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Form

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2011 Open to Public

A	For the 2011 o	calendar year, or tax year beginning and ending	reporting req	(anement	3,	Inspection	
В	Check if applicable.	C Name of organization		D E	mployer Ide	entification number	
٠,	Address change	_}	1				
ł	Name change	Doing Business As		42-13	41284		
; ;	Innal resum	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		elephone nu	• •	
:	Terminated	PO BOX 63			<u>563-5</u>	83-5555	
		City or town, stale or country, and ZIP + 4		ł			
•	Amended return	DUBUQUE IA 52004 F Name and address of principal officer		G Gro	ss recepts \$	259,63.	
•	Application pending	- Trains and Beat and St. Happy Willer	H(a) Is this	a group retu	m for allitates	s ² Yes IX N	
			H(b) Aze al	n setuite u	chadad?	Yes N	
			1		8 list (98 8 s		
	Tax-exempt status	501(c)(3) X 501(c) (4) ◀ (insert np.) 494F(a)(1) or 527	┦		,		
J		WW.DUBUQUEJAYCEES.ORG	H(c) Group	a exemplina	Crimber >		
K	Form of organization	7		1943		rate of legal domicile I	
K P	art I Su	ımmary				5.0 0.043.00 MAR	
1	1 Briefly de	scribe the organization's mission or most significant activities:					
		IDING OPPORTUNITIES IN WHICH TO PROMOTE INDIVIDUAL O	APABILI	TIES (OF A	••• • • • •	
Governance			FUNDS A	RE RA	ISED		
] E	1	ALL THAT JAZZ FESTIVAL, FIREWORKS, AIRPLANE SHOW.					
, g	2 Check thi	is box I if the organization discontinued its operations or disposed of more than 25%	of its net ass	ets.			
		of voting members of the governing body (Part VI, line 1a)	*******	. Ĺ	3 0		
2 2 S	4 Number o	of independent voting members of the governing body (Part VI, line 1b)	• • • •	🖵	4 0		
ctivities &		nber of individuals employed in calendar year 2011 (Part V, line 2a)	,	,	5 0		
§ &	1	nber of volunteers (estimate if necessary)		_	6 0		
)		clated business revenue from Part VIII, column (C), line 12		_	a		
	b Net unrela	ated business taxable income from Form 990-T, line 34	Prior \		/Ь	Current Year	
	8 Contributi	ons and grants (Part Vill, line 1h)		19,50	00	17,800	
Ę	1	service revenue (Part VIII, line 2g)		8,80		10,670	
Revenue	_	nt Income (Part VIII, column (A), lines 3, 4, and 7d)		2,39		278	
æ		enue (Part VIII, column (A), lines 5, 6d, Ac. 9c, 10c, and 11e)		6,13		27,530	
		enue - add lines 8 through 1 (must equal Rar VIII Column (A), line 12)		36,83		56,278	
	13 Grants an	id similar amounts paid (Par IX, column (A), lines 1-3)			0	1,000	
	14 Benefits p	MULUU ULO INBUIGCIS LEAGUANGIUDINININI, BREBI TAAA I 🚄 L		12,32	21	10,557	
S.	15 Salaries,	other compensation, employee benefits (Part IX, column (A), Ings 5-10)			0	C	
Exponses		nal fundraising fees (Part IX, column (A), line 14e)			0		
<u> </u>		Iraising expenses (Part IX, column (19) Appendix N. U.T				· · · · · · · · · · · · · · · · · ·	
ш		enses (Part IX, column (A), lines 11a=11d; 111-24e)		12,39		20,293	
		erises. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,71		31,850	
<u>_ 4</u>	19 Revenue	less expenses. Subtract line 18 from line 12		12,11		24,428	
Assets or 1 Balances	20 Total asse	ets (Part X, line 16)	Beginning of C	37,52		End of Year 52,543	
A 55 E	21 Total liabi	lities (Part X, line 26)		J , , J z	o	02,343	
₹		s or fund balances. Subtract line 21 from line 20		37,52		52,543	
P		nature Block					
U	nder penalties of p	erjury. I declare that have examined this rotan, including accompanying schedules and statements.	and to the best	of my kno	wledge and	d belief, it is	
	ie, correct, and co	mplete Declaration of preparer (other tran officer) is based on all information of which preparer has a	ny knowledge			<i>i</i>	
	- 1				1/2	24/13	
Sig	"	Spiriture of officer			Dale	• •	
He		DUSTIN BAKER PRESID	<u>)ENT</u>				
		preparer's nome Preparer's signalute	Date	T		PTIN	
Pai		LY J LOY MANUAL LI XQV			icck d Komptowed	·	
_	parer Firm's nar	TOY 6 1000077 7770	101/2	1/13 60 F.mis EUK		9-1873487	
Use	Only	2615 RAINBOW DR		FURIS EUR	, ,	2 20/040/	
	Furn's acc	APPEN WELLS IN EACID ADIA		Phone no.	31	9-268-1272	
May	the IRS discuss	s this return with the preparer shown above? (see instructions)				X Yes No	

