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Form **990-EZ**

CHANGE OF ACCOUNTING PERIOD

**Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)**2013**Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Open to Public Inspection**

**A** For the 2013 calendar year, or tax year beginning 3/01, 2013, and ending 12/31, 2013

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** **EAGLE CYCLING CLUB, INC.**  
 3335 SOLANO AVENUE  
 NAPA, CA 94558

**D** Employer identification number  
 68-0052822

**E** Telephone number  
 707-253-7000

**F** Group Exemption Number

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

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

**I** Website: **WWW.EAGLECYCLINGCLUB.ORG**

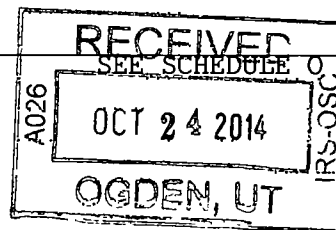
**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (Insert no) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**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 ▶ \$ **157,414.**

**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 ☒

|           |                                                                                                                                                                                                                  |           |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received                                                                                                                                                       | <b>1</b>  | 642.     |
| <b>2</b>  | Program service revenue including government fees and contracts                                                                                                                                                  | <b>2</b>  | 152,345. |
| <b>3</b>  | Membership dues and assessments                                                                                                                                                                                  | <b>3</b>  | 2,790.   |
| <b>4</b>  | Investment income                                                                                                                                                                                                | <b>4</b>  | 44.      |
| <b>5a</b> | Gross amount from sale of assets other than inventory                                                                                                                                                            | <b>5a</b> |          |
| <b>b</b>  | Less cost or other basis and sales expenses                                                                                                                                                                      | <b>5b</b> |          |
| <b>c</b>  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                          | <b>5c</b> |          |
| <b>6</b>  | Gaming and fundraising events                                                                                                                                                                                    |           |          |
| <b>a</b>  | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                            | <b>6a</b> |          |
| <b>b</b>  | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> |          |
| <b>c</b>  | Less direct expenses from gaming and fundraising events                                                                                                                                                          | <b>6c</b> |          |
| <b>d</b>  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                               | <b>6d</b> |          |
| <b>7a</b> | Gross sales of inventory, less returns and allowances                                                                                                                                                            | <b>7a</b> | 1,593.   |
| <b>b</b>  | Less cost of goods sold                                                                                                                                                                                          | <b>7b</b> | 736.     |
| <b>c</b>  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                                   | <b>7c</b> | 857.     |
| <b>8</b>  | Other revenue (describe in Schedule O)                                                                                                                                                                           | <b>8</b>  |          |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                    | <b>9</b>  | 156,678. |
| <b>10</b> | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                             | <b>10</b> | 34,146.  |
| <b>11</b> | Benefits paid to or for members                                                                                                                                                                                  | <b>11</b> | 10,297.  |
| <b>12</b> | Salaries, other compensation, and employee benefits                                                                                                                                                              | <b>12</b> |          |
| <b>13</b> | Professional fees and other payments to independent contractors                                                                                                                                                  | <b>13</b> | 2,764.   |
| <b>14</b> | Occupancy, rent, utilities, and maintenance                                                                                                                                                                      | <b>14</b> | 3,000.   |
| <b>15</b> | Printing, publications, postage, and shipping                                                                                                                                                                    | <b>15</b> |          |
| <b>16</b> | Other expenses (describe in Schedule O)                                                                                                                                                                          | <b>16</b> | 86,871.  |
| <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16                                                                                                                                                                   | <b>17</b> | 137,078. |
| <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                  | <b>18</b> | 19,600.  |
| <b>19</b> | 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)                                                                 | <b>19</b> | 110,922. |
| <b>20</b> | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                             | <b>20</b> |          |
| <b>21</b> | Net assets or fund balances at end of year Combine lines 18 through 20                                                                                                                                           | <b>21</b> | 130,522. |

