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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)

2016

OMB No. 1545-1150

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.

| A | For the | 2016 calend | ar year, or tax year beginning , 2016, and ending | | , 20 | | | | | |
|-----------------------|-----------------|-------------------------------|---|-----------------|--------------------------------|--|--|--|--|--|
| B Check if applicable | | | C Name of organization | D Emplo | Employer identification number | | | | | |
| | Address c | hange | Alto Velo Racing Club | 77-0377142 | | | | | | |
| | Name cha | nge | Number and street (or P O box, if mail is not delivered to street address) Room/suite | E Teleph | none number | | | | | |
| = | Initial retu | | P.O. Box 871 | | 650-393-3738 | | | | | |
| H | Amended | n/terminated | F Group | Group Exemption | | | | | | |
| ŏ | | n pending | Menio Park, CA 94025 | Numb | ber ▶ | | | | | |
| G | Account | ting Method: | ✓ Cash | Check ▶ | f the organization is not | | | | | |
| 1 1 | N ebsite | e: ► www. | | | to attach Schedule B | | | | | |
| J 1 | ax-exen | npt status (che | eck only one) — ☐ 501(c)(3) ☑ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 | Form 99 | 0, 990-EZ, or 990-PF). | | | | | |
| K | Form of | organization: | ☑ Corporation ☐ Trust ☐ Association ☐ Other | | | | | | | |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total | assets | | | | | | |
| (Pa | rt II, col | | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ | 1 | \$ 70439 | | | | | |
| P | art I | Revenu | e, Expenses, and Changes in Net Assets or Fund Balances (see the | nstruc | tions for Part I) | | | | | |
| | | Check if | the organization used Schedule O to respond to any question in this Part I | <u></u> | | | | | | |
| | 1 | Contribution | ons, gifts, grants, and similar amounts received | [| 1 36,050 | | | | | |
| | 2 | Program s | ervice revenue including government fees and contracts | [| 2 19,304 | | | | | |
| | 3 | Membersh | ip dues and assessments | [| 3 14,700 | | | | | |
| | 4 | Investment | tincome | [| 4 | | | | | |
| | 5a | Gross amo | ount from sale of assets other than inventory 5a | | | | | | | |
| | b | Less: cost | or other basis and sales expenses | | | | | | | |
| |) c | Gain or (los | [| 5c | | | | | | |
| | 6 | Gaming and fundraising events | | | | | | | | |
| ٠. | a | Gross inc | , | | | | | | | |
| Ĕ | 1 | \$15,000) . | | | | | | | | |
| Revenue | b | | me from fundraising events (not including \$ of contributions | s | | | | | | |
| æ | 1 | | aising events reported on line 1) (attach Schedule G if the | | | | | | | |
| | ĺ | sum of suc | th gross income and contributions exceeds \$15,000) 6b; | 451 | | | | | | |
| | C | Less: direc | | | | | | | | |
| | ď | | e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub | tract | | | | | | |
| | | line 6c) . | | 5011 | 6d 451 | | | | | |
| | 7a | | s of inventory, less returns and allowances | | , | | | | | |
| | b | | of goods sold | | | | | | | |
| | C | | it or (loss) from sales of inventory (Subtract line 7b from line 7a) | · · | 7c | | | | | |
| | 8 | | nue (describe in Schedule O) | · . · - | 8 300 | | | | | |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | . • | 9 70,805 | | | | | |
| | 10 | | I similar amounts paid (list in Schedule O) | · · | 10 18,008 | | | | | |
| | 11 | | aid to or for members | · · | 11 | | | | | |
| Šes | 12 | | ther compensation, and employee benefits | · · | 12 | | | | | |
| Expense | 13 | | al fees and other payments to independent contractors | | 13 | | | | | |
| | 14 | | y, rent, utilities, and maintenance | - | 14 | | | | | |
| | , | | ublications, postage, and shipping | _ | 15 10 | | | | | |
| | 16 | • | - | 16 41,962 | | | | | | |
| | 17 | | enses. Add lines 10 through 16 | | 59,980 | | | | | |
| ş | 18 | | (deficit) for the year (Subtract line 17 from line 9) | | 18 10,825 | | | | | |
| Net Assets | 19 | | or fund balances at beginning of year (from line 27, column (A)) (must agree in figure reported on prior year's return) | - | 40 | | | | | |
| Ž | 000 | = | | - ⊢ | 19 113,111 | | | | | |
| Š | 20 | | ages in net assets or fund balances (explain in Schedule O) | _ | 20 | | | | | |
| | <u> Z1</u> | | or fund balances at end of year. Combine lines 18 through 20 | · • · | 21 123,936 | | | | | |
| FO | r Papen | work Reduct | ion Act Notice, see the separate instructions. Cat. No. 10642 | | Form 990-EZ (2016) | | | | | |





