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Return of Organization Exempt From Income Tax

2009

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

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
Instruc-
tions.

C WASHINGTON JAYCEES
PO BOX 1266
WASHINGTON, MO 63090-8266

D Employer identification number

51-0193093

E Telephone number

636-239-0990

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: ► WASHINGTONJAYCEES.ORG

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 ► \$ 52,527.

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	462.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	770.
4	Investment income	4	27.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	50,537.
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	24,896.
b	Less direct expenses other than fundraising expenses	6c	25,641.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	731.
8	Other revenue (describe ► SEE STATEMENT 1)	9	27,631.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	14,115.
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	500.
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	166.
15	Printing, publications, postage, and shipping	16	11,674.
16	Other expenses (describe ► SEE STATEMENT 3)	17	26,455.
17	Total expenses. Add lines 10 through 16	18	1,176.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	21,529.
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)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	22,705.
21	Net assets or fund balances at end of year Combine lines 18 through 20		

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	21,529.	22,705.
23	Land and buildings	22	
24	Other assets (describe ► _____)	23	
25	Total assets	24	
26	Total liabilities (describe ► _____)	21,529.	22,705.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	25	22,705.
		0.	0.
		26	
		21,529.	22,705.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

NP

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

What is the organization's primary exempt purpose? CIVIC ORGANIZATION

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, or other relevant information for each program title

Expenses

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

28 PROMOTE SOCIAL INTERACTION AMIDST THE COMMUNITY AND RAISE FUNDS TO ASSIST OTHERS

<u>(Grants \$</u>	<u>) If this amount includes foreign grants, check here</u>	<input type="checkbox"/>	<u>28a</u>	<u>8,873.</u>
<u>29</u>	-----			
<u>30</u>	-----			
<u>31</u>	<u>Other program services (attach schedule)</u>			
<u>32</u>	<u>Total program service expenses (add lines 28a through 31a)</u>		<u>32</u>	<u>8,873.</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

Part V Other Information (Note the statement requirements in the instrs 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

	Yes	No
33		X
34		X

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

35a	X
35b	

36	X
37b	X
38a	X

38b	N/A
39a	N/A
39b	N/A

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

37b	X
38a	X

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?

38b	N/A
39a	N/A
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

40b	X
40e	X

40c	0
40d	0
40e	X

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

42a The organization's

books are in care of ► AIMEE FREY

Telephone no. ► 636-239-0990

Located at ► PO BOX 1266 WASHINGTON MO

ZIP + 4 ► 63090-8266

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: ►

	Yes	No
42b		X
42c		X

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

	Yes	No
42b		X
42c		X

42c

42c

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

► N/A

43	<input type="checkbox"/>	<u>N/A</u>
-----------	--------------------------	------------

43

43

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

	Yes	No
44		X
45		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

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

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

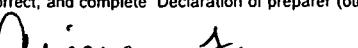
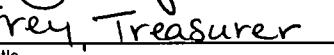
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

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

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		
			Date <u>10/22/10</u>
	Signature of officer 		Type or print name and title
Paid Preparer's Use Only	Preparer's signature 	Date <u>10/22/10</u>	Check if self-employed <input type="checkbox"/> Preparer's Identifying Number (See instructions) <u>P00368222</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>UNNERSTALL AND UNNERSTALL, CPA, P.C.</u>	EIN <u>20-0141333</u>	Phone no <u>(636) 239-6439</u>
	<u>18 WEST SECOND STREET</u> <u>WASHINGTON, MO 63090-2531</u>	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PAA		Form 990-EZ (2009)	

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

RAA

Form 990-EZ (2009)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

Name of the organization

Employer identification number

WASHINGTON JAYCEES

51-0193093

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

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

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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.

REVENUE		(a) Event #1 <u>DEMOLITION DER</u> (event type)	(b) Event #2 <u>BREWFEST</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	30,457.	7,391.		37,848.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	30,457.	7,391.		37,848.
DIRECT EXPENSES	4 Cash prizes	5,450.			5,450.
	5 Noncash prizes				
	6 Rent/facility costs	1,905.			1,905.
	7 Food and beverages	5,884.			5,884.
	8 Entertainment		650.		650.
	9 Other direct expenses	1,540.	2,819.		4,359.
	10 Direct expense summary Add lines 4- through 9 in column (d)				18,248.
	11 Net income summary Combine lines 3, column (d) and line 10				19,600.

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				
DIRECT EXPENSES	2 Cash prizes				
	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	<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				

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?

b If 'No,' explain.

YES	NO
-----	----

9a

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

b If 'Yes,' explain.

10a

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?

11

12

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

	YES	NO
13a	%	63
13b	%	

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

Name ► _____

Address ► _____

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 of the third party

Name: ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

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 ► \$

17a		

2009

FEDERAL STATEMENTS

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CLIENT WASH3500

WASHINGTON JAYCEES

51-0193093

10/22/10

10:29AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

OTHER INCOME

TOTAL \$ 731.**STATEMENT 2**
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	WASHINGTON HISTORICAL SOCIETY	
	WASHINGTON, MO 63090	
CASH AMOUNT GIVEN:		\$ 1,914.
DONEE'S NAME:	EXCEPTIONAL EQUESTRIANS	
	WASHINGTON, MO 63090	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	EAST CENTRAL COLLEGE FOUNDATION	
	UNION, MO 63084	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	OTHERS < \$1,000	
	WASHINGTON AREA, MO 63090	
CASH AMOUNT GIVEN:		\$ 4,380.
DONEE'S NAME:	HISTORIC WASHINGTON FOUNDATION	
	WASHINGTON, MO 63090	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	ACCESS DAY	
	WASHINGTON, MO 63090	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	CASA	
	WASHINGTON, MO 63090	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	LOVING HEARTS	
	WASHINGTON, MO 63090	
CASH AMOUNT GIVEN:		\$ 1,321.
DONEE'S NAME:	WASHINGTON POLICE EXPLORERS	
	WASHINGTON, MO 63090	
CASH AMOUNT GIVEN:		\$ 750.
DONEE'S NAME:	AMERICAN CANCER SOCIETY	
	WASHINGTON, MO 63090	
CASH AMOUNT GIVEN:		\$ 1,250.

2009

FEDERAL STATEMENTS

PAGE 2

CLIENT WASH3500

WASHINGTON JAYCEES

51-0193093

10/22/10

10 29AM

**STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 2,594.
BANK CHARGES	71.
BB GUN TEAM EXPENSES	824.
CONFERENCES, CONVENTIONS, AND MEETINGS	1,237.
INSURANCE	1,817.
OFFICE EXPENSES	2,517.
PER CAPITA DUES	2,235.
TELEPHONE	379.
TOTAL	\$ <u>11,674.</u>