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED NOV 10 2014

|                |                                                          |
|----------------|----------------------------------------------------------|
| <b>Part II</b> | <b>Balance Sheets</b> (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                                                            | 110,922.              | 130,522.        |
| 23 Land and buildings                                                                        |                       |                 |
| 24 Other assets (describe in Schedule O)                                                     |                       |                 |
| 25 <b>Total assets</b>                                                                       | 110,922.              | 130,522.        |
| 26 <b>Total liabilities</b> (describe in Schedule O)                                         | 0.                    | 0.              |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) | 110,922.              | 130,522.        |

|                 |                                                                                         |
|-----------------|-----------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Statement of Program Service Accomplishments (see the instructions for Part III)</b> |
|-----------------|-----------------------------------------------------------------------------------------|

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

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

|    |                                                                                                                                                              |                          |              |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|
| 28 | SEE SCHEDULE O                                                                                                                                               |                          |              |
|    | (Grants \$ ) If this amount includes foreign grants, check here                                                                                              | <input type="checkbox"/> | 28 a 79,048. |
| 29 | THE CLUB DONATES FUNDS TO NONPROFIT ORGANIZATIONS THAT PROMOTE BICYCLING AND ENHANCE THE OPPORTUNITY FOR CYCLISTS TO ENJOY THE NAPA VALLEY'S ROADS AND PARKS |                          |              |
|    | (Grants \$ 34,146.) If this amount includes foreign grants, check here                                                                                       | <input type="checkbox"/> | 29 a 34,146. |
| 30 | SEE SCHEDULE O                                                                                                                                               |                          |              |
|    | (Grants \$ ) If this amount includes foreign grants, check here                                                                                              | <input type="checkbox"/> | 30 a 10,297. |
| 31 | Other program services (describe in Schedule O) SEE SCHEDULE O                                                                                               |                          |              |
|    | (Grants \$ ) If this amount includes foreign grants, check here                                                                                              | <input type="checkbox"/> | 31 a 7,815.  |
| 32 | Total program service expenses (add lines 28a through 31a)                                                                                                   | <input type="checkbox"/> | 32 131,306.  |

**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

[illegible]

**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 ☐

|                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> 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                                                                                                                                                 |     | X  |
| <b>34</b> 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)                                                          |     | X  |
| <b>35 a</b> 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)?                                                                                                                              |     | X  |
| <b>35 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                                                                                                                                                                                        |     |    |
| <b>35 c</b> 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                                                                                                  |     | X  |
| <b>36</b> 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                                                                                                                                   |     | X  |
| <b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37 a</b> 0.                                                                                                                                                                                                       |     |    |
| <b>37 b</b> Did the organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                     |     | X  |
| <b>38 a</b> 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?                                                                                      |     | X  |
| <b>38 b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                        | N/A |    |
| <b>39</b> Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                               |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                         | N/A |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                | N/A |    |
| <b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>                                                                                                                                 |     |    |
| <b>b</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 reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I |     | X  |
| <b>c</b> 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                                                                                                                                       | 0.  |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                         | 0.  |    |
| <b>e</b> 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                                                                                                                                                              |     | X  |
| <b>41</b> List the states with which a copy of this return is filed <b>CA</b>                                                                                                                                                                                                                                                 |     |    |

**42 a** The organization's books are in care of **SUE FREELAND** Telephone no. **707-738-5487**  
Located at **1199 JEROME WAY NAPA CA** ZIP + 4 **94558**

**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)?  
If 'Yes,' enter the name of the foreign country

|             | Yes | No |
|-------------|-----|----|
| <b>42 b</b> |     | X  |
| <b>42 c</b> |     | X  |

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S. ?  
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 ☐ **N/A**  
and enter the amount of tax-exempt interest received or accrued during the tax year **43** **N/A**

|                                                                                                                                                                                                                                                                | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ                                                                                                                 |     | X  |
| <b>44 b</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                                                                                                          |     | X  |
| <b>44 c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                             |     | X  |
| <b>44 d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O                                                                                                                |     |    |
| <b>45 a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?                                                                                                                                        |     | X  |
| <b>45 b</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) |     | X  |

