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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

- 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 Instructions.

C

MADISON JAYCEES, INC.
P.O. BOX 128
MADISON, CT 06443

D Employer identification number

23-7406065

E Telephone number**F** Group Exemption Number

► 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

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

► \$ 130,308.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	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												
	5b	Less: cost or other basis and sales expenses														5b												
	5c	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"/>														6												
	6a	Gross revenue (not including \$ of contributions reported on line 1)														6a	126,739.											
	6b	Less: direct expenses other than fundraising expenses														6b	52,190.											
6c	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													
7b	Less: cost of goods sold														7b													
7c	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.												
EXPENSES	10	Grants and similar amounts paid (attach schedule) See Statement 1														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.											
NET ASSETS	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.	47,028.
23	Land and buildings		
24	Other assets (describe ►)		
25	Total assets	27,060.	47,028.
26	Total liabilities (describe ►)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,060.	47,028.

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

Form 990-EZ (2009)

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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		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 N/A ; section 4912 N/A ; section 4955 N/A		
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 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 **JOHN D. SHAW** Telephone no **203-245-9264**
 Located at **41 COTTAGE ROAD MADISON CT** ZIP + 4 **06443**

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)? **42b** X
 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 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 ? **42c** X
 If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** ☐ N/A
☒ N/A

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.

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

	Yes	No
46		
47		
48		
49a		
49b		

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?

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'

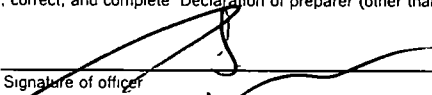
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		11/3/10 Date	
JOHN D. SHAW, TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Non-Paid Preparer	Date	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<input type="checkbox"/> Check if self-employed		
	EIN		Phone no	
	May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

BAA

Form 990-EZ (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.

2009

Open to Public Inspection

MADISON JAYCEES, INC.

23-7406065

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

- ☐
- Mail solicitations

- ☐ Internet and email solicitations

- ☐
- Phone solicitations

- ☐
- In-person solicitations

- ☐
- Solicitation of non-government grants

- ☐
- Solicitation of government grants

- ☐ Special fundraising events

- ☐ 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

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

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 TURKEY TROT RO (event type)	(b) Event #2 TRIATHLON (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	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.
DIRECT EXPENSES	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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	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:

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

b If 'Yes,' explain:

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?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility**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?**15a****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****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 ▶ \$ _____

Client MADJC

MADISON JAYCEES, INC.

23-7406065

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

Client MADJC

MADISON JAYCEES, INC.

23-7406065

11/03/10

03 42PM

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

Client MADJC

MADISON JAYCEES, INC.

23-7406065

11/03/10

03 42PM

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.

Client MADJC

MADISON JAYCEES, INC.

23-7406065

11/03/10

03.42PM

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

Client MADJC

MADISON JAYCEES, INC.

23-7406065

11/03/10

03 42PM

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

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11/03/10

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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.
Total	\$	<u>8,717.</u>

**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.