page 2 of this form)		
Do not complete Part il unlessyou have already been granted an automatic 3-month extension on a previously filed Form	8868	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete P	art I onlv . ▶ ☐	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exten	_	
o file income tax returns		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of tim	e to file one of the returns	
noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if		
not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolida		
you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of the		
and click on e-file for Charities & Nonprofits	to to the general	
	loyer identification number	
	-1074130	
lie by the Number street and room or suite no. If a P.O. hox see instructions		
sue date for PO BOX 3575		
eturn See nstructions City, town or post office, state, and ZIP code For a foreign address, see instructions		
DAVENPORT IA 52808		
Check type of return to be filed (file a separate application for each return)		
☐ Form 990 ☐ Form 990-T (corporation) ☐ Form 4	1 720	
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5	5227	
Form 990-EZ Form 990-T (trust other than above) Form 6	6069	
Form 990-PF	3870	
The books are in the care of ▶ DARLENE MORITZ		
Telephone No ▶ 563-210-0345		
If the organization does not have an office or place of business in the United States, check this box	▶ 🗍	
· · · · · · · · · · · · · · · · · · ·	s for the whole group,	
check this box 🕨 🗍 if it is for part of the group, check this box 🕨 🗍 and attach a list with the names and EINs of all m	embers the extension	
will cover		
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until		
m JUL~15~ , 20 $ m 10~$, to file the exempt organization return for the organization named above	ve The extension is for the	
organization's return for		
calendar year 20 or		
► X tax year beginning DEC 01, 2008, and ending	NOV 30,20 09	
2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable		
credits See instructions	3a \$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include		
any prior year overpayment allowed as a credit	3b \$	
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD		
coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$	
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E		
For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2008)	