90.13

Form 990 (2011) DUBUQUE JAYCEES	42-1341284	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question	n in this Part III	X
1 Briefly describe the organization's mission. PROVIDING OPPORTUNITIES IN WHICH TO PROMI	\mp	TEC OF A
PERSON WHILE ALSO PROMOTING GOODWILL IN		
FROM ALL THAT JAZZ FESTIVAL, FIREWORKS,		· kwisen
PROM ADD THAT DAZZ PESTIVAD, PIREWORKS,	AIRPIMME SHOW.	
2 Did the organization undertake any significant program services during the year w	this have not flated as the	
prior Form 990 or 990-EZ?	and I were not listed on the	Yes X No
If "Yes," describe these new services on Schedule O.		163 22 140
3 Did the organization cease conducting, or make significant changes in how it cond	fucts, any nrogram	
services?	, and program	Yes X No
If "Yes," describe these changes on Schedule O.		
4 Describe the organization's program service accomplishments for each of its three	e largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) t	• • •	
grants and allocations to others, the total expenses, and revenue, if any, for each	•	
4a (Code.) (Expenses \$ Including grants of	\$)
		••••
4b (Code:) (Expenses \$ including grants of	\$) (Revenue \$)

· · · · · · · · · · · · · · · · · · ·		
	** * 1 1 1111 112 11 2 1 2	

c (Code:) (Expenses \$ including grants of	\$ (Revenue \$,, ,, ,, ,, ,, ,, ,, ,, ,
	· ···· · · · · · · · · · · · · · · · ·	
4d Other program services. (Describe in Schedule O)		·· ···································
	1,000 } (Revenue \$	•
4e Total program service expenses ► 30, 673	-y	

Part	IV Checklist of Required Schedules			age
			Yes	N
1 (5	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
0	omplete Schedule A	1		3
! Is	the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	id the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
C	andidates for public office? If "Yes," complete Schedule C, Part I	3		7
s	ection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
е	ection in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
а	ssessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	1		
ρ	art III	5		
C	id the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	ave the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	res," complete Schedule D, Part I	6		
	id the organization receive or hold a conservation easement, including easements to preserve open space,			
	e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
	nd the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			_
	omplete Schedule D, Part III	8		
	id the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	┟┷╅		
	, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	omplete Schedule D, Part IV	9	- {	
	id the organization, directly or through a related organization, hold assets in temporarily restricted			_
		10		
	adowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	 '' 		
	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		
	II, VIII, IX, or X as applicable			
	id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	I I		
	omplete Schedule D, Part VI	11a		
	id the organization report an amount for Investments—other securities in Part X, line 12 that is 5% or more	١١		
	its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		
	id the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	l l		
	its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_
	id the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
£.	ported in Part X, line 16? If "Yes," complete Schedule D, Part IX	114		
D	id the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D, Part X	11e		_
D	id the organization's separate or consolidated financial statements for the tax year include a footnote that addresses]		
17	e organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_
D	rd the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
S	chedule D, Parts XI, XII, and XIII	12a		L
V	as the organization included in consolidated, Independent audited financial statements for the tax year? If "Yes," and if			
	e organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
D	id the organization maintain an office, employees, or agents outside of the United States?	14a		_
	id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			
fı	indralsing, business, investment, and program service activities outside the United States, or aggregate] [
fc	reign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	145		_
	id the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
0	rganization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
	id the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
to	o individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
	id the organization report a total of more than \$15,000 of expenses for professional fundraising services on			ſ
	art IX, column (A), lines 6 and 11e? If "Yes," complete Schedulo G. Part I (see instructions)	17		! _
	old the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	art VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\mathbf{x}	
	old the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	"Yes," complete Schedule G, Part III	19		
3 C	old the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			n 990	_

