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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Department 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, 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

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 6/01 , , 2010, and ending 5/31 , , 2011		B Check if applicable	C NAPERVILLE JAYCEES P. O. BOX 22 NAPERVILLE, IL 60566		D Employer identification number 36-3138791		
		<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			E Telephone number 630-961-1774		
				F Group Exemption Number	►		
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)					
I Website: ► WWW.NAPERVILLEJAYCEES.ORG							
J Tax-exempt status (ck 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 ► \$ 99,731.							
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	8,108.		
	2 Program service revenue including government fees and contracts			2			
EXPENSES	3 Membership dues and assessments			3			
	4 Investment income			4			
NET ASSETS	5a Gross amount from sale of assets other than inventory	5a			5c		
	b Less cost or other basis and sales expenses	5b					
REVENUE	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						
	6 Gaming and fundraising events						
EXPENSES	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	of contributions		6b	22,220.		
NET ASSETS	c Less direct expenses from gaming and fundraising events	6c					
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d				7,848.	
REVENUE	7a Gross sales of inventory, less returns and allowances	7a					
	b Less cost of goods sold	7b					
EXPENSES	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8 Other revenue (describe in Schedule O)			8	69,403.		
NET ASSETS	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	RECEIVED SEE SCHEDULE O		9	85,359.		
	10 Grants and similar amounts paid (list in Schedule O)			10			
REVENUE	11 Benefits paid to or for members			11			
	12 Salaries, other compensation, and employee benefits			12			
EXPENSES	13 Professional fees and other payments to independent contractors			13	5,344.		
	14 Occupancy, rent, utilities, and maintenance			14	897.		
EXPENSES	15 Printing, publications, postage, and shipping			15	355.		
	16 Other expenses (describe in Schedule O)	SEE SCHEDULE O		16	29,281.		
NET ASSETS	17 Total expenses. Add lines 10 through 16			17	35,877.		
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	49,482.		
NET ASSETS	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	569.		
	20 Other changes in net assets or fund balances (explain in Schedule O)			20			
NET ASSETS	21 Net assets or fund balances at end of year Combine lines 18 through 20			21	50,051.		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

P 15

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 III.

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	71,096.	32,411.
23 Land and buildings.	23	
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	24	17,640.
25 Total assets	71,096.	50,051.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	70,527.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	569.	50,051.

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

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? SEE SCHEDULE O

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

<p>28 TO PROVIDE LEADERSHIP TRAINING FOR MEMBERS THROUGH MEMBERSHIP ACTIVITIES AND COMMUNITY SERVICE PROJECTS WHILE PROMOTING THE WELFARE OF THE COMMUNITY.</p> <p><u>(Grants \$</u> _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> 28a <u>23,258.</u></p>		
29 _____		
<u>(Grants \$</u> _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> 29a		
30 _____		
<u>(Grants \$</u> _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> 30a		
31 Other program services (describe in Schedule O)		
<u>(Grants \$</u> _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> 31a		
32 Total program service expenses (add lines 28a through 31a)		32 <u>23,258.</u>

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 and deferred compensation	(e) Expense account and other allowances
SEE SCHEDULE Q		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	X
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	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, explain in Schedule O why the organization did not report the income on Form 990-T	35a	X
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	
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	36	X
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	0
b Did the organization file Form 1120-POL for this year?	37b	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 tax year 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:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b 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 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>	40b	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 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	
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	40d	0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	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 ► <u>IL</u>		

42a The organization's books are in care of ► JEN PIKET, TREASURER Telephone no ► 630-961-1774
 Located at ► P.O. BOX 22 NAPERVILLE IL ZIP + 4 ► 60566

	Yes	No
42b		X
42c		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 ►

	Yes	No
43		N/A
44a		X
44b		X
44c		X
44d		

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	► <input type="checkbox"/> <u>N/A</u>
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)?	45 <input type="checkbox"/> X			
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 inst.)				
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	46 <input type="checkbox"/> 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 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 <input type="checkbox"/>				
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 <input type="checkbox"/> 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 <input type="checkbox"/> 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a <input type="checkbox"/> b If 'Yes,' was the related organization a section 527 organization? 49b <input type="checkbox"/> 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 ► _____				
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 ► <input type="checkbox"/> Yes <input type="checkbox"/> 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	► <u>Paul H. Wieland</u> Signature of officer JASON ALTENBERN Type or print name and title		10/06/11 Date IMMED PAST PRES	
Paid Preparer Use Only	Print/Type preparer's name PAUL H. WIELAND CPA	Prepare signature <u>PAUL H. WIELAND CPA</u>	Date 9/29/11	Check <input type="checkbox"/> if self employed N/A
Firm's name ► WIELAND & COMPANY, INC., CPAS		PTIN N/A		
Firm's address ► 12 W. WILSON ST., SUITE 2A BATAVIA, IL 60510		Firm's EIN ► N/A		
Phone no (630) 406-4490		Phone no (630) 406-4490		
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

