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Short Form  
Return of Organization Exempt From Income Tax

2009

Open to Public  
Inspection

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

, 2009, and ending

, 20

- 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  
Junior Auxiliary of the Dubuque Visiting 

Number and street (or P.O. box, if mail is not delivered to street address)  
1454 Iowa St.

Room/suite

City or town, state or country, and ZIP + 4  
Dubuque, IA 52003

D Employer identification number  
42-6062973

E Telephone number

F Group Exemption  
Number ► N/A

- 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: ► N/A

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

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 ► \$ 72,272

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

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	1584
2	Program service revenue including government fees and contracts . . . . .	2	N/A
3	Membership dues and assessments . . . . .	3	1910
4	Investment income . . . . .	4	294
5a	Gross amount from sale of assets other than inventory . . . . .	5a	N/A
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) . . . . .	5c	N/A
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 \$ 1584 of contributions reported on line 1) . . . . .	6a	68484
b	Less: direct expenses other than fundraising expenses at cost . . . . .	6b	20528
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	47956
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	N/A
b	Less: cost of goods sold . . . . .	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	N/A
8	Other revenue (describe ► OPEN UP) . . . . .	8	0
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 51744	9	51744
10	Grants and similar amounts paid (attach schedule) . . . . .	10	54291
11	Benefits paid to or for members . . . . .	11	0
12	Salaries, other compensation, and employee benefits . . . . .	12	0
13	Professional fees and other payments to independent contractors . . . . .	13	0
14	Occupancy, rent, utilities, and maintenance . . . . .	14	0
15	Printing, publications, postage, and shipping . . . . .	15	121
16	Other expenses (describe ► General Board Expenses) . . . . .	16	2255
17	<b>Total expenses.</b> Add lines 10 through 16 ► 56667	17	56667
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(49237)
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	64236
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	(1)
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ► 59312	21	59312

## 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 . . . . .	64236	22 59312
23	Land and buildings . . . . .	—	23 —
24	Other assets (describe ► ) . . . . .	—	24 —
25	<b>Total assets.</b> . . . . .	64236	25 59312
26	<b>Total liabilities</b> (describe ► ) . . . . .	—	26 —
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	64236	27 59312

 Junior Auxiliary of the Dubuque Visiting Nurses Association G9

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? Fundraise & volunteer for the VNA

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 section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Jr Board provides volunteer hours for the local VNA's childhood immunization and dental clinics. It also holds an annual Gala fundraiser to provide financial support to the VNA (Grants \$ 54,291 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	54,291
29			
30			
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** 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
Kate Arling 1454 Iowa St; Dubuque IA	President 2 hrs/wk	0	0	0
Joanna Darrah 1454 Iowa St; Dubuque IA	1st Vice President 1.5 hrs/wk	0	0	0
Ann Scherr 1454 Iowa St; Dubuque IA	2nd Vice President 2 hrs/wk	0	0	0
Kim Hackett 1454 Iowa St; Dubuque IA	2nd Vice President 2 hrs/wk	0	0	0
Jill Rothenberger 1454 Iowa St; Dubuque IA	Treasurer 1.5 hrs/wk	0	0	0
Natalie Schroeder 1454 Iowa St; Dubuque IA	Assistant Treas. 1.5 hrs/wk	0	0	0
Joni Knopp 1454 Iowa St; Dubuque IA	Recording Secretary 1.5 hrs/wk	0	0	0
Nicole Schlosser 1454 Iowa St; Dubuque IA	Corresponding Sec. 1.5 hrs/wk	0	0	0
			</td	

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

- 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**
- 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 ► **0**; section 4912 ► **0**; section 4955 ► **0**
- 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 . . . . . ► **0**
- d Section 501(c)(3) and 501(c)(4) organizations. 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. ► **Iowa**
- 42a The organization's books are in care of ► **Natalie Schroeder** Telephone no. ► **563 588-1231**  
Located at ► **3228 Brook Hollow Rd, Dubuque IA** ZIP + 4 ► **52002**
- 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: ► **N/A**  
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: ► **N/A**
- 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** □

- 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 . . . . .

	Yes	No
33		X
34	X	
35a		X
35b	N/A	
36		X
37a		N/A
37b	N/A	
38a		X
38b	N/A	
39a		N/A
39b	N/A	
40a		
40b		X
40c		
40d		
40e		X
41		
42a		
42b		X
42c		X
43		
44		X
45		X

## 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
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		49a	X
b	If "Yes," was the related organization a section 527 organization? . . . . .		49b	NYA
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."			

