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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

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.

**A** For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 20 11

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

**C** Name of organization  
**Ann Arbor Jaycees**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**PO Box 1866**

City or town, state or country, and ZIP + 4  
**Ann Arbor, Mi 48106-1866**

**D** Employer identification number  
**38-6091857**

**E** Telephone number  
**734.531.9626**

**F** Group Exemption Number ▶

**G** Accounting Method.  Cash  Accrual Other (specify) ▶

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

**I** Website: ▶ **www.a2jaycees.org**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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 . . . . . ▶ \$ **69,639**

**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 . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>		750
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>		13,898
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>		4,954
	<b>4</b> Investment income . . . . .	<b>4</b>		283
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>		0
	<b>6</b> Gaming and fundraising events			
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	9,973	
<b>b</b> Gross income from fundraising events (not including \$ <u>750</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	39,781		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	22,634		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		27,120	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	0		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	0		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		0	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		0	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>		47,005	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>		6,555
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>		28,297
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>		0
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>		0
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>		1,707
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>		206
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>		0
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>		36,765
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>		10,240
	<b>19</b> 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) . . . . .	<b>19</b>		43,049
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>		0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>		53,289

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	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? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input checked="" 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**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 ▶  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

<b>Sign Here</b>	<i>Scott R. Zechiel</i> Signature of officer	8-7-12 Date
	Scott R. Zechiel, 2012 Ann Arbor Jaycees Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	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 ▶  Yes  No



**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	(b) Event #2	(c) Other events	(d) Total events
		<u>Summer Carnival</u> (event type)	<u>Taste of Ann Arbor</u> (event type)	(total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	30,242	5,077		35,319
	<b>2</b> Less: Charitable contributions . . . . .	0	0		0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	30,242	5,077		35,319
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0		0
	<b>5</b> Noncash prizes . . . . .	0	0		0
	<b>6</b> Rent/facility costs . . . . .	1500	0		1500
	<b>7</b> Food and beverages . . . . .	0	0		0
	<b>8</b> Entertainment . . . . .	0	0		0
	<b>9</b> Other direct expenses . . . . .	12,977	847		13,824
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 15,324 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				19,995	

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> 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: \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Ann Arbor Jaycees**

**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

**2011**

**Open to Public  
Inspection**

Employer identification number

**38-6091857**

**Attachment 1: Schedule, Line 10 990EZ**

**Attachment 2: Part IV, List of Officers, 2011 Ann Arbor Jaycees Board of Directors**





Schedule O, Attachment 2, 990EZ - PART IV, List of Officers and Compensation  
 2011 Ann Arbor Jaycees Board of Directors  
 EIN 38-6091857

(A) NAME AND ADDRESS	(B) TITLE AND AVERAGE HRS/WK DEVOTED TO POSITION	(C) COMPENSATION	(D) CONTRIBUTIONS TO EMP BENEFIT PLANS & DEFERRED COMPENSATION	(E) EXPENSE ACCOUNT & OTHER ALLOWANCES
Mary Jo Knitter 1749 Weatherstone Ann Arbor, MI 48108	President 10	0	0	0
Ed Verhamme 281 Harbor Way Ann Arbor, MI 48103	Community Development Vice President 8	0	0	0
Scott Zechiel 6505 Stony Creek Rd Ypsilanti, MI 48197	Management Vice President 8	0	0	0
Amy Mell 1289 Heatherwood Lane Ann Arbor, MI 48108	Community Development Director 4	0	0	0
Jern Atkins 912 Grant Ypsilanti, MI 48197	Management Development Director 4	0	0	0
Russ Trapp 3077 Pnmrose Lane Ypsilanti, MI 48197	Membership Development Director 4	0	0	0
Karen Haberland 5872 Quebec Ave Ann Arbor, MI 48103	Membership Development Director 4	0	0	0
Paige Gill 3356 Breckland Ct Ann Arbor, MI 48108	Membership Development Director 4	0	0	0
Gretchen Dieterle 288 Clark St #4 Saline, MI 48176	Individual Development Director 4	0	0	0
Ed Borden 7485 Oakland Hills Dr Ypsilanti, MI 48197	Treasurer 4	0	0	0
Jeff Poissant 3051 Williamsburg Ann Arbor, MI 48108	Secretary 4	0	0	0
Tracey Lape 7990 Grand Street Dexter, MI 48130	CIO 3	0	0	0
Tom McAllister 2448 Quarterback Court #7 Ypsilanti, MI 48197	Presidential Assistant 3	0	0	0
Karey Reed 7105 Maplelawn Drive Ypsilanti, MI 48197	Legal Counsel 3	0	0	0
Stefanie Layher 352 Nichols Dr Saline, MI 48176	Chairman of the Board 3	0	0	0