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Short Form  
Return of Organization Exempt From Income TaxUnder 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

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30 , 2010

|                       |  |  |
|-----------------------|--|--|
| B Check if applicable | C MADISON JAYCEES, INC.<br>P.O. BOX 128<br>MADISON, CT 06443 | D Employer identification number<br>23-7406065 |
| Address change        |  | E Telephone number                             |
| Name change           |  |  |
| Initial return        |  |  |
| Termination           |  |  |
| Amended return        |  |  |
| Application pending   |  | F Group Exemption Number<br>► 7040             |

• 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.madisonjc.com](http://www.madisonjc.com)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 527K 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 ► \$ 130,308.

## 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  | 3,460.   |
| 2 Program service revenue including government fees and contracts  | 2  |          |
| 3 Membership dues and assessments  | 3  | 100.     |
| 4 Investment income  | 4  | 9.       |
| 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 checked="" type="checkbox"/> |    |          |
| a Gross revenue (not including \$ 126,739. of contributions reported on line 1)  | 6a | 126,739. |
| b Less: direct expenses other than fundraising expenses 52,190.  | 6b | 52,190.  |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  | 6c | 74,549.  |
| 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 ► )  | 8  |          |
| 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  | 9  | 78,118.  |
| 10 Grants and similar amounts paid (attach schedule)   | 10 | 49,433.  |
| 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 |          |
| 14 Occupancy, rent, utilities, and maintenance   | 14 |          |
| 15 Printing, publications, postage, and shipping   | 15 |          |
| 16 Other expenses (describe ► See Statement 2 )  | 16 | 8,717.   |
| 17 Total expenses. Add lines 10 through 16   | 17 | 58,150.  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)   | 18 | 19,968.  |
| 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 | 27,060.  |
| 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 | 47,028.  |

## 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  | 27,060.               | 22 47,028.      |
| 23 Land and buildings  |                       | 23              |
| 24 Other assets (describe ► )  |                       | 24              |
| 25 Total assets  | 27,060.               | 25 47,028.      |
| 26 Total liabilities (describe ► )   | 0.                    | 26 0.           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27,060.               | 27 47,028.      |

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose? See Statement 3

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 See Statement 4

(Grants \$ 49,433.) If this amount includes foreign grants, check here □ 28a 49,433.

29

(Grants \$  ) If this amount includes foreign grants, check here ► **29a**

30

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here ►  31a

**32 Total program service expenses (add lines 28a through 31a)**

32 49, 433.

**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.)

|   | 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   | 33  | X   |
| 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes   | 34  | X   |
| 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?  | 35a | X   |
| b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?   | 35b |     |
| 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  | 36  | X   |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0.  |     |     |
| b Did the organization file <b>Form 1120-POL</b> for this year?   | 37b | X   |
| 38a 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?   | 38a | X   |
| 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 ► <b>N/A</b> ; section 4912 ► <b>N/A</b> , section 4955 ► <b>N/A</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 | 40b | X   |
| 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 ► <b>0.</b>  |     |     |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► <b>0.</b>  |     |     |
| 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   | 40e | X   |
| 41 List the states with which a copy of this return is filed ► <b>None</b>  |     |     |
| 42a The organization's books are in care of ► <b>JOHN D. SHAW</b> Telephone no ► <b>203-245-9264</b><br>Located at ► <b>41 COTTAGE ROAD MADISON CT</b> ZIP + 4 ► <b>06443</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)? If 'Yes,' enter the name of the foreign country ►  | 42b | X   |
| See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a 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 ►  | 42c | X   |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> <b>N/A</b> <b>N/A</b>   |     |     |
| 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ   | 44  | 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  | 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  |    |
| 47  | Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   | 47  |    |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 48  |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?  | 49a |    |
|     | b If 'Yes,' was the related organization a section 527 organization?   | 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.'

| (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 and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |

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 ► \_\_\_\_\_

|                  |   |      |
|------------------|---|------|
| <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 |
|                  | 11/3/10   |      |
|                  | ► JOHN D. SHAW, TREASURER   |      |
|                  | Type or print name and title  |      |

|                                 |   |                     |      |                          |  |
|---------------------------------|---|---------------------|------|--------------------------|--|
| <b>Paid Preparer's Use Only</b> | Preparer's signature  | ► Non-Paid Preparer | Date | Check if self-employed   | Preparer's Identifying Number (See instructions) |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4 | ►                   |      | <input type="checkbox"/> |  |
|                                 |   |                     |      |                          |  |
|                                 | EIN   | ►                   |      |                          |  |
|                                 | Phone no  | ►                   |      |                          |  |

