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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)

► 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.

OMB No 1545-1150

2009

Open to Public  
Inspection

A For 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

Palatine Jaycees

Number &amp; street (or P.O. box, if mail is not delivered to street address)

P O Box 1517

City or town, state or country, and ZIP + 4

Palatine IL 60078

D Employer identification number

90-0091957

E Telephone number

(847) 358-3556

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: ► palatinejaycees.com

J Tax-exempt status (check only one) -- ☒ 501(c)(4) (insert no.) 4947(a)(1) or 527

H Check ☒ if organization is not required to attach Sch 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. ► \$ 205,284

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4,118
	4	Investment income	4	15
	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"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	200,416
	b	Less direct expenses other than fundraising expenses	6b	162,961
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	37,455	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► See attachment #1)	8	735	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	42,323	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	22,934
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	350
	14	Occupancy, rent, utilities, and maintenance	14	2,400
	15	Printing, publications, postage, and shipping	15	4,849
	16	Other expenses (describe ► See attachment #3)	16	17,971
	17	Total expenses. Add lines 10 through 16	17	48,504
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,181
	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	75,902
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	69,721

## 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	75,902	69,721
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	75,902	69,721
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75,902	69,721

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

Form 990-EZ (2009)

SCANNED JUL 10 2010



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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> 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>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	X
<b>36</b> 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 . . . . .	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b>	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 . . . . .	<b>40b</b>	X
<b>c</b> 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 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> 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 . . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE</b>		
<b>42a</b> The organization's books are in care of ▶ <b>See attachment #7</b> Telephone no. ▶ _____		
Located at ▶ _____ ZIP + 4 ▶ _____		
<b>b</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)? . . . . .	<b>42b</b>	X
If "Yes," enter the name of the foreign country. ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	X
If "Yes," enter the name of the foreign country ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here . . . . . ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	X
<b>45</b> 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 . . . . .	<b>45</b>	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
<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		X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If "Yes," was the related organization a section 527 organization?		X

**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."

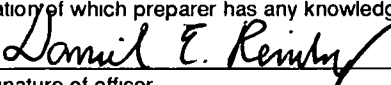
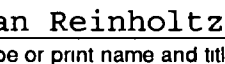
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**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 ..... ►

<b>Sign Here</b>	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 <u>5/10/2010</u>	
<b>Paid Preparer's Use Only</b>	 Dan Reinholtz Type or print name and title		Treasurer	
	Preparer's signature	Date <u>5-7-10</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
	H & R Block 1990 E ALGONQUIN RD STE 202 Schaumburg, IL 60173		Phone no. ► 847-397-0104	

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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

**Open to Public Inspection**

Name of the organization

Palatine Jaycees

Employer Identification number

90-0091957

## Part I

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

**Form 990-EZ filers are not required to complete this part**

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

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☒ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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.

[illegible]

- 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

R E V E N U E		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Hometown Fes (event type)	Christmas Tr (event type)	8 (total number)	(Add col (a) through col. (c))
1	Gross receipts	155,849	25,230	19,337	200,416
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	155,849	25,230	19,337	200,416
D I R E C T  E X P E N S E S	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	7,001		7,001
	7	Food and beverages	32,339		32,339
	8	Entertainment	51,938		51,938
	9	Other direct expenses	52,380	13,110	6,193
10	Direct expense summary Add lines 4 through 9 in column (d)				( 162,961 )
11	Net income summary Combine line 3, column (d), and line 10				37,455

**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

R E V E N U E		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1	Gross revenue		
D I R E C T  E X P E N S E S	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" 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				

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

Yes No

**13** Indicate the percentage of gaming activity operated in

- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**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 contract with a third party from whom the organization receives gaming revenue?

15a

X

- 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?

17a

X

- 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 ► \$ \_\_\_\_\_



Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

<b>Name of Organization</b> Palatine Jaycees	<b>Employer Identification Number</b> 90-0091957
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Description of Other Revenue	Amount
Beverage Fee	490
Newsletter Associate Dues	245
Total	735

# SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Palatine Jaycees	Employer Identification Number 90-0091957

Description of Other Expenses	Amount
Payments to affiliates	6,421
Insurance	7,358
Conference	80
Awards, Courtesies, Badges, Incentives	2,957
Website	465
Office Expense, Telephone, PO Box, bank charges	690
Total	17,971

