



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DETROIT LAKES JAYCEES		D Employer identification number 23-7208174
Address change				
Name change		Number and street (or P O box, if mail is not delivered to street address) PO BOX 456		E Telephone number
Initial return		Room/suite		
Terminated		City or town, state or country, and ZIP + 4 DETROIT LAKES, MN 56502		F Group Exemption Number 7040
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).**

<b>I Website:</b> N/A		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(4)  (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>	101,656
--------------------------------------------------------------------------------------------------------------------------------------	-----------	---------

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
---------------	---------------------------------------------------------------------------------------------------------

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	20,477	
	2	Program service revenue including government fees and contracts		2	50,954	
	3	Membership dues and assessments		3	2,950	
	4	Investment income		4	11	
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>			6c	14,372
	a	Gross revenue (not including \$ _ of contributions reported on line 1) <input checked="" type="checkbox"/>	6a	26,134		
	b	Less direct expenses other than fundraising expenses	6b	11,762		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
	7a	Gross sales of inventory, less returns and allowances	7a	1,130		
	b	Less cost of goods sold	7b	321	7c	809
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe <input type="checkbox"/> _____)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	89,573	
Expenses	10	Grants and similar amounts paid (attach schedule) <input checked="" type="checkbox"/>		10	11,200	
	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	300	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15	102	
	16	Other expenses (describe <input checked="" type="checkbox"/> _____)		16	68,748	
17	Total expenses. Add lines 10 through 16			17	80,350	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	9,223	
	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	22,740	
	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	31,963	

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$1,250,000 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 . . . . .	19,147	22 28,266
23	Land and buildings . . . . .		23
24	Other assets (describe  )	4,583	24 3,697
25	<b>Total assets</b> . . . . .	23,730	25 31,963
26	<b>Total liabilities</b> (describe  )	990	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	22,740	27 31,963

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (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 ADVANCE OUR COMMUNITY & CREATE POSITIVE CHANGE GLOBALLY			
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			
<b>28</b> See Additional Data Table			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . .			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	68,683

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for 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

Part VOther Information (Note the statement requirements in the instructions for Part 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 . . . . .	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining 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 subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	No
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 . . . . . ▶ _____		
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ GREGG W BENSON Telephone no ▶ (218) 847-3114 PO BOX 667 Located at ▶ DETROIT LAKES, MN ZIP + 4 ▶ 56502		
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 ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> 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	No
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	No

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 46-49b 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
47	Did the organization engage in lobbying activities? 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?		

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				

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please 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		2010-08-09 Date	
Paid Preparer's Use Only	JOHNNA THORSON President Type or print name and title			
	Preparer's signature	GREGG W BENSON	Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	BENSON LEITHEISER & SOBERG PO BOX 667 DETROIT LAKES, MN 56502			Phone no (218) 847-3114
May the IRS discuss this return with the preparer shown above? See instructions Yes No				

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
DETROIT LAKES JAYCEES

Employer identification number  
23-7208174

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a 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 activities?

☐ 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 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

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.

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		JAYCEE STAG (event type)	DEWEY BENEFIT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	8,820	7,201	16,021
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	8,820	7,201	16,021
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .	800		800
	6	Rent/facility costs . . . .	387		387
	7	Food and beverages . . . .	2,941	470	3,411
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	877	25	902
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			5,500
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			10,521

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</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 ► \$ _____		



## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** DETROIT LAKES JAYCEES

**EIN:** 23-7208174

**Software ID:** 09000047

**Software Version:** 2009v1.3

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	11,200
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

TY 2009 Other Assets Schedule

**Name:** DETROIT LAKES JAYCEES

**EIN:** 23-7208174

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment	4,583	3,697

**TY 2009 Other Expenses Schedule****Name:** DETROIT LAKES JAYCEES**EIN:** 23-7208174**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
WATER CARNIVAL	49,326
SUPER SHOTS & PITCH-HIT & RUN	144
SENIOR DINNER - FOOD	412
Office Expenses	51
MISCELLANEOUS	266
MEMBERSHIP DUES	3,525
GIFTS FOR KIDS - TOYS	4,804
Depreciation	886
Conferences, Conventions, and Meetings	245
CHAMBER DUES	206
BANKING	41
Advertising and Promotion	8,592

TY 2009 Other Liabilities Schedule

**Name:** DETROIT LAKES JAYCEES

**EIN:** 23-7208174

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	990	

Additional Data

Software ID:

Software Version:

EIN: 23-7208174

Name: DETROIT LAKES JAYCEES

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> OTHER PROGRAMS THAT SERVE THE COMMUNITY - SENIOR DINNER, SUPER SHOTS COMPETITION, PUNT PASS & KICK, PITCH HIT & RUN (Grants \$ 412) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> GIFTS FOR KIDS TOY GIVE AWAY FOR UNDER-PRIVILEGED FAMILIES IN THE COMMUNITY - PROVIDE GIFTS TO 250 CHILDREN DURING THE HOLIDAY SEASON (Grants \$ 4,804) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> PROVIDE FUNDING FOR COMMUNITY PROGRAMS - COMMUNITY CENTER, COUNTY FAIR BOARD, YOUTH ACTIVITIES, LOCAL SCHOOLS, CHAMBER OF COMMERCE, LOCAL LAW ENFORCEMENT AGENCIES, AREA HEALTH CARE SCHOLARSHIPS (Grants \$ 5,549) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
CONDUCT THE NORTHWEST WATER CARNIVAL EACH SUMMER TO CELEBRATE AND PROMOTE THE COMMUNITY ACTIVITIES FOR CITIZENS OF ALL AGES ARE PLANNED, ORGANIZED AND STAFFED BY MEMBERS OF THE DETROIT LAKES JAYCESS INCLUDING MISS NORTHWEST SCHOLARSHIP PAGEANT, PARADES, FOOD, ENTERTAINMENT, GAMES AND MUSIC (Grants \$ 57,918) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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
RJ ANDERSON PO BOX 456 DETROIT LAKES, MN 56502	Vice President 0	0		
JESSICA ANDERSON PO BOX 456 DETROIT LAKES, MN 56502	Vice President 1 00	0		
BRIAN MCDONALD PO BOX 456 DETROIT LAKES, MN 56502	Vice President 1 00	0		
TYLER JOHNSON PO BOX 456 DETROIT LAKES, MN 56502	Vice President 1 00	0		
JUSTIN SIEVE PO BOX 456 DETROIT LAKES, MN 56502	Vice President 1 00	0		
MATT BOEKE PO BOX 456 DETROIT LAKES, MN 56502	Vice President 1 00	0		
JEN WOLFE PO BOX 456 DETROIT LAKES, MN 56502	Vice President 1 00	0		
TIM SUNDBY PO BOX 456 DETROIT LAKES, MN 56502	Treasurer 2 00	0		
KELLY GAG PO BOX 456 DETROIT LAKES, MN 56502	Secretary 2 00	0		
JOHNNA THORSON PO BOX 456 DETROIT LAKES, MN 56502	President 2 00	0		