			Yes	N
1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		2
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	1 1		ĺ
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		;
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	l		ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	} }		ĺ
	through 24d and complete Schedule K. If "No," go to line 25	24a		_:
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Г
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Г
	to defease any tax-exempt bonds?	24c	ĺ	ĺ
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Γ
а	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			Г
	with a disqualified person during the year? If "Yes," complete Schedule L, Part i	25a	:	
,	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		_	Γ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	i I		ĺ
	If "Yes," complete Schedule L, Part i	25b		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	130		Γ
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	10		H
		i		ı
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entitly or family member of any of these persons? If "Yes," complete Schedule L, Part III			ı
		27		L
	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	l i		ı
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	ł		ĺ
١	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		L
•	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ĺ
	Schedule L, Part IV	28b		L
:	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		L
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Γ
	Part i	31		ı
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	T		Γ
	complete Schedule N, Part II	32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Г
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			Γ
	IV, and V, line 1	34		
ı	Did the omanization have a controlled entity within the meaning of section 512(b)/1332	35a		Т
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	 		Г
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1 330		Г
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		i
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100		-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	·			l
	Part VI	37		Ŀ
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_		
	19? Note. All Form 990 filers are required to complete Schedule O	38) (

га	Check if Schedule O contains a response to any question in this Part V				
	Check is Schedule O contains a response to any question in this react v		****	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l _{1a}	\Box		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		1		
•	reportable gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	lal			
	account)?		4a		X
þ	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acc	counts - ·			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u> </u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5¢		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_		•
	organization solicit any contributions that were not tax deductible?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or	ا ا		
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	.	}		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds	- _		
			7a 7b		
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?		-78		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7¢		
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d			
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		71		
ģ	If the organization received a contribution of qualified intellectual property, did the organization file Form to		79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	• •			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				l
	organization, have excess business holdings at any time during the year?		8		L
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations.Enter:				l
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106	4		İ
11	Section 501(c)(12) organizations.Enter				
а	Gross income from members or shareholders	11a	-	ı	
b	Gross income from other sources (Do not net amounts due or paid to other sources		l		ł
	against amounts due or received from them.)	11b	┨	[i
12a	Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in fleu of Form 1		128	ļ. ——	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	 	
a	is the organization licensed to issue qualified health plans in more than one state?		13a		
,	Note. See the instructions for additional information the organization must report on Schedule O.			ļ '	1
ь	Enter the amount of reserves the organization is required to maintain by the states in which	136	1	ì	
_	the organization is licensed to issue qualified health plans	130	1	1	
1/12	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		14a	-	x
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	· · · · ·	<u></u> -
	" . and				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management		··· /	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or]		ł
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain in Schedule O.	1		i
b	Enter the number of voting members included in line 1a, above, who are independent 1b	Ì		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7ь		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	Вb	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	9.)		• • • • • • • • • • • • • • • • • • • •
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	ŀ		
	organization's exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	- •••		•
	available for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	omanization: •			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this lable for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

