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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning **5/01/08**, and ending **4/30/09****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**NEW BRAUNFELS JAYCEES, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 310565

Room/suite

City or town, state or country, and ZIP + 4

NEW BRAUNFELS TX 78131**D** Employer identification number**74-2241350****E** Telephone number**210-274-4109****F** Group Exemption Number

▶

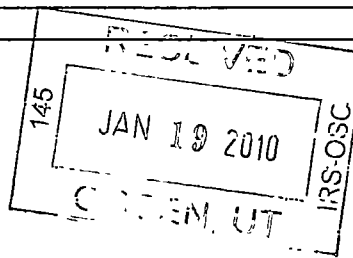
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual

Other (specify) ▶

I Website: ▶ **nbjaycees.org****J** Organization type (check only one) — ☒ 501(c) (**4**) (insert no) ☐ 4947(a)(1) or ☐ 527**H** 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 \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **127,870****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,758
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	126,112
	6b	Less direct expenses other than fundraising expenses	6b	97,890
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	28,222
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	29,980
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
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	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	2,296
16		Other expenses (describe ▶ See Statement)	16	12,569
17		Total expenses. Add lines 10 through 16	17	28,843
Net Assets		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
	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	4,652
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	5,789

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,652	5,789
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	4,652	5,789
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,652	5,789

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

LEADERSHIP TRAINING THROUGH COMMUNITY SERVICE

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.

28 DONATIONS TO VARIOUS CIVIC ORGANIZATIONS, SCHOLARSHIPS AND AWARDS

(Grants \$ **13,978**) If this amount includes foreign grants, check here

28a	13,978
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(Grants \$) If this amount includes foreign grants, check here

29a

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32	13,978
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(a) Name and address

(a)	(b) Title and average hours per week devoted to position	(c)	(d)	(e)	(f)	(g)	(h)
1	President	10	10	10	10	10	10
2	Vice President	10	10	10	10	10	10
3	Secretary	10	10	10	10	10	10
4	Treasurer	10	10	10	10	10	10
5	Member	10	10	10	10	10	10
6	Member	10	10	10	10	10	10
7	Member	10	10	10	10	10	10
8	Member	10	10	10	10	10	10
9	Member	10	10	10	10	10	10
10	Member	10	10	10	10	10	10
11	Member	10	10	10	10	10	10
12	Member	10	10	10	10	10	10
13	Member	10	10	10	10	10	10
14	Member	10	10	10	10	10	10
15	Member	10	10	10	10	10	10
16	Member	10	10	10	10	10	10
17	Member	10	10	10	10	10	10
18	Member						

(c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation	
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(e) Expense
account and
other allowance

HARVEY SOELL	NEW BRAUNFELS	CHAIRMAN			
491 PARKVIEW BLVD	TX 78130	5	0	0	0
KEELY MITCHELL	NEW BRAUNFELS	PRESIDENT			
925 SUNDANCE	TX 78130	10	0	0	0
RANDY MARTIN	NEW BRAUNFELS	V.PRESIDENT			
1423 N WALNUT	TX 78130	5	0	0	0
CRAIG NORRIS	NEW BRAUNFELS	SECRETARY			
240 ANNE LOUISE DR.	TX 78130	5	0	0	0
WHITNEY GILES	NEW BRAUNFELS	TREASURER			
441 N. GUENTHER	TX 78130	5	0	0	0
BRANDON DIETERT	NEW BRAUNFELS	TREASURER			
1418 HUECO SPRINGS LOOP RD	TX 78132	5	0	0	0

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NEW BRAUNFELS JAYCEES, INC.**74-2241350**Page **3****Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 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?		
36 Was there a liquidation, dissolution, termination, or substantial contraction 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 instr 37a		
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 unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed 41 None		
42a The books are in care of 42a BRANDON DIETERT Telephone no 42a 830-625-7316 441 N. GUENTHER Located at 42a NEW BRAUNFELS, TX ZIP + 4 42a 78130		
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		X
If "Yes," enter the name of the foreign country 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
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 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

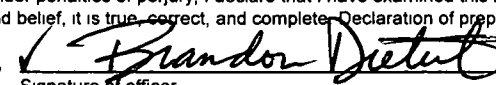
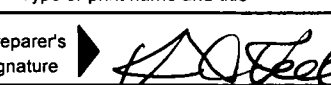
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating 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(s) a section 527 organization?	49b	

50 Complete this table for the 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
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here	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.			
	 Signature of officer		Date 1/11/10	
	Type or print name and title BRANDON DIETERT CO-TREASURER			
Paid Preparer's Use Only	Preparer's signature 	Date 1/05/10	Check if self-employed ☐	Preparer's Identifying Number (See instr.) P00885352
	Firm's name (or yours if self-employed), address, and ZIP + 4 Rick C. Reed & Company, PLLC	EIN 74-2708275		
	352 Landa Street	Phone 830-625-8068		
	New Braunfels, TX 78130	no 830-625-8068		
May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No				

Form 8868 (Rev. 4-2009)

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	NEW BRAUNFELS JAYCEES, INC.	74-2241350
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 310565	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW BRAUNFELS TX 78131	

Check type of return to be filed (File a separate application for each return).

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| ☐ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☐ Telephone No ☐ FAX No ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

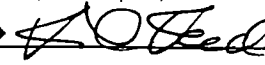
- 4 I request an additional 3-month extension of time until **3/15/10**
- 5 For calendar year ☐ or other tax year beginning **5/01/08**, and ending **4/30/09**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  Date **12/10/09**
Form **8868** (Rev 4-2009)

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Information Technology	81
Public Officials Travel/Entertain	1,530
Conferences/Meetings	5,099
Insurance	1,668
DUES TO TX JAYCEES	1,880
BANK FEES	2,011
STORAGE FACILITY RENT	300
Total	\$ <u>12,569</u>