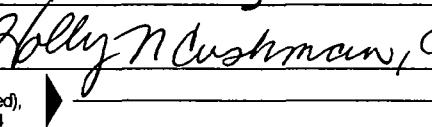
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE	—	—	—	—

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			
	Signature of officer	Date		
		11-15-10		
	► Katherine Lyn Arling	2009 President		
	► Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
		11/15/10		472-15-8632
	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

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Name of the organization**

Junior Auxiliary of the Dubuque Visiting Nurses Assoc

Employer identification number  
42:6062973

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . .   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .  
 (ii) A family member of a person described in (i) above? . . . . .  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .  
 h Provide the following information about the supported organization(s).

Yes	No
11g(i)	
11g(ii)	
11g(iii)	

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33½% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33½% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .			2630	3292	3494	9416
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	54464	40143	59116	77807	68484	300014
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>6 Total. Add lines 1 through 5 . . . . .</b>	<b>54464</b>	<b>40143</b>	<b>61746</b>	<b>81099</b>	<b>71978</b>	<b>309430</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	0	0	0	0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support (Subtract line 7c from line 6.) . . . . .</b>						<b>309430</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	54464	40143	61746	81099	71978	309430
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	42	42	84	40	294	502
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	42	42	84	40	294	502
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .</b>	<b>54506</b>	<b>40185</b>	<b>61830</b>	<b>81139</b>	<b>72272</b>	<b>309932</b>
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99,838	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	99,914	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0,162	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	0,086	%
19a <b>33 1/3 % support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
<b>b</b> <b>33 1/3 % support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

N/A

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

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

OMB No. 1545-0047

2009

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ ► See separate instructions.

**Name of the organization**

**Employer identification number**

Junior Auxiliary of the Dubuque Visiting Nurses Assoc. 4216062973

## 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.



- 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 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.

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 Gala (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts . . . . .	53,377			
2 Less: Charitable contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .	53,377			
Direct Expenses				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .	8102			
8 Entertainment . . . . .	1850			
9 Other direct expenses . . . . .	8548			
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 18500 )
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				34,877

**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 Raffle	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue . . . . .			15107	
Direct Expenses				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .		at FMV	1515	
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .			1278	
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input 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) . . . . .				( 2793 )
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				13,384

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

Yes	No
-----	----

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	
----	--

13 Indicate the percentage of gaming activity operated in:

- |  |     |       |     |    |
|--|-----|-------|-----|----|
| <input type="checkbox"/> The organization's facility | 13a | N/A % | Yes | No |
| <input type="checkbox"/> An outside facility         | 13b | 100 % |     |    |

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

Name ► Jill Rothenberger

Address ► 1454 Iowa St; Dubuque, IA 52003

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

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ N/A and the amount of gaming revenue retained by the third party ► \$ N/A.

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ► Jennifer Webber &amp; Jackie Liebold

Gaming manager compensation ► \$ 0

Description of services provided ► Overall management &amp; collection of raffle proceeds

 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \$13,709 will be disbursed in 2010

17a

**Junior Auxiliary of the Dubuque Visiting Nurses Association  
42-6062973  
Form 990-EZ  
For Year Ending 12/31/2009**

**Attachment to Page 1, line 10:**

Visiting Nurse Association  
1454 Iowa St.  
Dubuque, IA 52001

General support	53,000
Items purchased for Special Projects	<hr/> 1,291
	54,291

RECEIVED  
SECRETARY OF STATE  
IOWA

08 DEC -9

ARTICLES OF AMENDMENT  
OF THE  
ARTICLES OF INCORPORATION  
OF  
JUNIOR AUXILIARY OF THE DUBUQUE VISITING NURSES ASSOCIATION

77398

TO THE SECRETARY OF STATE OF THE STATE OF IOWA.

Pursuant to the provisions of Section 504A.36 of the Iowa Nonprofit Corporation Act, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

I. The name of the corporation is Junior Auxiliary of the Dubuque Visiting Nurses Association.

The effective date of its incorporation was the 10th day of October, 1941.

II. The following amendment to the articles of incorporation was adopted by the corporation:

Article IV shall be deleted in its entirety and replaced with the following:

Article IV. Duration. The period of the corporation's duration is perpetual, unless sooner dissolved as provided by law.

III. The amendment was adopted as follows:

At the meeting of members on September 18, 2008 at which a quorum was present, by receiving at least 2/3rds of the votes which members present or represented at such meeting were entitled to cast.

Dated: September 18, 2008.