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

BAA

►  Yes  No  
Form 990-EZ (2009)



**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<br>TURKEY TROT 50<br>(event type) | (b) Event #2<br>TRIATHLON<br>(event type) | (c) Other Events<br>1<br>(total number) | (d) Total Events<br>(Add col (a) through<br>col (c)) |
|---------|---|--|---|---|--|
|         |   | 75,569.  | 33,160.                                   | 12,670.                                 | 121,399.   |
| 1       | Gross receipts  | 75,569.  | 33,160.                                   | 12,670.                                 | 121,399.   |
| 2       | Less: Charitable contributions                              |  |   |   |  |
| 3       | Gross income (line 1 minus line 2)                          | 75,569.  | 33,160.                                   | 12,670.                                 | 121,399.   |
| 4       | Cash prizes   |  |   |   |  |
| 5       | Noncash prizes  |  |   |   |  |
| 6       | Rent/facility costs   |  | 503.                                      |   | 503.   |
| 7       | Food and beverages  | 644.   | 549.                                      |   | 1,193.   |
| 8       | Entertainment   |  |   |   |  |
| 9       | Other direct expenses                                       | 33,776.  | 10,994.                                   | 2,214.                                  | 46,984.  |
| 10      | Direct expense summary Add lines 4- through 9 in column (d) |  |   |   | 48,680.  |
| 11      | Net income summary Combine lines 3, column (d) and line 10  |  |   |   | 72,719.  |

**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<br>(Add col (a) through<br>col (c)) |
|---------|--|---|---|---|--|
|         |  |   |   |   |  |
| 1       | Gross revenue  |   |   |   |  |
| 2       | Cash prizes  |   |   |   |  |
| 3       | Non-cash prizes  |   |   |   |  |
| 4       | Rent/facility costs  |   |   |   |  |
| 5       | Other direct expenses  |   |   |   |  |
| 6       | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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?

|    |
|----|
| 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.

|     | YES | NO |
|-----|-----|----|
| 13a | %   |    |
| 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

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11/03/10

03 42PM

**Statement 1  
Form 990-EZ, Part I, Line 10  
Grants and Similar Amounts Paid**

|                        |                                |           |
|------------------------|--------------------------------|-----------|
| Class of Activity:     | GENERAL OPERATING EXPENSE      |           |
| Donee's Name:          | MADISON YOUTH FOOTBALL         |           |
| Donee's Address:       | 286 GREEN HILL ROAD            |           |
| Relationship of Donee: | MADISON, CT 06443              |           |
| Cash Amount Given:     | NO RELATION                    | \$ 250.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE      |           |
| Donee's Name:          | HAND SWIM TEAM                 |           |
| Donee's Address:       | 286 GREEN HILL ROAD            |           |
| Relationship of Donee: | MADISON, CT 06443              |           |
| Cash Amount Given:     | NO RELATION                    | \$ 800.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE      |           |
| Donee's Name:          | HAND SOCCER BOOSTER            |           |
| Donee's Address:       | 286 GREEN HILL ROAD            |           |
| Relationship of Donee: | MADISON, CT 06443              |           |
| Cash Amount Given:     | NO RELATION                    | \$ 1,600. |
| Class of Activity:     | GENERAL OPERATING EXPENSE      |           |
| Donee's Name:          | SOUP KITCHEN                   |           |
| Donee's Address:       | 84 BROADWAY                    |           |
| Relationship of Donee: | NEW HAVEN, CT 06520            |           |
| Cash Amount Given:     | NO RELATION                    | \$ 2,108. |
| Class of Activity:     | GENERAL OPERATING EXPENSE      |           |
| Donee's Name:          | CHRISTOPHER LEWIS FUND         |           |
| Donee's Address:       | 142 BOSTON POST ROAD           |           |
| Relationship of Donee: | MADISON, CT 06443              |           |
| Cash Amount Given:     | NO RELATION                    | \$ 500.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE      |           |
| Donee's Name:          | HAND GIRLS HOCKEY BOOSTER CLUB |           |
| Donee's Address:       | 286 GREEN HILL ROAD            |           |
| Relationship of Donee: | MADISON, CT 06443              |           |
| Cash Amount Given:     | NO RELATION                    | \$ 800.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE      |           |
| Donee's Name:          | HAND BOYS HOCKEY BOOSTER CLUB  |           |
| Donee's Address:       | 286 GREEN HILL ROAD            |           |
| Relationship of Donee: | MADISON, CT 06443              |           |
| Cash Amount Given:     | NO RELATION                    | \$ 800.   |

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MADISON JAYCEES, INC.

