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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 private foundations)

OMB No 1545-1150 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013, and ending . 20 A For the 2013 calendar year, or tax year beginning C Name of organization D Employer identification number B Check if applicable Address change 77-0377142 Alto Velo Racing Club Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) initial return 650-549-4528 5351 Diana Common Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Fremont, CA 94555-2964 Application pending H Check ▶ ☐ if the organization is not required to attach Schedule B I Website: ▶ www altovelo.org (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 🔲 501(c)(3) 🗹 501(c) ( 4 ) ◀ (insert no ) 🔲 4947(a)(1) or 🔲 527 Other **K** Form of organization.  $\square$  Corporation ☐ Trust ☐ Association 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 67558 76 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. Contributions, gifts, grants, and similar amounts received . . . . . 30500 00 2 Program service revenue including government fees and contracts 19753 76 3 3 15510 00 4 4 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) . . . . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 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 eontributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 60) Gross sales of inventory less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . (309.26) 7c 8 190 00 Total-revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 65644.50 10 10 20568.50 11 11 0 12 12 Salaries, other compensation, and employee benefits . . . . . . . . 0 13 Professional fees and other payments to independent contractors . . . 0 13 14 14 15 1120.79 15 16 16 35195.30 Total expenses. Add lines 10 through 16 . . . . . 17 17 56884.59 18 18 8759.91 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 47249.25 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 56009.16

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2013)

Pai	il Balance	Sheets (see the instructions t	for Part II)				
		ne organization used Schedule		ny question in this	Part II		🗆
					(A) Beginning of year		(B) End of year
22	Cash, savings, a	and investments		[	47249 25	22	56009.16
23	Land and buildii	ngs		[		23	
24	Other assets (de	escribe in Schedule O)				24	
25	Total assets .				47249.25	25	56009.16
26		(describe in Schedule O)				26	
27		und balances (line 27 of column			47249 25	27	56009 16
Par		t of Program Service Accom	•		,		Expenses
\A/bai		ne organization used Schedule n's primary exempt purpose?	O to respond to a	ny question in this	Part III 🖂		uired for section
	_					•	c)(3) and 501(c)(4) nizations and section
as m	easured by expen	ion's program service accompli nses. In a clear and concise m other relevant information for ea	anner, describe the	fits three largest pieses provided	rogram services, , the number of	4947	(a)(1) trusts, optional thers )
28	Partial support for	individual coaching programs for	two members, coach	ing for racing membe	ers		
					•		
	(Grants \$	1759.00) If this amount			<u></u> ▶ ∐	28a	2834 00
29		ent of bicycle race entry fees base					
	Partial reimburser	ent of travel expenses for champi	onsnip races \$600 0	)			
	(Grants \$	) If this amount	includes foreign gra	ints, check here .		29a	3740 00
30		ent of racing expenses Men's D			· · · • · ·	<u> 23a</u>	3740 00
	Tartial Tellibar Self	icit of facing expenses Mens D	evelopment ream, to	THEIRDELS, \$			
	(Grants \$ ) If this amount includes foreign grants, check here ▶ □					30a	13994.50
31	Other program services (describe in Schedule O)						
	(Grants \$	) If this amount	includes foreign gra	ints, check here .	<u></u> . ▶ 🗆 :	31a	
32	Total program se	ervice expenses (add lines 28a	through 31a)			00	
						32	20568.50
Par	IV List of Offic	cers, Directors, Trustees, and Key	Employees (list each	one even if not comp	pensated-see the in	struc	tions for Part IV)
Par	IV List of Offic		Employees (list each O to respond to a	n one even if not comp ny question in this	pensated – see the in	struc	tions for Part IV)
Par	List of Offic Check if the	cers, Directors, Trustees, and Key	Employees (list each	one even if not comp	pensated – see the in- Part IV	struc 	tions for Part IV)
	List of Offic Check if the	cers, Directors, Trustees, and Keyne organization used Schedule	O to respond to an  (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in- Part IV	struc 	ctions for Part IV)
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<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		
С	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		<b>~</b>
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		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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	-		
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>
C	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	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e	_	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Ken Nishimura  Telephone no. ►	550-54	9-4528	3
	Located at ► 5351 Diana Common, Fremont, CA ZIP + 4 ►		-2964	
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:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	1		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
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	▶ □
	and office the amount of tax exempt mereal received of about a daming the tax year 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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		<b>✓</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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	44d	-	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	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)	45b	-	J

