

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)

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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: NEW YORK CYCLE CLUB INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 4474 GRAND CENTRAL STATION. City or town, state or country, and ZIP + 4: NEW YORK, NY 10163

D Employer identification number: 13-2840705. E Telephone number: (646) 852-6134. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify)

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

I Website: WWW.NYCC.ORG

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 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. \$ 183,328

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 [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

Part II Balance Sheets

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

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	38,311	22	30,202
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,652	24	2,695
25 Total assets	39,963	25	32,897
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)	39,963	27	32,897

Part III Statement of Program Service Accomplishments

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 and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
TO PROVIDE SAFE BICYCLING ACTIVITIES

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 SPECIAL EVENTS- ORGANIZED RIDES OPEN TO THE GENERAL PUBLIC 3 MAJOR RIDES HELD THROUGH RIDING SEASON (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 CLUB RIDES-ORGANIZED RIDES OFFERED TO CLUB MEMBERS HUNDREDS OF RIDES HELD ALL YEAR LONG FOR ALL RIDING LEVELS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 RIDE TRAINING-EDUCATIONAL AND TRAINING RIDES OFFERED TO CLUB MEMBERS RIDES HELD OVER THE SPRING TO TEACH RIDING SKILLS TO ALL LEVELS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
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
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
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)		No
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		
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)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text" value="0"/>		
37b	Did the organization file Form 1120-POL for this year?		
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9		0
39b	Gross receipts, included on line 9, for public use of club facilities		0
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"/> _____		
40b	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		
40c	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 <input type="checkbox"/> _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	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		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> ARDEN RODGERS Telephone no <input type="checkbox"/> (646) 852-6134 243 WEST END AVE APT 1005 Located at <input type="checkbox"/> NEW YORK, NY ZIP + 4 <input type="checkbox"/> 10023		
42b	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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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 <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text" value=""/>		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)		

	Yes	No
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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

46		No
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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.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
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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 organization a school 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?

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

47		
48		
49a		
49b		

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 must attach a completed Schedule A ▶ _____

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 the taxpayer) is based on all information of which the preparer has knowledge.

Sign Here	***** Signature of officer ARDEN RODGERS TREASURER Type or print name and title						
Paid Preparer's Use Only	<table style="width: 100%;"> <tr> <td style="width: 30%;">Preparer's signature</td> <td style="width: 40%;">MARTIN BAHARESTANI</td> <td style="width: 30%;">Date</td> </tr> <tr> <td>Firm's name (or yours if self-employed), address, and ZIP + 4</td> <td colspan="2"> BAHARESTANI ZIEGLER & RITT LLP 148 MADISON AVE NEW YORK, NY 10016 </td> </tr> </table>	Preparer's signature	MARTIN BAHARESTANI	Date	Firm's name (or yours if self-employed), address, and ZIP + 4	BAHARESTANI ZIEGLER & RITT LLP 148 MADISON AVE NEW YORK, NY 10016	
Preparer's signature	MARTIN BAHARESTANI	Date					
Firm's name (or yours if self-employed), address, and ZIP + 4	BAHARESTANI ZIEGLER & RITT LLP 148 MADISON AVE NEW YORK, NY 10016						

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

Additional Data

Software ID:
Software Version:
EIN: 13-2840705
Name: NEW YORK CYCLE CLUB INC

Form 990-EZ, Special Condition Description:**Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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 PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	PRESIDENT 50 00	0	0	0
JENNIFER RUDIN PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	VP OF PROGRAM 3 00	0	0	0
ADRIENNE BROWNING PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	VP OF RIDES 5 00	0	0	0
MORENE BANGEL PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	SECRETARY 0 25	0	0	0
ARDEN RODGERS PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	TREASURER 12 00	0	0	0
GRACE LICHTENSTEIN PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	PROGRAM DIRECTOR 5 00	0	0	0
EUNICE MARTINEZ PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	CONTENT EDITOR 15 00	0	0	0
JAMES REAVEN PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	WEBMASTER 10 00	0	0	0
JENNEL FRANCIS PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	MEMBERSHIP 5 00	0	0	0
BRIIGITTE PADEWSKI PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	SPECIAL EVENTS 2 00	0	0	0
HARRY WOODS PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	A-RIDES COORDINATOR 4 00	0	0	0
LAUREN GILKER PO BOX 4474 GRAND CENTRAL STATION NEW YORK, NY 10163	B-RIDES COORDINATOR 2 00	0	0	0

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
NEW YORK CYCLE CLUB INC

Employer identification number

13-2840705

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 124
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 8,590 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 7,660 GROSS PROFIT 930 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 1,652 MERCHANDISE PURCHASED 8,703 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 2,695 COST OF GOODS SOLD 7,660
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION TO SUPPORT YOUTH CYCLING PROGRAMS GRANTEE NAME RECYCLE-A-BICYCLE GRANTEE ADDRESS 35 PEARL STREET BROOKLYN, NY 11201 AMOUNT GIVEN 9,465
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION TO SUPPORT TRANSPORTATION ADVOCACY CAMPAIGNS FOR BETTER BICYCLING GRANTEE NAME TRANSPORTATION ALTERNATIVES GRANTEE ADDRESS 127 WEST 26TH STREET, SUITE 1002 NEW YORK, NY 10001 AMOUNT GIVEN 6,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 15,465
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADMINISTRATIVE EXPENSES AMOUNT 28,677 DESCRIPTION WEST POINT RIDE PROGRAM AMOUNT 31,312 DESCRIPTION INSURANCE AMOUNT 4,049 DESCRIPTION WEBSITE AMOUNT 4,240 DESCRIPTION MEETINGS AMOUNT 12,577 DESCRIPTION ESCAPE NEW YORK RIDE AMOUNT 36,619 DESCRIPTION OTHER CYCLING EVENTS AMOUNT 23,287 TOTAL TO FORM 990-EZ, LINE 16 140,761
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION INVENTORIES FOR SALE OR USE BEG OF YEAR AMOUNT 1,652 END OF YEAR AMOUNT 2,695

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: NEW YORK CYCLE CLUB INC

EIN: 13-2840705

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.