8:37 AM  
03/31/10.  
Accrual Basis

# Palatine Jaycees

## Account QuickReport

January through December 2009

Donations 2009 Palatine Jaycees EIN 90-0091957

Date	Num	Name	Memo	Amount
01/15/2009	7160	Camp New Hope	Regifters Auction Jan - State	220 00
02/27/2009	7172	Warm Blankets Orphan Care	Warm Blankets July through Dec 08 Donation	463 60
03/19/2009	7184	Harper College Education Foundation	Harper Golf Outing	700.00
03/30/2009	7187	See's Candy	See's Candy Fundraiser	726 00
04/03/2009	7189	CEDA	Major Community Donations 2009	1,000 00
04/03/2009	7190	Children's Advocacy Center	Major Community Donations 2009	1,500 00
04/03/2009	7191	Clearbrook	Major Community Donations 2009	500 00
04/03/2009	7192	Dist 214-Comm Education Read to Learn	Major Community Donations 2009	300 00
04/03/2009	7193	FIND PI	Major Community Donations 2009	500 00
04/03/2009	7194	Harper College Education Foundation	Major Community Donations 2009	500 00
04/03/2009	7195	Hospice of Northeastern Illinois	Major Community Donations 2009	1,350.00
04/03/2009	7196	Guerrero, Chris & Cynthia	Major Community Donations 2009	300 00
04/03/2009	7197	Jouneys From PADS to HOPE	Major Community Donations 2009	1,000 00
04/03/2009	7198	Omni Youth Service	Major Community Donations 2009	1,000.00
04/03/2009	7199	Palatine North Little League	Major Community Donations 2009	250 00
04/03/2009	7200	Palatine Opportunity Center	Major Community Donations 2009	300 00
04/03/2009	7201	PHD	Major Community Donations 2009	0 00
04/03/2009	7202	Planned Parenthood	Major Community Donations 2009	0 00
04/03/2009	7203	Special Ed Advocacy Center	Major Community Donations 2009	0 00
04/03/2009	7204	Palatine Emergency Management Agency	Major Community Donations 2009	0 00
04/03/2009	7205	Special Leisure Service Foundation	Major Community Donations 2009	0 00
04/03/2009	7206	Bridge Youth & Family Services	Major Community Donations 2009	2,000 00
05/21/2009	7223	Christ, Lisa	Winner of scholarship 2009	1,000 00
05/21/2009	7224	Roman, Zitlali	Winner of 2009 Scholarship Contest	1,000.00
05/21/2009	7225	Ninchich, Christine	2009 Scholarship Winner	1,000 00
06/02/2009	7236	Illinois JCI Senate	2009 TOYP Donation	150 00
06/12/2009	7241	American Cancer Society	2009 Relay For Life Donation	192 00
07/26/2009	7310	Jouneys From PADS to HOPE	2009 HTF Bingo Proceeds	550 53
07/26/2009	7311	American Cancer Society	Cubs Ticket Raffle Proceeds expense	290 00
08/20/2009	7321	PHD	2009 MCD Reissue for lost checks	500 00
08/20/2009	7322	Planned Parenthood	2009 MCD Reissue to Planned Parenthood	1,000 00
08/20/2009	7323	Special Ed Advocacy Center	2009 MCD Reissue	500 00
08/20/2009	7324	Palatine Emergency Management Agency	2009 MCD Reissue to PEMA	1,000 00
08/20/2009	7325	Special Leisure Service Foundation	2009 MCD Reissue	500 00
08/29/2009	7337	American Cancer Society	2009 HTF Baggo Donation to ACS	500 00
09/17/2009	7341	Illinois Jaycee Charitable Foundation	2009 Larry Olsen Golf Outing	100 00
10/07/2009	7357	SAL 690	SAL 690 Blind Bingo Sponsorship	250.00
11/30/2009	7379	Hecht, Jennie	Adopt a Family ornaments and car seat	94.79
12/17/2009	7386	Hecht, Jennie	Adopt A Family Toy and Kohls Gift Card	41.49
12/17/2009	7386	Hecht, Jennie	Adopt a Family Wal-Mart Gift Card	25 00
12/30/2009	7388	Operaton Smile	2009 Operation Smile Donation	328 50
12/30/2009	7398	NCH Foundation	2009 Best Pizza Proceeds --Youth Ce	1,051 74
12/30/2009	7401	PHS VIP	Donation to PHS VIP for the PHS Choir to sing at	250 00
				<u>22,933 65</u>

## PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Palatine Jaycees	Employer Identification Number 90-0091957

### Primary Purpose

Palatine Jaycees is a member of the national Jaycees Association whose purposes are: o Create activities for the benefit of the community o Have fundraising activities for purposes of contributing the net income to charitable organizations or the community o Hold community projects for leadership development

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending			
Name of Organization Palatine Jaycees	Employer Identification Number 90-0091957			
Part III - Statement of Program Service Accomplishments				
Grants and allocations	22,934	Amount includes foreign grants	Program service expenses	31,289

### Exempt Purpose Achievements

The Palatine Jaycees is a part of the National Jaycees organization whose purpose is to help young adults to build the bridges of success for themselves. The Jaycees gives them experience in business development management skills and individual training while helping the community develop programs. Any profit that is made on the projects is turned back to the community in the form of scholarships, donations to worthwhile organizations, and contributions to the development of the community services.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending			
Name of Organization <b>Palatine Jaycees</b>			Employer Identification Number <b>90-0091957</b>	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp	(E) Expense Account & Other Allowances
Garrett McNally 227 N Morris Palatine, IL 60074	President 15.00	0	0	0
Joe Quinn 706 Tipperary Ct #1D Schaumburg, IL 60193	Community Vice Pres 8.00	0	0	0
Megan Conway 3725 Oriole Lane Rolling Meadows, IL 60008	Membership VP 10.00	0	0	0
Heather Tincknell 107 N Babcock Palatine, IL 60074	Administrativ VP 10.00	0	0	0
Kelli Kusch 140 N Bothwell #2N Palatine, IL 60067	Ind Development VP 8.00	0	0	0
Dan Reinholtz 817 N Sutherland Ct Palatine, IL 60074	Treasurer 10.00	0	0	0
Jennie Hecht P O Box 1138 Lake Zurich, IL 60047	Secretary 15.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Palatine Jaycees	Employer Identification Number 90-0091957
Part V - Line 42a	

Individual Name . . . . .  
or  
Business Name  
Palatine Jaycees

Street Address . . . . . 817 N Sutherland

U S Address

Zip code 60074 City Palatine State IL  
or

Foreign Address

City . . . . .

Province or State . . . . .

Country . . . . .

Postal code . . . . .

Phone Number . . . . . (847) 202-1563

Fax Number . . . . .