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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 black lung benefit trust or private foundation)

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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▶ The organization may have to use a copy of this return to satisfy state reporting requirements. , 2012, and ending . 20 For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Address change 77-0377142 Alto Velo Racing Club Number and street (or P O box, if mail is not delivered to street address) Name change E Telephone number Initial return 650-549-4528 5351 Diana Common Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Fremont, CA 94555-2964 ☐ Accrual Other (specify) ▶ H Check ▶ ☐ If the organization is not Website: ▶ required to attach Schedule B www altovelo org (Form 990, 990-EZ, or 990-PF). If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 53586.77 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I  $\square$ Contributions, gifts, grants, and similar amounts received . . . . . 16500.00 2 2 Program service revenue including government fees and contracts 18180 00 3 3 14405 00 4 Investment income 1 33 Gross amount from sale of assets other than inventory . . . Less: cost or other basis and sales expenses . . . . . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . SCANNED Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gress income and contributions exceeds \$15,000). . . 6b Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract  $\circ$ d He 6cEB 1 2 2013 6d 7a Less; cost of goods sold b Gross profit or (loss)-from sales of inventory (Subtract line 7b from line 7a) (5426 95) 8 8 264 99 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 43924 37 10 Grants and similar amounts paid (list in Schedule O) 10 1385 00 11 11 Benefits paid to or for members . . . . . . . 29832 23 12 12 Salaries, other compensation, and employee benefits . . . . . 0 13 13 Professional fees and other payments to independent contractors . . . 0 14 14 O 15 Printing, publications, postage, and shipping . . . . . . . . . . . . 15 865 20 16 16 24459 81 17 17 Total expenses. Add lines 10 through 16. 56542 24 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 18 (12617 87) **Net Assets** 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 59681 12 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . 186

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

47249.25

Form **990-EZ** (2012)

Pai	t II	Balance Sheets (see the instructions f	or Part II)	<del>-</del>	-			
		Check if the organization used Schedule	O to respond to ar	ny question in this				
					(A) Beginning of year	L,	(B) End of year	
22	Casi	h, savings, and investments			59681 12		47249.25	
23		d and buildings				23	<u> </u>	
24		er assets (describe in Schedule O)			<del> </del>	24	<del></del>	
25		al assets			59681.12	25	47249.25	
26		al liabilities (describe in Schedule O)				26	···	
27		assets or fund balances (line 27 of column			59681.12	21	47249.25	
Par		Statement of Program Service Accome Check if the organization used Schedule				١	Expenses	
\A/ba	io tho	organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)	
							anizations and section	
as m	easure	ne organization's program service accomplished by expenses. In a clear and concise manefited, and other relevant information for each	anner, describe the	r its three largest p e services provided	rogram services, I, the number of		7(a)(1) trusts, optional others.)	
28	Partial	support for individual coaching programs for	three members					
							-	
	(Grant	<del></del>				28	1385.00	
29		reimbursement of bicycle race entry fees base			<u>)                                    </u>			
	Partial	reimbursement of travel expenses for champi	onship races, 7 mem	bers, \$2000.00				
	(Grant	te \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign gra	nte check here	<b></b>	298		
30		I reimbursement of racing expenses Men's C				250	6020.00	
50								
	Partial reimbursement of racing expenses Men's Development Team, 16 members, \$8750 50							
	(Grant	(Grants \$ ) If this amount includes foreign grants, check here ▶ □						
31		program services (describe in Schedule O)	30a	23812.23				
	(Grant	ts \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	316	a	
32	Total	program service expenses (add lines 28a t	hrough 31a)		🕨	32	31217 23	
Par	t IV	List of Officers, Directors, Trustees, and Key	Employees List each	n one even if not com	pensated (see the in	struc	ctions for Part IV)	
		Check if the organization used Schedule	O to respond to a				🗆	
		(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 employ benefit plans, and deferred compensatio	- 1	) Estimated amount of other compensation	
Greq	ory Bo	llella						
Presi	dent		3			0	C	
Kath	eryn Cı	uri-Mattis					•	
Vice	Preside	ent	2		)	0		
Debt	ie Meri	ritt						
Secr	etary_		2	(		0		
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Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
	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			,
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		✓
	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		✓
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	<u> </u>		_
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>✓</b>
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		
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		✓
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 0	<del></del>		_ <b>_</b>
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			Ť
	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:	Ì		
a	Initiation fees and capital contributions included on line 9	┨		
_	Gross receipts, included on line 9, for public use of club facilities	┨		
40a	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) 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	İ		
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		]	
d	4955, and 4958			
u	reimbursed by the organization	}		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a		408-55		0
	Located at ► 5351 Diana Common, Fremont, CA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	94555	-2964 <b>Yes</b>	Na
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	NO √
	If "Yes," enter the name of the foreign country: ▶	12.0		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ļ
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	✓
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>-</b> L
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Г		
-	completed instead of Form 990-EZ	44a	<u> </u>	✓
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		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	✓
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	44.4		
4Eo	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	<del>                                     </del>	1
45a 45b	Did the organization have a controlled entity within the meaning of section 312(b)(13)?	700		<del>  •</del>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-FZ (see instructions)	45h	1	./