**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

|           | Yes | No |
|-----------|-----|----|
| <b>46</b> |     | X  |

**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 ☐

**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

|            | Yes | No |
|------------|-----|----|
| <b>47</b>  |     |    |
| <b>48</b>  |     |    |
| <b>49a</b> |     |    |
| <b>49b</b> |     |    |

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

**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.'

| (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 |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

**f** Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

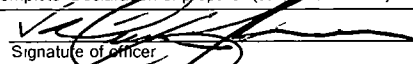
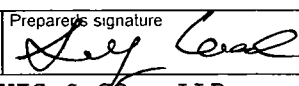
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

**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) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. **▶** ☐ Yes ☐ No

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.

|                               |                                                                                                          |  |                                                                                                          |                     |                                                            |                   |
|-------------------------------|----------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------|-------------------|
| <b>Sign Here</b>              | Signature of officer  |  | Date <u>15.10.14</u>                                                                                     |                     |                                                            |                   |
|                               | DAIN ANDERSON                                                                                            |  | TREASURER                                                                                                |                     |                                                            |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>GUY W. CARL                                                                |  | Preparer's signature  | Date <u>9/24/14</u> | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br>P01292373 |
|                               | Firm's name <b>▶</b> BROTEMARKLE, DAVIS & CO., LLP                                                       |  | Firm's EIN <b>▶</b> 68-0219846                                                                           |                     | Phone no (707) 963-4466                                    |                   |
|                               | Firm's address <b>▶</b> 899 ADAMS ST STE H                                                               |  |                                                                                                          |                     |                                                            |                   |
|                               | SAINT HELENA, CA 94574-1160                                                                              |  |                                                                                                          |                     |                                                            |                   |

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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

OMB No 1545-0047

**2013**

Open to Public  
Inspection

EAGLE CYCLING CLUB, INC.

Employer identification number

68-0052822

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE ORGANIZATION'S PRIMARY PURPOSE IS TO PROMOTE CYCLING IN CALIFORNIA AND IN  
PARTICULAR IN THE NORTH BAY AREA.

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE CLUB HOSTS A BICYCLE RIDE EACH AUGUST, ATTENDED BY OVER 2,000 RIDERS, THAT  
BRINGS PEOPLE TO THE NAPA VALLEY AND PROMOTES THE SPORT OF CYCLING. THE RIDE HAS  
100, 65 AND 35 MILE COURSES FOR VARIOUS LEVELS OF RIDING SKILL.

**FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE CLUB PROVIDES MEMBER SERVICES. IT PUBLISHES A MONTHLY NEWSLETTER, HOSTS A  
HOLIDAY PARTY, PROVIDES REIMBURSEMENTS TO RIDERS FOR CERTAIN BICYCLE EXPENSES,  
HOSTS BICYCLE TRIPS AND OUTINGS AND MAINTAINS A VIDEO LIBRARY THAT MEMBERS CAN USE  
FREE OF CHARGE.

EAGLE CYCLING CLUB, INC.

68-0052822

**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME: NAPA COUNTY BICYCLE COALITION  
 DONEE'S ADDRESS: 3379 SOLANO AVE.  
 NAPA, CA 94558

CASH AMOUNT GIVEN: \$ 18,860.

**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

|                              |                   |
|------------------------------|-------------------|
| BANK CHARGES                 | \$ 97.            |
| COMMUNITY SERVICES           | 898.              |
| DUES                         | 280.              |
| INSURANCE                    | 125.              |
| MEETINGS                     | 1,157.            |
| OFFICE EXPENSES              | 549.              |
| SKYLINE RACE EXPENSES        | 6,917.            |
| TAXES                        | 800.              |
| TOUR OF NAPA VALLEY EXPENSES | 76,048.           |
| <b>TOTAL</b>                 | <b>\$ 86,871.</b> |

