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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2008

► 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 requirementsOpen to Public  
Inspection

A For the 2008 calendar year, or tax year beginning	7/01	, 2008, and ending	6/30	, 2009
B Check if applicable	C MADISON JAYCEES, INC. P.O. BOX 128 MADISON, CT 06443			D Employer identification number 23-7406065
Address change				E Telephone number
Name change				F Group Exemption Number ► 7040
Initial return				
Termination				
Amended return				
Application pending				

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

I Website: ► <a href="http://www.madisonjc.com">www.madisonjc.com</a>	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (4) □ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input checked="" type="checkbox"/> 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 ► \$ 113,150.

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 3,460.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 300.
	4 Investment income	4 122.
	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) (att sch)	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 109,268.
b Less: direct expenses other than fundraising expenses	6b 61,126.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 48,142.	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c 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 52,024.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	See Statement 1
	11 Benefits paid to or for members	10 48,162.
	12 Salaries, other compensation, and employee benefits	11
	13 Professional fees and other payments to independent contractors	12
	14 Occupancy, rent, utilities, and maintenance	13
	15 Printing, publications, postage, and shipping	14
	16 Other expenses (describe ► See Statement 2)	15 7,671.
	17 Total expenses (add lines 10 through 16) ►	16 55,833.
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 -3,809.
	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)	18 30,869.
	20 Other changes in net assets or fund balances (attach explanation)	19 20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	20 21 27,060.

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)			
ASSETS	(A) Beginning of year	(B) End of year	
	22 Cash, savings, and investments	30,869. 22	27,060.
	23 Land and buildings	23	
	24 Other assets (describe ► _____)	24	
	25 Total assets	30,869. 25	27,060.
	26 Total liabilities (describe ► _____)	0. 26	0.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,869. 27	27,060.

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

Form 990-EZ (2008)



## Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		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

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

See Statement 5

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

► 37a | 0.

b 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 unpaid at the start of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b | N/A

39 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

39a | N/A

b Gross receipts, included on line 9, for public use of club facilities

39b | N/A

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A

b 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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

► 0.

d Enter amount of tax on line 40c reimbursed by the organization

► 0.

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

41 List the states with which a copy of this return is filed ► None

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37b		X
38a		X
38b		
39a		N/A
39b		N/A
40a		
40b		X
40c		
40d		
40e		X

42a The books are in care of ► JOHN D. SHAW Telephone no ► 203-245-9264

Located at ► 41 COTTAGE ROAD MADISON CT ZIP + 4 ► 06443

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)?

	Yes	No
42b		X

If 'Yes,' enter the name of the foreign country ►

	Yes	No
42c		

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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 |

►  N/A  
N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
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

	Yes	No
45		X

**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.

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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating 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(s) a section 527 organization?

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 and 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 receiving over \$100,000 ►		

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  Date 1/21/10  
 ► Type or print name and title John J. SHAW, TREASURER

**Paid Preparer's Use Only**

Preparer's signature ► <u>Non-Paid Preparer</u>	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP + 4 ► <input type="text"/>	EIN ► <input type="text"/>		
► <input type="text"/>	Phone no ► <input type="text"/>		

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

BAA

►  Yes  No

Form 990-EZ (2008)

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public  
Inspection**

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

## MADISON JAYCEES, INC.

**Employer identification number**

23-7406065

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

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

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

2a Did the organization have 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. Form 990EZ filers are not required to complete this table.

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

Handwriting practice lines for the word 'the'.

**Part II** **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 TURKEY TROT 5K (event type)	(b) Event #2 TRIATHLON (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
		73,028.	31,817.		104,845.
	1 Gross receipts . . . . .				
	2 Less: Charitable contributions . . . . .				
	3 Gross revenue (line 1 minus line 2)	73,028.	31,817.		104,845.
DIRECT EXPENSES	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .				
	6 Rent/facility costs . . . . .		503.		503.
	7 Other direct expenses . . . . .	31,250.	14,029.		45,279.
	8 Direct expense summary. Add lines 4- through 7 in column (d) . . . . .				45,782.
	9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .				59,063.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue . . . . .			4,423.	4,423.
DIRECT EXPENSES	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .			3,460.	3,460.
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .			50.	50.
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				3,510.
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				913.

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

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If 'No,' Explain:

YES	NO
<input type="checkbox"/> 9a X	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

b If 'Yes,' Explain:

YES	NO
<input type="checkbox"/> 10a X	

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

YES	NO
<input type="checkbox"/> 11 X	

YES	NO
<input type="checkbox"/> 12 X	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility .....  
 b An outside facility .....

	13a	%	YES	NO
	13b	100.0 %		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ► John D. Shaw -----Address: ► 41 Cottage Road, Madison, CT 06443 -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.  
 c If 'Yes,' enter name and address:

Name: ► -----

Address: ► -----

16 Gaming manager information

Name: ► John D. Shaw -----

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided: ► Overall management of activity -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► \$ \_\_\_\_\_

17a	X
-----	---

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## Federal Statements

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Client MADJC

MADISON JAYCEES, INC.