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**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

|                        |                             |
|------------------------|-----------------------------|
| Class of Activity:     | GENERAL OPERATING EXPENSE   |
| Donee's Name:          | HAND WRESTLING              |
| Donee's Address:       | 286 GREEN HILL ROAD         |
| Relationship of Donee: | MADISON, CT 06443           |
| Cash Amount Given:     | NO RELATION \$ 1,000.       |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |
| Donee's Name:          | VISTA                       |
| Donee's Address:       | 105 BRADLEY ROAD            |
| Relationship of Donee: | MADISON, CT 06443           |
| Cash Amount Given:     | NO RELATION \$ 2,500.       |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |
| Donee's Name:          | MADISON LITTLE LEAGUE       |
| Donee's Address:       | 12 SCHOOL STREET            |
| Relationship of Donee: | MADISON, CT 06443           |
| Cash Amount Given:     | NO RELATION \$ 550.         |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |
| Donee's Name:          | MADISON SCHOLARSHIPS        |
| Donee's Address:       | 286 GREEN HILL ROAD         |
| Relationship of Donee: | MADISON, CT 06443           |
| Cash Amount Given:     | NO RELATION \$ 4,000.       |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |
| Donee's Name:          | GUILFORD SCHOLARSHIPS       |
| Donee's Address:       | 605 NEW ENGLAND ROAD        |
| Relationship of Donee: | GUILFORD, CT 06437          |
| Cash Amount Given:     | NO RELATION \$ 4,000.       |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |
| Donee's Name:          | FRIENDS OF HAMMONASSET      |
| Donee's Address:       | P.O. BOX 271                |
| Relationship of Donee: | MADISON, CT 06443           |
| Cash Amount Given:     | NO RELATION \$ 1,000.       |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |
| Donee's Name:          | GUILFORD FUND FOR EDUCATION |
| Donee's Address:       | 800 VILLAGE WALK #269       |
| Relationship of Donee: | GUILFORD, CT 06437          |
| Cash Amount Given:     | NO RELATION \$ 1,225.       |

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MADISON JAYCEES, INC.

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**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

|                        |   |           |
|------------------------|---|-----------|
| Class of Activity:     | GENERAL OPERATING EXPENSE               |           |
| Donee's Name:          | MADISON INTERACT                        |           |
| Donee's Address:       | 12 SCHOOL STREET                        |           |
|                        | MADISON, CT 06443                       |           |
| Relationship of Donee: | NO RELATION                             |           |
| Cash Amount Given:     |   | \$ 700.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE               |           |
| Donee's Name:          | SOPHIA'S BUTTERFLIES OF HOPE FOUNDATION |           |
| Donee's Address:       | 142 BOSTON POST ROAD                    |           |
|                        | MADISON, CT 06443                       |           |
| Relationship of Donee: | NO RELATION                             |           |
| Cash Amount Given:     |   | \$ 1,000. |
| Class of Activity:     | GENERAL OPERATING EXPENSE               |           |
| Donee's Name:          | MADISON HOSE CO. #1                     |           |
| Donee's Address:       | 665 BOSTON POST ROAD                    |           |
|                        | MADISON, CT 06443                       |           |
| Relationship of Donee: | NO RELATION                             |           |
| Cash Amount Given:     |   | \$ 500.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE               |           |
| Donee's Name:          | MADISON YOUTH SOCCER                    |           |
| Donee's Address:       | 286 GREEN HILL ROAD                     |           |
|                        | MADISON, CT 06443                       |           |
| Relationship of Donee: | NO RELATION                             |           |
| Cash Amount Given:     |   | \$ 250.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE               |           |
| Donee's Name:          | TACKLES FOR TANNER                      |           |
| Donee's Address:       | 286 GREEN HILL ROAD                     |           |
|                        | MADISON, CT 06443                       |           |
| Relationship of Donee: | NO RELATION                             |           |
| Cash Amount Given:     |   | \$ 500.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE               |           |
| Donee's Name:          | ST VINCENTS MEDICAL CENTER FOUNDATION   |           |
| Donee's Address:       | 2800 MAIN STREET                        |           |
|                        | BRIDGEPORT, CT 06606                    |           |
| Relationship of Donee: | NO RELATION                             |           |
| Cash Amount Given:     |   | \$ 7,550. |
| Class of Activity:     | GENERAL OPERATING EXPENSE               |           |
| Donee's Name:          | GUILFORD FOOD BANK                      |           |
| Donee's Address:       | 45 STONEHOUSE LANE                      |           |
|                        | GUILFORD, CT 06437                      |           |
| Relationship of Donee: | NO RELATION                             |           |
| Cash Amount Given:     |   | \$ 2,000. |

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MADISON JAYCEES, INC.