| Form | 990-ĘZ (2016) | | | | | Page 2 |
|-------|---|-------------------------------|--|---|-------------|-----------------------------------|
| Pai | rt II Balance Sheets (see the instructions for | | | | | |
| | Check if the organization used Schedule O | to respond to an | y question in this | Part II | | <u> D</u> |
| | | | | (A) Beginning of year | <u> </u> | (B) End of year |
| 22 | Cash, savings, and investments | | | 113,111 | | 123,936 |
| 23 | Land and buildings | | | | 23 | |
| 24 | Other assets (describe in Schedule O) | | | | 24 | _ |
| 25 | Total assets | | | 113,111 | | 123,936 |
| 26 | Total liabilities (describe in Schedule O) | | | | 26 | |
| 27 | Net assets or fund balances (line 27 of column (B | | | 113,111 | 27 | 123,936 |
| Par | Statement of Program Service Accompli Check if the organization used Schedule O | | | | 1 | Expenses |
| Mha | t is the organization's primary exempt purpose? Co | | | | | quired for section |
| | | | | | | (c)(3) and 501(c)(4) |
| | cribe the organization's program service accomplishmeasured by expenses. In a clear and concise man | | | | | anizations; optional for ers) |
| Derse | ons benefited, and other relevant information for each | n program title. | services provided | , the number of | | , |
| 28 | Pescadero Coastal Classic Bicycle Race-provides forum | _ | ele races on a local 2 | 8 mile hilly | - | T |
| | | | | | Į |) |
| | course. 339 participants | | | | Ì | |
| | (Grants \$) If this amount inc | cludes foreign gra | nts, check here . | 🕨 🗀 | 28 | a 17,950 |
| 29 | Partial reimbursement of bicycle race entry fees and tra | | | | | |
| | | | | | | } |
| | | | | | | |
| | (Grants \$) If this amount inc | cludes foreign gra | nts, check here . | 🕨 🗆 | 29 | a 3,185 |
| 30 | Partial reimbursement of racing expenses and coaching | g Men's Developr | nent Team | | | |
| | | | | | ĺ | - |
| | | | | | ĺ | -{ |
| | | cludes foreign gra | nts, check here . | ▶ 🗆 | 30 | a 12,933 |
| 31 | Other program services (describe in Schedule O) . | | | | İ | |
| | (Grants \$) If this amount inc | cludes foreign gra | nts, check here . | <u> ▶ □</u> | 31 | |
| 32 | Total program service expenses (add lines 28a three | | | | 32 | 1 |
| Par | List of Officers, Directors, Trustees, and Key E | | • | | nstru | uctions for Part IV) |
| | Check if the organization used Schedule O | to respond to ar | (c) Reportable | (d) Health benefits, | <u>.</u> ,_ | <u> L.</u> |
| | (a) Nigge and Adia | (b) Average hours per week | compensation | contributions to employ | ee (e |) Estimated amount of |
| | (a) Name and trile | devoted to position | (Forms W-2/1099-MISC) (if not paid, enter -0-) | benefit plans, and deferred compensation | | other compensation |
| | | | (ii not paid, enter -o-) | deletted compensation | + | |
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| | President Reed | | <u>_</u> | | 4 | |
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| | e Pont | | | | 4 | <u>_</u> |
| | etary | 2 | o | ļ | ٥ | 0 |
| | Rossow | | | | * | <u>-</u> |
| | ber, Board of Directors | 1 | o | | 0 | 0 |
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| Part | | | | | | |
|--------------------------|---|------------|----------|----------|--|--|
| <u> </u> | 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 | 33 | | 1 | | |
| 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 | | √ | | |
| 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 | | 1 | | |
| c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 | 35b 35c | | 1 | | |
| 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 $\ldots \ldots \ldots \ldots \ldots \ldots$ | 36 | | 1 | | |
| 37a b 38a | Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] [0] Did the organization file Form 1120-POL for this year? | 37b 38a | | √ | | |
| b 39 a b 40a | If "Yes," complete Schedule L, Part II and enter the total amount involved | 388 | | √ | | |
| 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 | 40b | | √ | | |
| 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 | | | | | |
| đ | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | | | |
| | 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 ► California | | 3-3738 | | | |
| 42a | | | | | | |
| h | Located at ► P.O. Box 871, Menlo Park, CA At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 940 | 025 | Na | | |
| J | 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 | √ | | |
| | 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 United States? . If "Yes," enter the name of the foreign country: | 42c | | ✓ | | |
| 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 | • • | 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 | 100 | √ | | |
| 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 | | 1 | | |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | √ | | |
| 45a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ▼ | | |
| | Form 990-EZ (see instructions) | 45b | | 1 | | |