23-7406065

1/05/10

06-31PM

**Statement 1  
Form 990-EZ, Part I, Line 10  
Grants and Similar Amounts Paid**

Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	MADISON YOUTH FOOTBALL	
Donee's Address:	286 GREEN HILL ROAD	
Relationship of Donee:	MADISON, CT 06443	
Cash Amount Given:	NO RELATION	\$ 750.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	HAND SWIM TEAM	
Donee's Address:	286 GREEN HILL ROAD	
Relationship of Donee:	MADISON, CT 06443	
Cash Amount Given:	NO RELATION	\$ 750.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	HAND SOCCER BOOSTER	
Donee's Address:	286 GREEN HILL ROAD	
Relationship of Donee:	MADISON, CT 06443	
Cash Amount Given:	NO RELATION	\$ 1,000.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	SOUP KITCHEN	
Donee's Address:	84 BROADWAY	
Relationship of Donee:	NEW HAVEN, CT 06520	
Cash Amount Given:	NO RELATION	\$ 637.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	CHRISTOPHER LEWIS FUND	
Donee's Address:	142 BOSTON POST ROAD	
Relationship of Donee:	MADISON, CT 06443	
Cash Amount Given:	NO RELATION	\$ 1,250.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	HAND GIRLS HOCKEY BOOSTER CLUB	
Donee's Address:	286 GREEN HILL ROAD	
Relationship of Donee:	MADISON, CT 06443	
Cash Amount Given:	NO RELATION	\$ 1,000.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	HAND BOYS HOCKEY BOOSTER CLUB	
Donee's Address:	286 GREEN HILL ROAD	
Relationship of Donee:	MADISON, CT 06443	
Cash Amount Given:	NO RELATION	\$ 1,000.

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MADISON JAYCEES, INC.

23-7406065

1/05/10

06:31PM

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	HAND WRESTLING
Donee's Address:	286 GREEN HILL ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION
	\$ 750.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	VISTA
Donee's Address:	105 BRADLEY ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION
	\$ 2,000.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	MADISON SCHOLARSHIPS
Donee's Address:	286 GREEN HILL ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION
	\$ 4,000.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	GUILFORD SCHOLARSHIPS
Donee's Address:	605 NEW ENGLAND ROAD
Relationship of Donee:	GUILFORD, CT 06437
Cash Amount Given:	NO RELATION
	\$ 4,000.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	HAND BASEBALL
Donee's Address:	286 GREEN HILL ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION
	\$ 750.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	BOY SCOUTS TROOP 491
Donee's Address:	286 GREEN HILL ROAD
Cash Amount Given:	MADISON, CT 06443
	\$ 100.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	FRIENDS OF HAMMONASSET
Donee's Address:	P.O. BOX 271
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION
	\$ 500.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	GUILFORD FUND FOR EDUCATION
Donee's Address:	800 VILLAGE WALK #269
Relationship of Donee:	GUILFORD, CT 06437
Cash Amount Given:	NO RELATION
	\$ 225.

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MADISON JAYCEES, INC.

23-7406065

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**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	MADISON INTERACT
Donee's Address:	22 SCOTLAND AVENUE
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION \$ 750.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	GIRL SCOUTS
Donee's Address:	286 GREEN HILL ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION \$ 450.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	HAND GIRLS SOCCER
Donee's Address:	286 GREEN HILL ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION \$ 1,750.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	SOPHIA'S BUTTERFLIES OF HOPE FOUNDATION
Donee's Address:	142 BOSTON POST ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION \$ 2,100.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	MADISON HOSE CO. #1
Donee's Address:	665 BOSTON POST ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION \$ 250.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	MADISON YOUTH BASEBALL
Donee's Address:	286 GREEN HILL ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION \$ 250.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	MADISON YOUTH SOCCER
Donee's Address:	286 GREEN HILL ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	NO RELATION \$ 250.

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## Federal Statements

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MADISON JAYCEES, INC.

