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Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Open to Public
Inspection

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.

A For the 2010 calendar year, or tax year beginning JAN 1, 2010, and ending Dec 31, 2010

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization:

CAYUGA TRAILS CLUBNumber and street (or P.O. box, if mail is not delivered to street address) P.O. Box 754 Room/suite City or town, state or country, and ZIP + 4 ITHACA, NY 14851-0754

D Employer identification number:

16-0956916E Telephone number: F Group Exemption Number: G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.CAYUGATRAILSCLUB.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (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

► \$ 12,953

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

1	Contributions, gifts, grants, and similar amounts received	1	<u>2,858</u>
2	Program service revenue including government fees and contracts	2	<u>0</u>
3	Membership dues and assessments	3	<u>3,072</u>
4	Investment income	4	<u>387</u>
5a	Gross amount from sale of assets other than inventory	5a	<u>0</u>
b	Less: cost or other basis and sales expenses	5b	<u>0</u>
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>
6	Gaming and fundraising events	6	
a	Gross income from gaming (attach Schedule O if greater than \$15,000)	6a	<u>0</u>
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	<u>0</u>
c	Less: direct expenses from gaming and fundraising events	6c	<u>0</u>
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>0</u>
7a	Gross sales of inventory, less returns and allowances	7a	<u>6,636</u>
b	Less: cost of goods sold	7b	<u>2,934</u>
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>3,702</u>
8	Other revenue (describe in Schedule O)	8	<u>0</u>
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>16,019</u>
10	Grants and similar amounts paid (list in Schedule O)	10	<u>0</u>
11	Benefits paid to or for members	11	<u>0</u>
12	Salaries, other compensation, and employee benefits	12	<u>0</u>
13	Professional fees and other payments to independent contractors	13	<u>0</u>
14	Occupancy, rent, utilities, and maintenance	14	<u>0</u>
15	Printing, publications, postage, and shipping	15	<u>4,158</u>
16	Other expenses (describe in Schedule O)	16	<u>6,799</u>
17	Total expenses. Add lines 10 through 16	17	<u>10,957</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>- 938</u>
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	<u>30,783</u>
20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u>0</u>
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>29,845</u>

SCANNED JAN 11 2013
Revenue

0427543672 DEC 14 2012 59483 Process as original

65

19

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	30,783	29,845
23	Land and buildings	0	0
24	Other assets (describe in Schedule O)	0	0
25	Total assets	30,783	29,845
26	Total liabilities (describe in Schedule O)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,783	29,845

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

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

What is the organization's primary exempt purpose? HIKING ORGANIZATION
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, and 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 BUILD AND MAINTAIN HIKING TRAILS			
(Grants \$ <u>0</u>)	If this amount includes foreign grants, check here . . .	► <input type="checkbox"/>	28a <u>4,047</u>
29 EDIT AND PUBLISH NEWSLETTER			
(Grants \$ <u>0</u>)	If this amount includes foreign grants, check here . . .	► <input type="checkbox"/>	29a <u>3,905</u>
30 EDIT AND PUBLISH GUIDE BOOK			
(Grants \$ <u>0</u>)	If this amount includes foreign grants, check here . . .	► <input type="checkbox"/>	30a <u>2,167</u>
31 Other program services (describe in Schedule O)			
(Grants \$ <u>0</u>)	If this amount includes foreign grants, check here . . .	► <input type="checkbox"/>	31a <u>0</u>
32 Total program service expenses (add lines 28a through 31a)			
		► <input type="checkbox"/>	32 <u>10,319</u>

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

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	33	N
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	N
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?		N
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	36	N
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37a	Ø
b	Did the organization file Form 1120-POL for this year?	37b	N
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?	38a	N
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	Ø
39	Section 501(c)(7) organizations. Enter:	39a	Ø
a	Initiation fees and capital contributions included on line 9	39b	Ø
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 ► Ø	; section 4912 ► Ø	section 4955 ► Ø	
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	N
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		Ø
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.	40e	N
41	List the states with which a copy of this return is filed. ► NEW YORK		
42a	The organization's books are in care of ► James Connors Jr Telephone no. ► (607) 898-4163 Located at ► 162 OLD STAGE ROAD, GROTON, NY ZIP + 4 ► 13873		
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)?	42b	✓
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.	42c	N
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: ►			
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		
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	N
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	N
c	Did the organization receive any payments for indoor tanning services during the year?	44c	N
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	

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

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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	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
NONE				

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
NONE		

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	►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	James T Connors Jr	Date
	Signature of officer	
	JAMES T CONNORS JR, TREASURER	
	Type or print name and title	

Paid Preparer Use Only	Print/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.

OMB No. 1545-0047

2010

Open to Public
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Name of the organization
Cayuga Trails Club

Employer identification number
16-0956916

Part I, line 16, Other Expenses: \$6,799.00

These expenses are from hiking trail maintenance, membership meeting expenses, supplies, web site fee, PO Box fee, bulk mail fee,

ads, dues, newsletter and membership social events.

1. General Informationa. For the fiscal year beginning (mm/yyyy) 01/01/2010 and ending (mm/yyyy) 12/31/2010

b. Check if applicable for NYS:	c. Name of organization		d. Fed. employer ID no. (EIN) (#-#####)
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	CAYUGA TRAILS CLUB Number and street (or P.O. box if mail not delivered to street address) P.O. BOX 754 Room/suite City or town, state or country and zip + 4 ITHACA, NY 14851		16-0956916
			e. NY State registration no. (#-##-##) 156074
			f. Telephone number —
			g. Email jCONNORS@TWCNY.RR.COM

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer	Signature <i>Vito Brancato</i>	Printed Name <i>Vito BRANCATO</i>	Title <i>President</i>	Date <i>2/28/11</i>
b. Chief Financial Officer or Treas.	Signature <i>James T. Connors Jr.</i>	Printed Name <i>James T. CONNORS JR., TREASURER</i>	Title <i>Treasurer</i>	Date <i>2/28/11</i>

3. Annual Report Exemption Information

a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)

Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. EPTL annual report exemption (EPTL registrants and dual registrants)

Check if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and, for, dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form

4. Article 7-A Schedules

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? .. Yes* No
 * If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? .. Yes* No
 * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee ..
 b. EPTL filing fee ..
 c. Total fee ..

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments →→→

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers			
Filing Fee			
<input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law"			
Copies of Internal Revenue Service Forms			
<input type="checkbox"/> IRS Form 990 <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	<input checked="" type="checkbox"/> IRS Form 990-EZ + Schedule O <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-PF <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	

Additional Article 7-A Document Attachment Requirement	
Independent Accountant's Report	
<input type="checkbox"/> Audit Report (total support & revenue more than \$250,000) <input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000) <input type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000)	