								*	٠
Form 990	0-EZ (20	013)	<del></del> -						age 4
40	D.4 +1	ne organization engage, directly or in	directly up political c	ampaign activities	on behalf of a			Yes	No
		ndidates for public office? If "Yes," of						1	,-
Part \	_	Section 501(c)(3) organizations		, , , , , , , , , , , , , , , , , , , ,	<u> </u>	<del>- · · · -</del>	. 40		
Tart		All section 501(c)(3) organization		stions 47–49b a	nd 52, and co	molete the	e tables f	or line	25
		50 and 51.			02, 0	mpioto tin	, (45,00 )	O	
		Check if the organization used Scl	nedule O to respond	to any question	in this Part VI				
								Yes	No
		he organization engage in lobbying  If "Yes," complete Schedule C, Part		section 501(h) ele		during the	tax		
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	ete Schedule E		. 48		
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related org	anızatıon?		. 49a		
		es," was the related organization a se					. 49b		
50		plete this table for the organization's							d key
	empl	oyees) who each received more than	\$100,000 of compe	nsation from the oi	· · · · · · · · · · · · · · · · · · ·		e, enter "N	lone."	
	(-)	Name and title of each employee	(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	ed amou	nt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MI	SCI benefit plans,	and deferred		compensation	
					comper	Isation			<u>_</u>
				-					
								_	
								_	
		number of other employees paid over		• • — — — — — — — — — — — — — — — — — —					
51	Comp	plete this table for the organization' ,000 of compensation from the orga	s five highest compo	ensated independe	ent contractors	who each	received	more	than
	\$100	,000 or compensation from the orga	mization. Il triere is no	The, enter None.	<del></del> 1				
	(a)	Name and business address of each independ	ent contractor	(b) Type of	(b) Type of service		(c) Compensat		
-				-					
				1					
	<b>-</b>								
				1					
	Total	number of other independent centre	otoro onch roccuuna	Sucr \$100,000		·			
		number of other independent contra he organization complete Schedule A	_		 200 and 4047/a	V4)		_	
52		xempt charitable trusts must attach			ons and 4947(a	,	► ☐ Yes	. 🗆 .	lo
Under ne		of perjury, I declare that I have examined this r	· · · · · · · · · · · · · · · · · · ·						
true, con	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	ormation of which prepa	rer has any knowle	dge	omicuyo aik	, DGHG1, I	
		1 Mini			I.M.	arch 1	1, 20	14	
Sign		Signature of officer			Date				
Here		Ken A. Nishimura, Treasurer							
		7 Type or pnnt name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		
Prepare						self-employ	red		

Preparer

**Use Only** 

Firm's name

Firm's address ►

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

► ☐ Yes ☐ No

Firm's ElN ▶

Phone no

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

### 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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization Alto Velo Racing Club 77-0377142 Part I, Line 8 Other Revenue USA Cycling Race Licenses sold on behalf of USA Cycling \$190 TOTAL. \$190.00 Part I, Line 10 Grants and Similar Amuounts Paid Partial support for individual coaching programs for two members. \$1759.00 Part I, Line 16 Other Expenses John Peckham Memorial Track Race Prize. \$600 00 Alto Velo Development Team Clothing, Sponsor Events and Dinners \$3,759 61 Sponsor Jerseys \$741 97 Website and Internet Expenses \$1849.88 Annual banquet \$840 00 Beat the Clock Portable Restroom Rentals. \$671 36 Governmental Filings, \$106.00 Annual Picnic. \$678.71 USAC and NCNCA Club Registration \$200 00 NCVA Velodrome Sign Fee \$600 00 Insurance \$1163 00 Pescadero Road Race Expenses. \$15089 87 Sponsor Event Registrations \$720 00 BOD Meeting Food \$71 78 Cat's Hill Sponsor Tent \$100 00 Membership Jerseys \$8003 12 TOTAL 35195 30