23-7406065

1/05/10

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**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	THE HEUGA CENTER	
Donee's Address:	27 MAIN ST, SUITE 303	
Relationship of Donee:	EDWARDS, CO 81632	
Cash Amount Given:	NO RELATION	\$ 500.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	TACKLES FOR TANNER	
Donee's Address:	286 GREEN HILL ROAD	
Relationship of Donee:	MADISON, CT 06443	
Cash Amount Given:	NO RELATION	\$ 750.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	ST VINCENTS MEDICAL CENTER FOUNDATION	
Donee's Address:	2800 MAIN STREET	
Relationship of Donee:	BRIDGEPORT, CT 06606	
Cash Amount Given:	NO RELATION	\$ 7,500.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	GUILFORD FOOD BANK	
Donee's Address:	45 STONEHOUSE LANE	
Relationship of Donee:	GUILFORD, CT 06437	
Cash Amount Given:	NO RELATION	\$ 1,000.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	DURHAM/MIDDLEFIELD LWC PROGRAM	
Donee's Address:	30 TOWNHOUSE ROAD	
Relationship of Donee:	DURHAM, CT 06522	
Cash Amount Given:	NO RELATION	\$ 500.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	MADISON COMMUNITY SERVICE	
Donee's Address:	8 CAMPUS DRIVE	
Relationship of Donee:	MADISON, CT 06443	
Cash Amount Given:	NO RELATION	\$ 2,000.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	WARM THE CHILDREN	
Donee's Address:	P.O. BOX 431	
Relationship of Donee:	HIGGANUM, CT 06441	
Cash Amount Given:	NO RELATION	\$ 1,000.

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## Federal Statements

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MADISON JAYCEES, INC.

23-7406065

1/05/10

06:31PM

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	SHORELINE GREENWAY TRAIL
Donee's Address:	8 CAMPUS DRIVE
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	\$ 500.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	MADSION LAND TRUST
Donee's Address:	P.O. BOX 561
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	\$ 1,500.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	ODYSSEY OF THE MIND
Donee's Address:	286 GREEN HILL ROAD
Relationship of Donee:	MADISON, CT 06443
Cash Amount Given:	\$ 250.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	VALLEY SHORE YMCA
Donee's Address:	P.O. BOX 694
Relationship of Donee:	WESTBROOK, CT 06498
Cash Amount Given:	\$ 1,000.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	CT CHALLENGE
Donee's Address:	860 CANAL ST, 3RD FLOOR
Relationship of Donee:	STAMFORD, CT 06902
Cash Amount Given:	\$ 500.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	JACOB'S TEAM FOUNDATION
Relationship of Donee:	NO RELATION
Cash Amount Given:	\$ 500.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	FORCE FIVE
Donee's Address:	330 EAST MAIN STREET
Relationship of Donee:	BRANFORD, CT 06405
Cash Amount Given:	\$ 500.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	FOX FOUNDATION
Donee's Address:	P.O. BOX 780
Relationship of Donee:	NEW YORK, NY 10008
Cash Amount Given:	\$ 250.

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## Federal Statements

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Client MADJC

MADISON JAYCEES, INC.

23-7406065

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**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	MEALS ON WHEELS-GUILFORD	
Donee's Address:	310 STATE STREET	
	GUILFORD, CT 06437	
Relationship of Donee:	NO RELATION	
Cash Amount Given:		\$ 500.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	GUILFORD FREE LIBRARY	
Donee's Address:	67 PARK STREET	
	GUILFORD, CT 06437	
Relationship of Donee:	NO RELATION	
Cash Amount Given:		\$ 300.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	MEALS ON WHEELS-MADISON	
Donee's Address:	9 OLD ROUTE 79	
	MADISON, CT 06443	
Relationship of Donee:	NO RELATION	
Cash Amount Given:		\$ 500.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	HAND BASKETBALL	
Donee's Address:	286 GREEN HILL ROAD	
	MADISON, CT 06443	
Relationship of Donee:	NO RELATION	
Cash Amount Given:		\$ 750.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	GET IN TOUCH FOUNDATION	
Donee's Address:	P.O. BOX 2144	
	MILFORD, CT 06460	
Relationship of Donee:	NO RELATION	
Cash Amount Given:		\$ 250.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	MUSCULAR DYSTROPHY	
Donee's Address:	330 EAST SUNRISE DRIVE	
	TUCSON, AZ 85718	
Relationship of Donee:	NO RELATION	
Cash Amount Given:		\$ 100.
Class of Activity:	GENERAL OPERATING EXPENSE	
Donee's Name:	MADISON CHAMBER OF COMMERCE	
Donee's Address:	12 SCHOOL STREET	
	MADISON, CT 06443	
Relationship of Donee:	NO RELATION	
Cash Amount Given:		\$ 3,000.

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**MADISON JAYCEES, INC.**

**23-7406065**

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10:45AM

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

Admin, Socials & Meeting Exp.	\$	6,731.
Dues		125.
Insurance		815.
	Total \$	<u>7,671.</u>

**Statement 3**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

Support charitable and educational civic projects

**Statement 4**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

Madison Jaycees, Inc. promotes the social welfare in Madison and Guilford, Connecticut and surrounding towns. This is done by developing in its membership civic awareness, personal and professional leadership skills and funding community betterment projects.

**Statement 5**  
**Form 990-EZ, Part V, Line 35**  
**Reason for Income Not Reported on Form 990-T**

THE INCOME NOTED ON LINE 6 WAS GENERATED ENTIRELY BY VOLUNTEER LABOR.