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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		January 1	, 2010, and ending		December 31	20	10
<input checked="" type="checkbox"/> 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		C Name of organization Lexington-Rockbridge Jaycees Number and street (or P O. box, if mail is not delivered to street address) P.O. Box 1488 City or town, state or country, and ZIP + 4 Lexington, VA 24450		D Employer identification number 20-5397033 E Telephone number 540-460-3063			
G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____ I Website: ► www.lexingtonjaycees.org				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.							
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ						► \$	38,528
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>							
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	5,257			
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3	3,510			
	4	Investment income	4	493			
	5a	Gross amount from sale of assets other than inventory	5a	104			
	b	Less: cost or other basis and sales expenses	5b	0			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	104			
	6	Gaming and fundraising events					
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	29,164			
	c	Less: direct expenses from gaming and fundraising events	6c	19,599			
	d	Net (income) or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,565			
	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 in Schedule O)	8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	18,929			
	10	Grants and similar amounts paid (list in Schedule O)	10	10,997			
	11	Benefits paid to or for members	11	7,117			
	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				
15	Printing, publications, postage, and shipping	15	370				
16	Other expenses (describe in Schedule O)	16	791				
17	Total expenses. Add lines 10 through 16	17	19,625				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(696)				
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	26227				
20	Other changes in net assets or fund balances (explain in Schedule O)	20	2,153				
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,684				

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	26,227	22	27684
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	26,227	25	27684
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,227	27	27684

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Community service and philanthropy**
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.

Expenses

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

28	Donations given from Friday's Alive Concert Series 2834 given to the Rockbridge SPCA; 3333 given to the Blue Ridge Autism and Achievement Center; 3180 given to the Rockbridge Area Relief Association (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	9347
29	Project Horizon Chamber of Commerce Donation to the Community Relations Committee (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	400
30	Kyra Van Sickle Scholarship \$250, given to high school student Neil Byers (2) \$500, given to high school students (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	1250
31	Other program services (describe in Schedule O) (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	10997

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this 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
Jesse Lyons P.O. Box 1488	President (3)	0	0	0
Brad Hastings P.O. Box 1488	Treasurer (2)	0	0	0
Erik Showalter P.O. Box 1488	VP of Membership (1)	0	0	0
Clay Coleman P.O. Box 1488	VP of Communications (1)	0	0	0
Tiffanie Brown P.O. Box 1488	VP of Comm. Dev. (1)	0	0	0
Kelli Austin P.O. Box 1488	VP of Mem. Dev. (1)	0	0	0
Emily Draud P.O. Box 1488	Secretary (1)	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
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, explain in Schedule O why the organization did not report the income on Form 990-T.	35a	✓
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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 tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40c	0
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40d	0
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	40e	✓
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.		
41 List the states with which a copy of this return is filed. ► Virginia		
42a The organization's books are in care of ► Brad Hastings	Telephone no. ► 540-463-1869	
Located at ► P.O. Box 1488, Lexington, VA	ZIP + 4 ► 24450-1488	
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	✓
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.		
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	✓
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		✓
45a		✓
46		✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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."		

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."

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

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.

Sign Here	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Brad Hastings"/> <input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Brad Hastings"/> <input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Brad Hastings"/>	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="5/16/2011"/> <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="5/16/2011"/> <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="5/16/2011"/>
	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Signature of officer"/> <input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Brad Hastings"/> <input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Treasurer"/>	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Date"/> <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="5/16/2011"/> <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="5/16/2011"/>
	<input style="width: 350px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Type or print name and title"/> <input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Brad Hastings"/> <input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 10px; margin-bottom: 5px;" type="text" value="Treasurer"/>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no			

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

Form 990-EZ (2010)

SCHEDULE G
(Form 990 or 990-EZ)

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

2010

Open to Public
Inspection

Name of the organization

Employer identification number

20-5397033

Lexington-Rockbridge Jaycees

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

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Concert Series (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	29,164			29,164
	2 Less: Charitable contributions	0			0
	3 Gross income (line 1 minus line 2)	29,164			29,164
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	4,937			4,937
	8 Entertainment	7,500			7,500
	9 Other direct expenses	7,162			7,162
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				(19,599)
	11 Net income summary. Combine line 3, column (d), and line 10 ►				9,565

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				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

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

13a	%
13b	%

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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? Yes No

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 ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

Lexington-Rockbridge Jaycees

Employer Identification number

20-5397033

Form 990-EZ, Part I - Revenue, Expenses and Changes in Net Assets or Fund Balances; Line 16 - Other Expenses

Banking Fees - 0

Office Supplies - 0

Chamber of Commerce Dues - 90

Corporate Filing Fees - 25

Storage - 440

Misc. - 236

Total: 791

Form 990-EZ, Part I - Revenue, Expenses and Changes in Net Assets or Fund Balances; Line 20 - Other Changes in Net Assets

Unrealized gains and losses on investments carried at market value.