**Open to Public
Inspection**

**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.

Name of the organization

NAPERVILLE JAYCEES

Employer identification number
36-3138791

Part I Fundraising Activities. Complete if the organization answers "Yes" to Part I of the instructions. 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.

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 column (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 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 SANTA TRAIN (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
		22,220.			22,220.
	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	22,220.			22,220.
DIRECT EXPENSES	4 Cash prizes.				
	5 Noncash prizes				
	6 Rent/facility costs	11,639.			11,639.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,733.			2,733.
	10 Direct expense summary Add lines 4- through 9 in column (d)				► 14,372.
	11 Net income summary Combine line 3, column (d), and line 10				► 7,848.

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 (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	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?

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

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? 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).

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE ORGANIZATION IS CIVIC SERVICE TO PROMOTE THE WELFARE OF THE

COMMUNITY AND ITS CITIZENS WHILE PROVIDING LEADERSHIP TRAINING FOR THE MEMBERSHIP.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

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CLIENT NAPERJCS

NAPERVILLE JAYCEES

36-3138791

9/11/11

04 50PM

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

REIM VOL EXP RELATED PTY

TOTAL \$ 69,403.
\$ 69,403.FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE EXPENSE	\$ 9,015.
AWARDS	382.
BANK CHARGES	37.
BOARD EXPENSE	95.
COMMUNITY SERVICES	717.
INSURANCE	2,103.
MEMBER SERVICES- SOCIAL EVENTS	4,725.
MEMBER SERVICES-INSTALL BANQ	1,702.
MEMBERSHIP DEVELOPMENT	969.
NATIONAL DUES	7,143.
SANTA TRAIN	2,124.
TELEPHONE	269.
TOTAL	\$ 29,281.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
DUE FROM NAPERVILLE COM CHAR ORG	\$ 0.	\$ 17,640.
TOTAL	\$ 0.	\$ 17,640.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
DUE TO NAPERVILLE COMMUNITY CHARITABLE O	\$ 70,527.	\$ 0.
TOTAL	\$ 70,527.	\$ 0.

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JASON ALTENBERN P. O. BOX 22 NAPERVILLE, IL 60566	PRESIDENT \$ 2.00	0. \$ 0.00	0. \$ 0.00	0. \$ 0.00

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

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CLIENT NAPERJCS

NAPERVILLE JAYCEES

36-3138791

9/11/11

04 50PM

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHAEL KELSEY P.O. BOX 22 NAPERVILLE, IL 60566	TREASURER 2.00	0. \$	0. \$	0.
JASON NAGEL P.O. BOX 22 NAPERVILLE, IL 60566	SECRETARY 2.00	0.	0.	0.
HELEN TAYLOR P.O. BOX 22 NAPERVILLE, IL 60566	EXTERNAL VP 2.00	0.	0.	0.
JOHN TROJANOWSKI P.O. BOX 22 NAPERVILLE, IL 60566	STATE DIRECTOR 2.00	0.	0.	0.
TIANYI ZHU P.O. BOX 22 NAPERVILLE, IL 60566	INTERNAL VP 2.00	0.	0.	0.
DAVID BYRNE P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
KEVIN COYNE P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
BETH DEGEETER P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
ROSEMARIE GARVEY P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
JOE MENSIK P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
RICK SMURAWSKI P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
EMILY STERN P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.

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SCHEDULE O - SUPPLEMENTAL INFORMATION

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CLIENT NAPERJCS

NAPERVILLE JAYCEES

36-3138791

9/11/11

04:50PM

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
CATHY SUBBER P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
BRAD TAYLOR P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
MEGHAN TROJANOWSKI P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
MEG WARREN P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
COURTNEY BROWN P.O. BOX 22 NAPERVILLE, IL 60566	IMMED PAST PRES 0	0.	0.	0.
AL DEGEETER P.O. BOX 22 NAPERVILLE, IL 60566	ROOSTER REP 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.