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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No 1545-1150
2009
Open to Public Inspection

▶ 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 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization VIRGINIA JAYCEES INC	D Employer identification number 54-0479376
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1015 MILLER PARK SQUARE 2ND FLOOR	E Telephone number (434) 845-7069
		City or town, state or country, and ZIP + 4 LYNCHBURG, VA 24501	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.VA-JAYCEES.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. ▶ \$ 107,376

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

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

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	37,331	22 30,697
23 Land and buildings	35,240	23 35,240
24 Other assets (describe)	21,286	24 11,591
25 Total assets	93,857	25 77,528
26 Total liabilities (describe)	803	26 739
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	93,054	27 76,789

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (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? THE ORGANIZATION PROVIDES LEADERSHIP TRAINING AND PERSONAL DEVELOPMENT THROUGH COMMUNITY INVOLVEMENT FOR YOUNG PEOPLE BETWEEN THE AGES OF 21 AND 40			
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.			
28 AWARDS/PROGRAMMING - THE ORGANIZATION SPONSORS COMPETITIONS AMONG MEMBERS AND CHAPTERS. THE ORGANIZATION IS A LEADERSHIP TRAINING ORGANIZATION AND RECOGNIZES EXEMPLARY PERFORMANCE FROM MEMBERS AND CHAPTERS. (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	47,901
29 OTHER ACCOMPLISHMENTS - THE ORGANIZATION CONDUCTS QUARTERLY MEMBERSHIP MEETINGS AND TRAINING SESSIONS TO PROVIDE LEADERSHIP TRAINING AND PERSONAL DEVELOPMENT FOR MEMBERS. (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	28,048
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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)		32	75,949

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

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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		No
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	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?		No
35b	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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		No
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>THE ORGANIZATION</u> Telephone no ▶ <u>(434) 845-7069</u> 1015 MILLER PARK SQ 2ND FLOOR Located at ▶ <u>LYNCHBURG, VA</u> ZIP + 4 ▶ <u>24501</u>		
42b	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.	Yes	No
42c	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 ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —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.	Yes	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.		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.

	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		
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

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

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

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.

Please Sign Here

Signature of officer: _____ Date: 2010-11-15

DEBRA PATRICK EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (See instructions): _____














EIN: _____ Phone no: _____

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

Additional Data

Software ID:
Software Version:
EIN: 54-0479376
Name: VIRGINIA JAYCEES INC

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
CHUCK NELSON  11185 ELWYN COURT FREDERICKSBURG, VA 22407	PRESIDENT 0	0		
KATHLEEN CISTOLA  2524 COVE POINT PLACE VIRGINIA BEACH, VA 23454	CHAIRMAN 0	0		
LIN MARTIN  1104 HIGHLAND ROAD SALEM, VA 24153	VP 0	0		
JEN ADKINS  11707 S OXBOW COURT FREDERICKSBURG, VA 22408	VP 0	0		
LAURIE SKINNER  762 WINDBROOK CIRCLE NEWPORT NEWS, VA 23602	VP 0	0		
LILLIBET MILLER  5507 WOODROW TERRACE RICHMOND, VA 23228	CFO 0	0		
LEE WOLF  611 N MADISON AVENUE PULASKI, VA 24301	CHF OF STAFF 0	0		
LAURA MURPHY  7923 ELLET ROAD SPRINGFIELD, VA 22151	PARLIAMENTAR 0	0		
LEE WALKER  917 GAS LIGHT LANE VIRGINIA BEACH, VA 23462	CHAPLAIN 0	0		
JAMILE DONOVAN  3824 SUGAR CREEK DRIVE PORTSMOUTH, VA 23703	DIRECTOR 0	0		
SARA VIA  2508 SEMMES AVENUE RICHMOND, VA 23225	DIRECTOR 0	0		
ELISSA GRANTHAM  3875 EAGLE COUNTRY DRIVE RINER, VA 24149	DIRECTOR 0	0		
DEBRA PATRICK  1015 MILLER PARK SQUARE 2ND FLOOR LYNCHBURG, VA 24501	EXEC VP 0	30,000	2,000	

TY 2009 Compensation Explanation

Name: VIRGINIA JAYCEES INC

EIN: 54-0479376

Person Name	Explanation
CHUCK NELSON	
KATHLEEN CISTOLA	
LIN MARTIN	
JEN ADKINS	
LAURIE SKINNER	
LILLIBET MILLER	
LEE WOLF	
LAURA MURPHY	
LEE WALKER	
JAMILE DONOVAN	
SARA VIA	
ELISSA GRANTHAM	
DEBRA PATRICK	

TY 2009 Grants and Similar Amounts Paid Schedule

Name: VIRGINIA JAYCEES INC

EIN: 54-0479376

Item No.	1
Class of Activity	
Donee's Name	US JR CHAMBER
Donee's Address	PO BOX 7 TULSA, OK 74102
Amount (FMV)	
Purpose of Payment to Affiliate	DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule**Name:** VIRGINIA JAYCEES INC**EIN:** 54-0479376

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	1,895	2,200
LESS ALLOWANCE	656	656
BUILDING	117,586	117,586
LESS ACCUMULATED DEPRECIATION	117,586	117,586
OFFICE FURNITURE AND EQUIPMENT	35,944	35,944
LESS ACCUMULATED DEPRECIATION	35,944	35,944
SECURITY DEPOSIT	47	47
NOTES RECEIVABLE	20,000	10,000
	21,286	11,591

TY 2009 Other Expenses Schedule**Name:** VIRGINIA JAYCEES INC**EIN:** 54-0479376

Description	Amount
EXPENSES	
TRAVEL	750
CONFERENCES AND MEETINGS	4,514
INSURANCE	2,380
AWARDS	2,385
COPIER RENTAL/MAINTENANCE	1,676
MARKETING	969
MERCHANT FEES	364
POSTAGE	350
PROFESSIONAL FEES	55
PROGRAM EXPENSE	20,774
SUPPLIES	751
TAXES AND LICENSES	2,869
TELEPHONE	1,933

TY 2009 Other Liabilities Schedule

Name: VIRGINIA JAYCEES INC

EIN: 54-0479376

Description	Beginning of Year Amount	End of Year Amount
PAYROLL LIABILITIES	803	739
	803	739