

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2010

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	New York Cycle Club, Inc.	13-2840705
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number
<input type="checkbox"/> Terminated	PO Box 4474 Grand Central Station	646-852-6134
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	F Group Exemption Number
<input type="checkbox"/> Application pending	New York NY 10163	▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B

I Website: ▶ www.nycc.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **158,760**

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	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	46,835
	3 Membership dues and assessments	3	34,054
	4 Investment income	4	139
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b	75,221	
c Less: direct expenses from gaming and fundraising events	6c	53,985	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	21,236	
7a Gross sales of inventory, less returns and allowances	7a	2,321	
b Less: cost of goods sold	7b	7,930	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-5,609	
8 Other revenue (describe in Schedule O)	8	190	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	96,845	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	25,333
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	20,400
	14 Occupancy, rent, utilities, and maintenance	14	1,284
	15 Printing, publications, postage, and shipping	15	706
	16 Other expenses (describe in Schedule O)	16	66,218
	17 Total expenses. Add lines 10 through 16	17	113,941
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,096
	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)	19	57,059
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	39,963

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	50,859	22	38,311
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	6,200	24	1,652
25 Total assets	57,059	25	39,963
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,059	27	39,963

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

What is the organization's primary exempt purpose?

To Provide Safe Bicycling Activities

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or 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 Special Events - Organized Rides open to the general public. 3 Major rides held through riding season			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
29 Club Rides - Organized rides offered to club members. Hundreds of rides held all year long for all riding levels			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30 RIDE TRAINING - Educational and training rides offered to club members. Rides held over the Spring to teach riding skills to all levels			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Ellen Jaffe New York PO Box 4474 NY 10163	President 50.00	0	0	0
Jennifer Rudin New York PO Box 4474 NY 10163	VP of Programs 3.00	0	0	0
Adrienne Browning New York PO Box 4474 NY 10163	VP of Rides 5.00	0	0	0
Morene Bangel New York PO Box 4474 NY 10163	Secretary 0.25	0	0	0
Arden Rodgers New York PO Box 4474 NY 10163	Treasurer 12.00	0	0	0
Grace Lichtenstein New York PO Box 4474 NY 10163	PR Director 5.00	0	0	0
Eunice Martinez New York PO Box 4474 NY 10163	Content Editor 15.00	0	0	0
James Reaven New York PO Box 4474 NY 10163	Webmaster 10.00	0	0	0
Jennell Francis New York PO Box 4474 NY 10163	Membership Director 5.00	0	0	0
Brigitte Padewski New York PO Box 4474 NY 10163	Special Events Coord 2.00	0	0	0
Harry Woods New York PO Box 4474 NY 10163	A-Rides Coordinator 4.00	0	0	0
Nicole Snow New York PO Box 4474 NY 10163	B-Rides Coordinator 2.00	0	0	0
Bill Laffey New York PO Box 4474 NY 10163	C-Rides Coordinator 12.00	0	0	0

Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached 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
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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		
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		
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		X
41	List the states with which a copy of this return is filed. NY		
42a	The organization's books are in care of Arden Rodgers Telephone no. 646-852-6134 243 WEST END AVE #1005 Located at New York NY ZIP + 4 10023-3670		
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: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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: _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a	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	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
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a	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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(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.

Sign Here Signature of officer: **Arden Rodgers** Date: **Treasurer**
Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **Peter Morales** Preparer's signature: **Peter Morales** Date: **04/28/11** Check if self-employed PTIN: **P00005396**
 Firm's name: **Peter Morales Tax Service** Firm's EIN: **80-0240196**
 Firm's address: **209 Lincoln Place Apt 2A Brooklyn, NY 11217** Phone no.: **718-398-2623**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

Name of the organization

New York Cycle Club, Inc.

Employer identification number

13-2840705

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ESCAPE NY EVENT (event type)	_____ (event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	75,221		75,221
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	75,221		75,221
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	3,240		3,240
	6	Rent/facility costs	5,614		5,614
	7	Food and beverages	16,324		16,324
	8	Entertainment	500		500
	9	Other direct expenses	28,307		28,307
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				21,236

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No

b If "Yes," explain: _____

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

New York Cycle Club, Inc.

Employer identification number
13-2840705

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
BIKE BOX RENTAL	\$ 125
OTHER REVENUE	\$ 65
Total	\$ 190

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name and Address	Class of Activity	Date of Gift	
		Cash Contrib.	Noncash Contrib.
		Book Value	FMV Expl.
YOUTH PROGRAM I CHALLENGE MYSELF CH			
		\$ 5,833	\$ 0
		\$ 0	
RECYCLE A BIKE			
		\$ 8,500	\$ 0
		\$ 0	
TRANSPORTATION ALTERNATIVES			
		\$ 8,500	\$ 0
		\$ 0	

Form 990-EZ, Part I, Line 16 - Other Expenses

Name of the organization

New York Cycle Club, Inc.

Employer identification number

13-2840705

Description

Amount

Expenses

ADMINISTRATIVE	\$	3,218
BERKSHIRES RIDE PROGRAM	\$	5,070
BOARD MEETINGS	\$	1,987
HOLIDAY PARTY PROGRAM EXP	\$	6,032
INSURANCE	\$	3,990
MONTHLY MEETING	\$	2,853
OTHER MEMBERSHIP EXPENSE	\$	2,019
SPECIAL EVENTS	\$	3,976
VOLUNTEERS PARTY PROG EXP	\$	3,750
WEBSITE	\$	2,412
WEST POINT RIDE PROGRAM	\$	30,911
Total	\$	66,218

Form 990-EZ, Part II, Line 24 - Other Assets

Description

Beg. of Year

End of Year

Inventories for Sale or Use	\$	6,200	\$	1,652
Total	\$	6,200	\$	1,652