| Form 99 | 10-EZ (2 | 016) | | | | | | P | age 4 | | |
|--------------|---|--|--|---|------------------------------------|--|---------------|---|----------|--|--|
| | | | ······································ | | | | | Yes | No | | |
| 46 | | he organization engage, directly or in | | | | | | <u> </u> | | | |
| | | ndidates for public office? If "Yes," c | | , Part I | | | 46 | | ✓ | | |
| Part | VI | Section 501(c)(3) organizations All section 501(c)(3) organizations | | stions 47–49b ar | nd 52, and e | complete the | a tables i | for line | es | | |
| | | 50 and 51. | s made another que | 01.01.0 17 10.0 4. | | ornproto tric | , 100,00 | | - | | |
| | | Check if the organization used Sch | edule O to respond | I to any question i | n this Part \ | /I | | <i>.</i> | | | |
| | | | | | | | | Yes | No | | |
| 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 | | | | | | | | | |
| 48 | Is the | 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 "Y€ | If "Yes," was the related organization a section 527 organization? | | | | | | | | | |
| 50 | | plete this table for the organization's | | | | | | | | | |
| | empl | oyees) who each received more than | \$100,000 of comper | nsation from the or | | | e, enter "l | None." | <u>'</u> | | |
| (a) Na | | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS | contribution | atth benefits, ons to employee ns, and deferred pensation | | e) Estimated amount of other compensation | | | |
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| | | | | , | j | } | | | | | |
| 51 | Com \$100 | number of other employees paid over plete this table for the organization's ,000 of compensation from the organ | s five highest componization. If there is no | ensated independe one, enter "None." | | | | | than | | |
| | (8) | Name and business address of each independ | ent contractor | (b) Type of | service | (c) | Compensat | tion | | | |
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| | | | | | | | | | | | |
| | Total | number of other independent contra | ctors each receiving | over \$100 000 | | | | | | | |
| 52 | | the organization complete Schedu | • | • | ganizations | must attach | . 8 | | | | |
| | | oleted Schedule A | | | | | ► Yes | 5 🔲 i | No | | |
| Under p | enalties rrect, ar | of perjury, I declare that I have examined this rad complete. Declaration of preparer (other than | eturn, including accompan | lying schedules and state | ements, and to rer has any know | the best of my kn wledge | owledge an | d belief, | ıt ıs | | |
| | Mun lew | | | | | | 10/9/2017 | | | | |
| Sign Here | | Signature of officer Date Treassor | | | | | | | | | |
| | 1 | Type or print name and title | <u> </u> | | | | | | | | |
| Paid | ore- | Print/Type preparer's name | Preparer's signature | , | Date | Check Self-employ | f PTIN | | | | |
| Prep Use | | 1 - | | | | | | | | | |
| | | Firm's address ▶ Phone no | | | | | | | | | |
| May th | ne IRS | S discuss this return with the preparer shown above? See instructions | | | | | ▶ 🗌 Yes 🗌 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.

9016

2016

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

Open to Public Inspection

Employer identification number

| Alto Velo Racing Club | <u> </u> |
|---|------------------------------|
| Part I, Line 8: Other Miscellaneous Income | |
| USA Cycling License Fees Collected at Race: \$300 this amount is directly passed through to USA | C as a Miscellaneous Expense |
| Part I, Line 10: Grants and Similar Amounts Paid | |
| Partial reimbursement of racing expenses and coaching Men's Development Team: \$12933 | |
| Partial reimbursement of bicycle race entry fees General Membership: \$2935 | |
| Partial reimbursement of travel expenses for championship races: \$250 | |
| Grant to South Coast Children's Services charity in local community hosting annual race: \$1790 | |
| Grant to Pescadereo Community Public Restroom Fund. \$100 | |
| TOTAL: \$18008 | |
| | |
| Part I, Line 16: Other Expenses | |
| Member Uniforms required to race as a team: \$11877 | |
| Alto Velo Development Team Clothing, Sponsor Events, Team Events: \$7006 | |
| Website and Internet Expenses: \$1301 | |
| Government Filings and Taxes: \$35 | |
| USA Cycling and Local Association Fees: \$200 | |
| Insurance: \$1503 | |
| Annual Banquet: \$1290 | |
| Annual Picnic: \$683 | |
| Board Meetings: \$84 | |
| SVBC Dinner: \$175 | |
| Pescadero Classic Road Race not accounted for elsewhere: \$16060 | |
| USAC License Fees from Race (passthrough from Line 8): \$300 | |
| PO Box, bank service charges: \$110 | |
| Sponsor T-shirts and water bottles: \$1338 | |
| | |

TOTAL: \$41962

Cat. No. 51056K

| Schedule () (Form 990 or 990-E2) (2016) | Pa | <u>ge Z</u> |
|---|---|-------------|
| Name of the organization | Employer identification number | |
| | 77-0377142 | |
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