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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**

**Open to Public Inspection**

Department 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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 20 09

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

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

**C** Name of organization  
**Ann Arbor Jaycees**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P.O. Box 1866**  
 City or town, state or country, and ZIP + 4  
**Ann Arbor, MI 48106-1866**

**D** Employer identification number  
**38-6091857**  
**E** Telephone number  
**734-913-9629**  
**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: ▶ www.a2jaycees.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (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 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.

**L** 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 ▶ \$ **71026**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

		1	2	3	4	5a	5b	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																											1229		
	2	Program service revenue including government fees and contracts . . . . .																											15913		
	3	Membership dues and assessments . . . . .																												8591	
	4	Investment income . . . . .																												436	
	5a	Gross amount from sale of assets other than inventory . . . . .					5a	0																							
	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) . . . . .									5c																				0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>																													
	a	Gross revenue (not including \$ <u>1229</u> of contributions reported on line 1) . . . . .					6a		39696																						
	b	Less: direct expenses other than fundraising expenses . . . . .					6b		14652																						
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .									6c																				25044	
7a	Gross sales of inventory, less returns and allowances . . . . .					7a		5161																							
b	Less: cost of goods sold . . . . .					7b		2069																							
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .									7c																				3092	
8	Other revenue (describe ▶ <u>N/A</u> ) . . . . .																													0	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .																													54305	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .																												7639	
	11	Benefits paid to or for members . . . . .																												21203	
	12	Salaries, other compensation, and employee benefits . . . . .																													0
	13	Professional fees and other payments to independent contractors . . . . .																													765
	14	Occupancy, rent, utilities, and maintenance . . . . .																													7551
	15	Printing, publications, postage, and shipping . . . . .																													3133
	16	Other expenses (describe ▶ ) . . . . .																													0
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .																													40291
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																												14014	
	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) . . . . .																												24374	
	20	Other changes in net assets or fund balances (attach explanation) . . . . .																													0
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .																													38388

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**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.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	24374	22 38388
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe ▶ <u>N/A</u> ) . . . . .	0	24 0
25	<b>Total assets</b> . . . . .	24374	25 38388
26	<b>Total liabilities</b> (describe ▶ <u>N/A</u> ) . . . . .	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	24374	27 38388

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

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Part V Other 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 . . . . .		✓
34	Were any changes made to the organizing or governing documents? 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 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? . . . . .		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		✓
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 . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00		
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 outstanding at the end 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	Section 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	Section 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	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 . . . . .		✓
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 . . . . . ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ N/A		
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. ▶		
42a	The organization's books are in care of ▶ Tom McAllister Telephone no. ▶ 734-945-3924 Located at ▶ 2448 Quarterback Court #7, Ypsilanti, MI 48197 ZIP + 4 ▶ 48197+2965		
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 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.? . . . . .		✓
	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 . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
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 . . . . .		✓

**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.

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>46</b> 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 . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**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.

▶ John Bossey Signature of officer Date 5/10/10

▶ John Bossey, 2009 Treasurer Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (See instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No



**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 (add col (a) through col (c))	
		Summer Carnival (event type)	(event type)	(total number)		
Revenue	1	Gross receipts . . . . .	\$30,810.50			
	2	Less: Charitable contributions . . . . .				
	3	Gross income (line 1 minus line 2) . . . . .	\$30,810.50			
Direct Expenses	4	Cash prizes . . . . .	0.00			
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .	\$1,500.00			
	7	Food and beverages . . . . .	\$0.00			
	8	Entertainment . . . . .	\$0.00			
	9	Other direct expenses . . . . .	\$4,897.11			
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( \$6,397.11 )
	11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				\$24,413.39

**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 . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash 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	<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 line 1, column d, and line 7 . . . . . ▶				

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

	Yes	No
9a 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? . . . . .	✓	

- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |       |
|--------------------------------------|------------|-------|
| <b>a</b> The organization's facility | <b>13a</b> | 0 %   |
| <b>b</b> An outside facility         | <b>13b</b> | 100 % |

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

Name ▶ **Amy Federle**

Address ▶ **1336 Kensington, Ann Arbor, MI 48104**

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**  Yes  No

- 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 of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ **Amy Federle**

Gaming manager compensation ▶ \$ ..... **0.00**

Description of services provided ▶ **Management Vice President - oversees all financial areas of chapte**

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? **17a**  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