**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

| DESCRIPTION                                                                                                                                                                                                                                          | GRANTS       | PROGRAM<br>SERVICE<br>EXPENSES |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|
| THE CLUB HOSTS A MOUNTAIN BIKE RACE AT SKYLINE PARK EACH SUMMER THAT ALLOWS MEN, WOMEN, BOYS AND GIRLS TO RIDE IN A BEAUTIFUL PARK SETTING. THE CLUB PAYS THE PARK A PORTION OF ITS FEES WHICH HELPS TO SUPPORT THE PARK FOR CYCLING AND OTHER USES. |              | 6,917.                         |
| INCLUDES FOREIGN GRANTS: NO                                                                                                                                                                                                                          |              |                                |
| THE CLUB PROVIDES SERVICES FOR THE COMMUNITY. IT CONDUCTED ACTIVITIES IN THE COMMUNITY TO PROMOTE BICYCLE SAFETY AND EDUCATION AND CLEANED REFUSE FROM A MAJOR COUNTY ROAD IN ORDER TO MAINTAIN THE AREA'S SCENIC BEAUTY.                            |              | 898.                           |
| INCLUDES FOREIGN GRANTS: NO                                                                                                                                                                                                                          |              |                                |
| <b>TOTAL</b>                                                                                                                                                                                                                                         | <b>\$ 0.</b> | <b>\$ 7,815.</b>               |

**Application for Extension of Time To File an  
Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**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 Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

|                                                               |                                                                                         |  |                                         |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>Type or print</b>                                          | Name of exempt organization or other filer, see instructions                            |  | Employer identification number (EIN) or |
|                                                               | <b>EAGLE CYCLING CLUB, INC.</b>                                                         |  | <b>68-0052822</b>                       |
|                                                               | Number, street, and room or suite number. If a P.O. box, see instructions               |  | Social security number (SSN)            |
|                                                               | <b>3335 SOLANO AVENUE</b>                                                               |  |                                         |
| File by the due date for filing your return. See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions |  |                                         |
|                                                               | <b>NAPA, CA 94558</b>                                                                   |  |                                         |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

- The books are in the care of ► SUE FREELAND

Telephone No ► 707-738-5487Fax No ► 707-254-9054

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is 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 members the extension is for

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 14, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

► ☐ calendar year 20 \_\_\_\_ or► ☒ tax year beginning 3/01, 20 13, and ending 12/31, 20 13.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

|                                                                                                                                                                                               |           |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|                                                                                                    |                                                                                         |                                         |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Type or print</b><br><br>File by the extended due date for filing your return. See instructions | Name of exempt organization or other filer, see instructions                            | Employer identification number (EIN) or |
|                                                                                                    | EAGLE CYCLING CLUB, INC.                                                                | 68-0052822                              |
|                                                                                                    | Number, street, and room or suite number. If a P.O. box, see instructions               | Social security number (SSN)            |
|                                                                                                    | BROTEMARKLE, DAVIS & CO., LLP<br>899 ADAMS ST STE H                                     |                                         |
|                                                                                                    | City, town or post office, state, and ZIP code. For a foreign address, see instructions |                                         |
|                                                                                                    | SAINT HELENA, CA 94574-1160                                                             |                                         |

Enter the Return code for the return that this application is for (file a separate application for each return)

01

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          |                                   |             |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ▶ SUE FREELAND  
Telephone No ▶ 707-738-5487 Fax No ▶ 707-254-9054
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is 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 members the extension is for

- 4 I request an additional 3-month extension of time until 11/15, 20 14
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 3/01, 20 13, and ending 12/31, 20 13
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension INFORMATION ESSENTIAL TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

|                                                                                                                                                                                                                                            |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                                                                 | <b>8a</b> \$ |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | <b>8b</b> \$ |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions                                                            | <b>8c</b> \$ |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶

Title ▶ TREASURER

Date ▶

BAA

FIF20502L 12/31/13

Form 8868 (Rev 1-2014)