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Form 990-EZ

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, 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

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: J C CRUISERS. Number and street (or P O box, if mail is not delivered to street address) Room/suite: po box 192. City or town, state or country, and ZIP + 4: rensselaer, IN 47978

D Employer identification number: 35-2038119. E Telephone number: (765) 430-9249. F Group Exemption Number: 0000

G Accounting method: [X] Cash [ ] Accrual [ ] Other (specify) [ ]. I Website: [ ]. J Tax-Exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(7) (insert no) [ ] 4947(a)(1) or [ ] 527

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [X] 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. Total: \$ 4,671

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 [ ]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 2,656 and total expenses is 4,060, resulting in a deficit of 1,404.

**Part II Balance Sheets**

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

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	3,984	<b>22</b> 2,580
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25 Total assets</b> . . . . .	3,984	<b>25</b> 2,580
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	3,984	<b>27</b> 2,580

**Part III Statement of Program Service Accomplishments**

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

**Expenses**

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

What is the organization's primary exempt purpose?

To use donations and car show profits to pay out scholarships to local not for profit organizations in need to additional funding This includes but not limited to - parks department, food pantry, FOP, Schools

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

<b>28</b> JC Cruisers have paid out donations to st judes, local breast cancer support, local school, local park board, local food panty (Grants \$ 3,946) . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	0

**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
Scott Hermanson po box 192 rensselaer, IN 47978	President 2	0	0	0
Max Stevens po box 192 rensselaer, IN 47978	Vice President 2	0	0	0
Dale Murphy po box 192 rensselaer, IN 47978	Secretary/Treasurer 2	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

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
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
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 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 If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
42a The organization's books are in care of Dale Murphy Telephone no (765) 430-9249
Located at po box 72 morocco, IN ZIP + 4 47963
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?
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
44a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

**Yes** **No**

<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ</i>		No
<b>45a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ</i>		No
<b>46</b>	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

**Yes** **No**

<b>47</b>	Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b>	<b>b</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 & deferred compensation	(e) Expense account and other allowances

**50(f)** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. *If there is none, enter "None"*

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

**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**  Signature of officer  2011-05-10 Date  
 dale murphy treasurer Type or print name and title

**Paid Preparer's Use Only** Preparer's signature  Date  Check if self-employed  Preparer's taxpayer identification number (See instructions)   
 Firm's name (or yours if self-employed), address, and ZIP + 4  EIN   
 Phone no

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