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**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

|                        |                             |           |
|------------------------|-----------------------------|-----------|
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | MADISON COMMUNITY SERVICE   |           |
| Donee's Address:       | 8 CAMPUS DRIVE              |           |
| Relationship of Donee: | MADISON, CT 06443           |           |
| Cash Amount Given:     | NO RELATION                 | \$ 5,500. |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | GUILFORD WELFARE DEPARTMENT |           |
| Donee's Address:       | 32 CHURCH STREET            |           |
| Relationship of Donee: | GUILFORD, CT 06437          |           |
| Cash Amount Given:     | NO RELATION                 | \$ 1,250. |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | WARM THE CHILDREN           |           |
| Donee's Address:       | P.O. BOX 431                |           |
| Relationship of Donee: | HIGGANUM, CT 06441          |           |
| Cash Amount Given:     | NO RELATION                 | \$ 1,000. |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | MADSION LAND TRUST          |           |
| Donee's Address:       | P.O. BOX 561                |           |
| Relationship of Donee: | MADISON, CT 06443           |           |
| Cash Amount Given:     | NO RELATION                 | \$ 1,500. |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | FORCE FIVE                  |           |
| Donee's Address:       | 330 EAST MAIN STREET        |           |
| Relationship of Donee: | BRANFORD, CT 06405          |           |
| Cash Amount Given:     | NO RELATION                 | \$ 500.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | MEALS ON WHEELS-GUILFORD    |           |
| Donee's Address:       | 310 STATE STREET            |           |
| Relationship of Donee: | GUILFORD, CT 06437          |           |
| Cash Amount Given:     | NO RELATION                 | \$ 500.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | MEALS ON WHEELS-MADISON     |           |
| Donee's Address:       | 9 OLD ROUTE 79              |           |
| Relationship of Donee: | MADISON, CT 06443           |           |
| Cash Amount Given:     | NO RELATION                 | \$ 500.   |

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**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

|                        |                             |           |
|------------------------|-----------------------------|-----------|
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | CONNECTICUT HOSPICE         |           |
| Donee's Address:       | DOUBLE BEACH ROAD           |           |
| Relationship of Donee: | BRANFORD, CT 06405          |           |
| Cash Amount Given:     | NO RELATION                 | \$ 250.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | CONNECTICUT FOOD BANK       |           |
| Donee's Address:       | P.O. BOX 8686               |           |
| Relationship of Donee: | NEW HAVEN, CT 06531         |           |
| Cash Amount Given:     | NO RELATION                 | \$ 400.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | THE COVE                    |           |
| Donee's Address:       | 250 POMEROY AVE., SUITE 107 |           |
| Relationship of Donee: | MERIDEN, CT 06450           |           |
| Cash Amount Given:     | NO RELATION                 | \$ 1,000. |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | OPERATION MUSIC AID         |           |
| Donee's Address:       | P.O. BOX 303                |           |
| Relationship of Donee: | MADISON, CT 06443           |           |
| Cash Amount Given:     | NO RELATION                 | \$ 1,000. |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | WOMEN AND FAMILY LIFE       |           |
| Donee's Address:       | 96 FAIR STREET              |           |
| Relationship of Donee: | GUILFORD, CT 06437          |           |
| Cash Amount Given:     | NO RELATION                 | \$ 1,000. |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | HAND GIRLS VOLLEYBALL       |           |
| Donee's Address:       | 286 GREEN HILL ROAD         |           |
| Relationship of Donee: | MADISON, CT 06443           |           |
| Cash Amount Given:     | NO RELATION                 | \$ 700.   |
| Class of Activity:     | GENERAL OPERATING EXPENSE   |           |
| Donee's Name:          | HAND BOYS VOLLEYBALL        |           |
| Donee's Address:       | 286 GREEN HILL ROAD         |           |
| Relationship of Donee: | MADISON, CT 06443           |           |
| Cash Amount Given:     | NO RELATION                 | \$ 700.   |

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**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

|                               |           |               |
|-------------------------------|-----------|---------------|
| Admin, Socials & Meeting Exp. | \$        | 7,827.        |
| Dues                          |           | 75.           |
| Insurance                     |           | 815.          |
| <b>Total</b>                  | <b>\$</b> | <b>8,717.</b> |

**Statement 3**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

Support charitable and educational civic projects

**Statement 4**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

Madison Jaycees, Inc. promotes the social welfare in Madison and Guilford, Connecticut and surrounding towns. This is done by developing in its membership civic awareness, personal and professional leadership skills and funding community betterment projects.