46		e organization engage, directly or in adidates for public office? If "Yes," o						46	C THE SECOND		
Part	_ ,	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 Scl	nedule O to respond	l to any question i	n this Part	VI				. 🗆	
									Yes	No	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec	ction in effort	ect during the	e tax	47			
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE		48			
49a		id the organization make any transfers to an exempt non-charitable related organization? .						498	3		
b		f "Yes," was the related organization a section 527 organization?							<u> </u>		
50	Comp	omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and ke aployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."									
		Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) H contribu benefit p	(d) Health benefits, contributions to employee benefit plans, and deferred			(e) Estimated amount of other compensation		
			devoted to position	(1 0/11/3 17-22 1000-1/110	CO CO	mpensation	ation				
							+				
							+-				
	Takal	number of other employees poid or	or \$100,000				1				
51		number of other employees paid ov plete this table for the organization			ant contrac		sh re	CONTO	d more	a than	
31		000 of compensation from the organization			Sill Contrac	iois wile eat	JII 16	CCIVC	u 111010	e unan	
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of	service		c) Cor	npensa	ition		
(a) Name and address of each independent contract			There than \$100,000	(5) (7) (5) (5)		(-,,					
				_		İ					
				-							
				7							
				4							
	T-4-1		atau aaab uaasii ina	0107 \$100 000							
52		Total number of other independent contractors each receiving over \$100,000 ▶									
52		nexempt charitable trusts must attach a completed Schedule A								No	
Under p	enalties	of penury. I declare that I have examined this	return, including accompar	ving schedules and stat	tements, and t	o the best of my		_		, it is	
true, co	rrect, an	d complete Declaration of preparer (other than	officer) is based on all infe	ormation of which prepa	rer has any kr	owledge					
		2-5-20									
Sign		Signature of officer Date									
Here		Ken A. Nishimura, Treasurer Type or print name and title									
		<del></del>	Preparer's signature	Preparer's signature Date			<b>-</b> 1	PTIN			
Paid		Print/Type preparer's name				Check L self-emp					
Prep		Firm's name ▶				Firm's EIN ▶					
Use	Only	Firm's address >				Phone no				• •	
	100	PS discuss this return with the preparer shown above? See instructions							NI.a		

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization 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.

Alto Velo Racing Club	77-0377142
Part I, Line 8 Other Revenue	
Return of Bank Service Charges \$14 99	
USA Cycling Race Licenses sold on behalf of USA Cycling \$250 00	
TOTAL \$264 99	
Part I, Line 10 Grants and Similar Amounts Paid	
Partial support for individual coaching programs for three members \$1385 00	
Part I, Line 16 Other Expenses	
John Peckham Memorial Track Race Prize \$500 00	
Ellen Fletcher Memorial Donation \$100.00	
Alto Velo Development Team Team Camps \$1189 82	
Sponsor Jerseys \$1430 00	
Website and Internet Expenses \$245 23	
Bank Service Charges \$73 18	
Annual Banquet \$1613.19	
Beat the Clock Porta-Potty Rentals \$443 44	
California Use Tax \$136 00	
Governmental Filings \$44 00	
Accounting Software \$32 42	
Computer Projector \$465 45	
Annual Picnic \$522.74	
Northern California Velodrome Sign Fee \$600.00	
USA Cycling and NCNCA Club Renewal Fees \$200 00	
Pescadero Road Race Expenses (see detailed breakdown next page) \$16864.34	

Postage, printing and publications not included above but reported on line 15 attributable to race \$798.35