JUNIOR AUXILIARY OF THE DUBUQUE VISITING  
NURSES ASSOCIATION

By: Carrie D. Wellers  
Its: President

By: Michelle L. Jeal  
Its: Secretary

FILED  
IOWA  
SECRETARY OF STATE  
12/9/08  
4:30pm  
V06f2196



5200110 Amen \$10.00 Carr 2 1/21/09

IOWA

No: W00612197  
Date: 01/22/2009

## SECRETARY OF STATE

504RDN-077398

JUNIOR AUXILIARY OF THE DUBUQUE VISITING NURSES ASSOCIATION

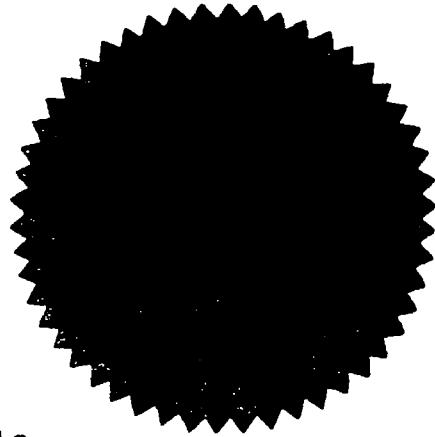
### ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Articles of Amendment

The document was filed on Dec 9 2008 4:30PM, to be effective as of Dec 9 2008 4:30PM.

The amount of \$10.00 was received in full payment of the filing fee.



*Michael A. Mauro*

MICHAEL A. MAURO

SECRETARY OF STATE





**MICHAEL A. MAURO**  
**Secretary of State**  
**State of Iowa**

\$5.00 SELF FILED 28M808

DFIC

535518

**FICTITIOUS NAME  
 RESOLUTION**

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

77398

I, Joni Knopp, certify that I am the [secretary - ch. 490 and 504], [manager or L.L.C. member - ch. 490A], [general partner - ch. 488], [authorized person - ch. 489], [presiding officer of the board of directors or other association officer - ch. 499], or [officer - ch. 501A] of Junior Auxiliary Of The Dubuque Visiting Nurses Association (name of business entity) a business entity subject to the provisions of:

- Iowa Business Corporation Act (profit corporation - *Iowa Code ch. 490*)
- Revised Nonprofit Corporation Act (nonprofit corporation - *Iowa Code ch. 504*)
- Revised Uniform Limited Liability Company Act (*Iowa Code ch. 489*)
- Iowa Limited Liability Company Act (*Iowa Code ch. 490A*)
- Iowa Uniform Limited Partnership Act (*Iowa Code ch. 488*)
- Cooperative Associations (*Iowa Code ch. 499*)
- Cooperative Associations (*Iowa Code ch. 501A*)

and I also certify that:

the following is a true and correct copy of a resolution adopted on the 11th day of February, 2009.Signature: Joni KnoppJoni Knopp, Secretary

(Type or print name &amp; title)

RESOLVED, that the business entity adopts the name:

Junior Board of the Visiting Nurse Association

under which it may operate in Iowa, that the secretary (ch. 490 and 504), manager or L.L.C. member (ch. 490A), authorized person (ch. 489), general partner (ch. 488), presiding officer of the board of directors or other association officer (ch. 499), or officer (ch. 501A) of the business entity is authorized to certify a copy of this resolution and is directed to deliver the copy of the resolution to the Secretary of State of Iowa for filing.

## NOTES:

1. The filing fee is \$5.00. Make checks payable to SECRETARY OF STATE.
2. The information you provide will be open to public inspection under *Iowa Code chapter*

FILED  
 IOWA  
 SECRETARY OF STATE

6-18-09  
 9:07AM  
 W628542

SECRETARY OF STATE  
 Business Services Division  
 Lucas Building, 1st Floor  
 Des Moines, Iowa 50319

Phone: (515) 281-5204  
 FAX: (515) 281-7142 or (515) 242-5953

625 5204  
 FEB 12 2008





No: W00628542  
Date: 06/18/2009

## SECRETARY OF STATE

504RDN-077398

JUNIOR AUXILIARY OF THE DUBUQUE VISITING NURSES ASSOCIATION

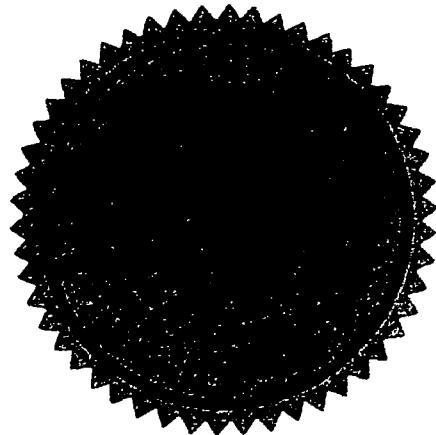
### ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Resolution to Adopt a Fictitious Name

The document was filed on Jun 18 2009 9:07AM, to be effective as of Jun 18 2009 9:07AM.

The amount of \$5.00 was received in full payment of the filing fee.



*Michael A. Mauro*

MICHAEL A. MAURO

SECRETARY OF STATE



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