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Short Form

OMB No 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

2015

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

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Alto Velo Racing Club
 Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 871
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: Menlo Park, CA 94026

D Employer identification number: 77-0377142

E Telephone number: 650-393-3738

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.altovelo.org

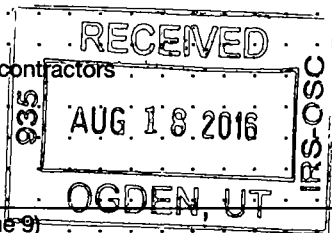
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ 80899

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16 ▶		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
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)				
6a					
6b					
6c					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
6d					
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶				



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Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	82148	22 113111
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	82148	25 113111
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82148	27 113111

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

What is the organization's primary exempt purpose? coaching and development of amateur bicycle racers

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Pescadero Coastal Classic Bicycle Race -- provides forum for amateur bicycle races on a local 28 mile hilly course. 470 participants (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	18719
29 Partial reimbursement of bicycle race entry fees and travel expenses for championship races (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3560
30 Partial reimbursement of racing expenses and coaching -- Men's Development Team (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8415
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	1048
32 Total program service expenses (add lines 28a through 31a)	32	31742

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Karen Brems President	3	0	0	0
Mike Reed Vice President	2	0	0	0
Debbie Merritt Secretary	2	0	0	0
Ken Nishimura Treasurer	2	0	0	0
John Pliska Member, Board of Directors	1	0	0	0
Dave Rossow Member, Board of Directors	1	0	0	0
Jorge Pont Member, Board of Directors	1	0	0	0
Dave Keefe Member, Board of Directors	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Yes No

33 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

Table with 3 columns: Question ID, Yes, No. Row 33: Yes (empty), No (checked).

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)

Table with 3 columns: Question ID, Yes, No. Row 34: Yes (checked), No (empty).

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)?

Table with 3 columns: Question ID, Yes, No. Row 35a: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 35b: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 35c: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 36: Yes (empty), No (checked).

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0

Table with 3 columns: Question ID, Yes, No. Row 37a: Yes (empty), No (empty).

b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question ID, Yes, No. Row 37b: Yes (empty), No (checked).

38a 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?

Table with 3 columns: Question ID, Yes, No. Row 38a: Yes (empty), No (checked).

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

Table with 3 columns: Question ID, Yes, No. Row 38b: Yes (empty), No (empty).

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

Table with 3 columns: Question ID, Yes, No. Row 39a: Yes (empty), No (empty).

b Gross receipts, included on line 9, for public use of club facilities

39b

Table with 3 columns: Question ID, Yes, No. Row 39b: Yes (empty), No (empty).

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), 501(c)(4), and 501(c)(29) 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

Table with 3 columns: Question ID, Yes, No. Row 40b: Yes (empty), No (checked).

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0

Table with 3 columns: Question ID, Yes, No. Row 40c: Yes (empty), No (empty).

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

0

Table with 3 columns: Question ID, Yes, No. Row 40d: Yes (empty), No (empty).

e 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

Table with 3 columns: Question ID, Yes, No. Row 40e: Yes (empty), No (checked).

41 List the states with which a copy of this return is filed California

42a The organization's books are in care of Mike Reed Telephone no. 650-393-3738 Located at P.O. Box 871, Menlo Park, CA ZIP + 4 94026

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:

Table with 3 columns: Question ID, Yes, No. Row 42b: Yes (empty), No (checked).

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:

Table with 3 columns: Question ID, Yes, No. Row 42c: Yes (empty), No (checked).

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Yes, No. Row 43: Yes (checked), No (empty).

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with 3 columns: Question ID, Yes, No. Row 44a: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 44b: Yes (empty), No (checked).

c Did the organization receive any payments for indoor tanning services during the year?

Table with 3 columns: Question ID, Yes, No. Row 44c: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 44d: Yes (empty), No (empty).

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with 3 columns: Question ID, Yes, No. Row 45a: Yes (empty), No (checked).

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)

Table with 3 columns: Question ID, Yes, No. Row 45b: Yes (empty), No (checked).

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
46		<input checked="" type="checkbox"/>

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
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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."

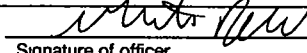
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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

Sign Here

	August 15, 2016
Signature of officer	Date
Mike Reed, Treasurer, Alto Velo Racing Club	
Type or print name and title	

Paid Preparer Use Only

Pnnl/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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

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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Alto Velo Racing Club

Employer identification number

77-0377142

Part I, Line 8: Other Miscellaneous Income

USA Cycling License Fees Collected at Race \$310 -- this amount is directly passed through to USAC as a Miscellaneous Expense

Part I, Line 10: Grants and Similar Amounts Paid

Partial reimbursement of racing expenses and coaching -- Men's Development Team \$8415

Partial reimbursement of bicycle race entry fees -- General Membership \$3160

Partial reimbursement of travel expenses for championship races \$400.00

Partial support for individual and group coaching programs for promising racers \$1048

Grant to South Coast Childrens' Services -- charity in local community hosting annual race \$2350

Grant to Pescadero Community Public Restroom Fund \$100

TOTAL \$15473

Part I, Line 16: Other Expenses

Member Uniforms -- required to race as a team \$10928

Alto Velo Development Team Clothing, Sponsor Events, Team Events \$1980

Website and Internet Expenses \$900

Government Filings and Taxes \$56

USA Cycling and Local Association Fees \$279

Insurance \$803

Annual Banquet \$1368

Annual Picnic \$414

Election Expenses \$19

Board Meetings \$154

SVBC Dinner \$150

Pescadero Classic Road Race not accounted for elsewhere \$13770

USAC License Fees from Race (passthrough from Line 8) \$310

TOTAL \$31131

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No 51056K

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization Alto Velo Racing Club	Employer identification number 77-0377142
---	--

Part III, Line 31. Other Program Services

Partial support for individual and group coaching programs for promising racers \$1048

TOTAL \$1048

Part IV, Line 34. Changes to Governing Documents

The membership approved two questions posed during the annual election to amend the Bylaws as follows

- 1) To change all references of "Mutual Benefit Corporation" to "Public Benefit Corporation" to conform the Bylaws to the Articles of Incorporation as filed with the California Secretary of State. This longstanding discrepancy was corrected by this change.
- 2) To change the Election of Directors to include the following provision - "A candidate, in order to assume the office of Director, must receive affirmative votes in a number greater than one-half of the number of ballots cast, even if the number of candidates is equal to or fewer than the number of open seats." This change requires each candidate to receive majority support even in an uncontested election.