Schedule - Line 10, 990EZ  
Ann Arbor Jaycees, Fiscal Year 2009  
EIN 38-6091857

Classification	Grantee Name & Address	Amount Given	Relationship
Membership Dues to Parent Affiliate paid on behalf of each member annually	Michigan Jaycees 534 S Walnut St Lansing, MI 48933-2207	\$6,528.00	Affiliate
Annual Membership Dues Payment to Affiliate	Region H / District H-1 Jaycees c/o Mike Sroczynski 534 S Walnut St Lansing, MI 48933-2207	\$125.00	Affiliate
Annual Membership Dues Payment to Affiliate	Ann Arbor Jaycees Foundation PO Box 1866 Ann Arbor, MI 48106-1866	\$105.00	Affiliate
Charitable Contribution - Proceeds from Community Fundraising Project	Ann Arbor Humane Society 3100 Cherry Hill Road Ann Arbor, MI 48105	\$286.00	Local Charity
Charitable Contribution to 501 c 3 - Proceeds from Community Fundraising Project	American Cancer Society	\$60.07	National Charity Organization
Charitable Contribution - Proceeds from Community Fundraising Project	C.S. Mott Children's Hospital 1500 E. Medical Center Drive Ann Arbor, MI 48109	\$105.00	Local Hospital Charity
Charitable Contribution to 501 c 3 - Proceeds from Community Fundraising Project	American Diabetes Association	\$330.00	National Charity Organization
Charitable Contribution to Affiliate	Michigan Jaycees - On behalf of Kid's Kicking Cancer	\$100.00	Affiliate
<b>Total</b>		<b>\$7,639.07</b>	

ATTACHMENT to 990EZ - PART IV, List of Officers  
 2008 Ann Arbor Jaycees Board of Directors  
 EIN 38-6091857

(A) NAME AND ADDRESS	(B) TITLE AND AVERAGE HRS/WK DEVOTED TO POSITION	(C) COMPENSATION	(D) CONTRIBUTIONS TO EMP. BENEFIT PLANS & DEFERRED COMPENSATION	(E) EXPENSE ACCOUNT & OTHER ALLOWANCES
Jessica Pelleran 424 Waymarket Dr Ann Arbor, MI 48103	President 10	0	0	0
Scott Zechel 6505 Story Creek Rd Ypsilanti, MI 48197	Community Development Vice President 8	0	0	0
Tom McAllister 2448 Quarterback Court #7 Ypsilanti, MI 48197	Management Vice President 8	0	0	0
Amy Federle 1336 Kensington Dr. Ann Arbor, MI 48103	Membership Development Vice President 8	0	0	0
Russ Trapp 3077 Primrose Lane Ypsilanti, MI 48197	Individual Development Vice President 8	0	0	0
Mary Jo Knitter 1428 Brookfield Dr. Ann Arbor, MI 48103	Community Development Director 4	0	0	0
Daniel Salms 2391 McKinley St Ypsilanti, MI 48197	Management Director 4	0	0	0
Margaret VanAlstine 8053 Beechwood Blvd Dexter, MI 48130	Management Director 4	0	0	0
Sara Maddock 10480 Whittaker Ypsilanti, MI 48197	Membership Development Director 4	0	0	0
Michael Cha 1557 Long Meadow Trail Ann Arbor, MI 48108	Membership Development Director 4	0	0	0
Jerrl Atkins 912 Grant St Ypsilanti, MI 48197	Individual Development Director 4	0	0	0
Tony Huver 866 E. Grand River, Apt 59 Brighton, MI 48116	Individual Development Director 4	0	0	0
John Blossey 741 Jefferson Lane Milan, MI 48160	Treasurer 4	0	0	0
Jennifer Stalmack 44491 Savery Dr Canton, MI 48187	Secretary 4	0	0	0
Daniel Lounds 1141 Nelson St Grass Lake, MI 49240	CIO 3	0	0	0
Paige Gill 1105 Joyce Ln Ann Arbor, MI 48103	Press Secretary 3	0	0	0
Stefanie Layher 150 S. Staebler Rd Ann Arbor, MI 48103	Training Director 3	0	0	0
Tami Bishop 8002 Bloomsbury Circle Northville, MI 48167	State Director 3	0	0	0
Scott Chisholm 7238 Eaton Court Dexter, MI 48130	Chairman of the Board 3	0	0	0