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

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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 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.

Open 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:

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

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

C

MADISON JAYCEES, INC.

P.O. BOX 128

MADISON, CT 06443

D Employer identification number

23-7406065

E Telephone number**F** Group Exemption Number

▶ 7040

• **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: ▶ www.madisonjc.com**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) — ☒ 501(c) (4) (insert no) 4947(a)(1) or 527**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		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	109,268.
6b	Less: direct expenses other than fundraising expenses	6b	61,126.	
6c	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		
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	52,024.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	48,162.
	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	
	16	Other expenses (describe ▶ See Statement 2)	16	7,671.
	17	Total expenses (add lines 10 through 16)	17	55,833.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,809.
ASSETS	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	30,869.
	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	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.)

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

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

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

	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 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?		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 instructions 37a 0.		
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 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		X
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		X
41 List the states with which a copy of this return is filed None		

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**

	Yes	No
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		X
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		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X

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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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 TURKEY TROT RO (event type)	(b) Event #2 TRIATHLON (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	73,028.	31,817.		104,845.
	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 <u>0</u> % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100</u> % <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:

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

b If 'Yes,' Explain:

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
9a	X	
10a		X
11	X	
12		X

13 Indicate the percentage of gaming activity operated in:

	13a	%
a The organization's facility		
b An outside facility	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. ShawAddress: ▶ 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 informationName: ▶ 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: ▶ \$ _____

YES NO

15a

X

17a

X

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

Client MADJC

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

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MADISON JAYCEES, INC.

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

Client MADJC

MADISON JAYCEES, INC.

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

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:	SHORELINE GREENWAY TRAIL		
Donee's Address:	8 CAMPUS DRIVE		
	MADISON, CT 06443		
Relationship of Donee:	NO RELATION		
Cash Amount Given:		\$	500.
Class of Activity:	GENERAL OPERATING EXPENSE		
Donee's Name:	MADISON LAND TRUST		
Donee's Address:	P.O. BOX 561		
	MADISON, CT 06443		
Relationship of Donee:	NO RELATION		
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		
	MADISON, CT 06443		
Relationship of Donee:	NO RELATION		
Cash Amount Given:		\$	250.
Class of Activity:	GENERAL OPERATING EXPENSE		
Donee's Name:	VALLEY SHORE YMCA		
Donee's Address:	P.O. BOX 694		
	WESTBROOK, CT 06498		
Relationship of Donee:	NO RELATION		
Cash Amount Given:		\$	1,000.
Class of Activity:	GENERAL OPERATING EXPENSE		
Donee's Name:	CT CHALLENGE		
Donee's Address:	860 CANAL ST, 3RD FLOOR		
	STAMFORD, CT 06902		
Relationship of Donee:	NO RELATION		
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		
	BRANFORD, CT 06405		
Relationship of Donee:	NO RELATION		
Cash Amount Given:		\$	500.
Class of Activity:	GENERAL OPERATING EXPENSE		
Donee's Name:	FOX FOUNDATION		
Donee's Address:	P.O. BOX 780		
	NEW YORK, NY 10008		
Relationship of Donee:	NO RELATION		
Cash Amount Given:		\$	250.

Client MADJC

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:	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.

2008**Federal Statements****Page 7****Client MADJC****MADISON JAYCEES, INC.****23-7406065**

1/06/10

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.