X: Check this box if neither the organ (A) Name and Tillo	(B) Avorage hours per weck (describe hours for	(d bo	o not ix, uni ficer a	Pos check ess pe nd a c	C) intion more erson l directo	ihan ong s boih an ritrusteo)	(D) Reportable compensation from the	(E) Reportable compensation from related priganizations (W 2/1095-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schodule O)	Individual frustee or director	kstulional irustee	Officer	Key employee	Highest compensated employed	(W-2/1099-MISC)	(W ENGLAMISE)	erganizaten and refaled organizations
(1) DUSTIN BAKER									
PRESIDENT	2.00			X			0	0	0
(2) CHRIS PUETZ									
CHAIRMAN OF BOARD	1.00			X			0	0	0
(3) JAMES BEMBOOM									
MGMT DEVELOPMENT	1.00	<u></u>		X			0	o	0
(4) CARRIE WOOKEY									
INDIVIDUAL DEV	1.00			X			0	0	0
(5) AMANDA BICKAL									
COMMUNITY DEV	1.00			X			0	0	0
(6) HILLARY BAKER		i I							
MARKETING	1.00	<u> </u>		X			0	0	0
(7) LIZ KIRPES		1							
STATE DIRECTOR	1.00			X			0	0	0
(8) MICHAEL WIRZBACH					. 1				
TREASURER	1.00			X			0	0	0
(9) VAL WILLIS							İ		
ADMINISTRATIVE VP	1.00	Ш		X			0	0	0
(10) JASON FULLER		1							
MEMBERSHIP VP	1.00			X			0	0	0
(11)									
(12)									
(13)									,,
(14)									

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	Pa	(A)	(B)	stee	es, K	(C)	loye	es, a	and Highest Compensated	d Employee(continued) (E)		{F		
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(17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(15)							┢							
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(22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A.				ļ		 	-	_	-						
(24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A. ▶ d Total (add lines to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual store on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual store of the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated Independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year. (2) Name and biginess address Competence of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶								-		<u> </u>					
1b Sub-total			! 			_	_								
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1b Sub-total						-		 	-						
c Total from continuation sheets to Part VII, Section A.				<u>.</u>	L_	<u> </u>	<u>. </u>	L	▶				···		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3	_		ets to Part VII, S	Sect	on /	۸.			▶						
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee in line 1a? If "yes," complete Schedule J for such individual a rorganization and related organizations greater than \$150,000? If "yes," complete Schedule J for such individual a person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "yes," complete Schedule J for such person is ted on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "yes," complete Schedule J for such person 5 X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (4) Name and biginess address Compensation for the calendar year ending with or within the organization's tax year. (5) Name and biginess address Compensation for the calendar year ending with or within the organization's tax year. (6) Name and biginess address Compensation for the calendar year ending with or within the organization's tax year. (7) 1 Compensation from the organization or individual financial to those listed above) who received more than \$100,000 of compensation from the organization person.		Total number of individuals (inc	luding but not lim	nited	to th			abo		who received more than \$10	0,000 in				
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Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line organization and related organi	1a, is the sum of zations greater ti	repo nan (prtab	ile \varpropto	equire	ensat	ion a	and other compensation fron	n the				45
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (C) (C) (C) (C) (Compensation (Com	5	Did any person listed on line 1a	receive or accru	ne co	mpe	nsat	ion f					•	4		
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Name and business address Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation		Complete this table for your five	highest comper												
received more than \$100,000 of compensation from the organization ▶ o													Co	(C) mpensa:	con
received more than \$100,000 of compensation from the organization ▶ o															
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received more than \$100,000 of compensation from the organization ▶ o							_		\vdash						
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received more than \$100,000 of compensation from the organization ▶ o	<u> </u>	Tatal number of the day		line t		nd Ive	nit = -1	* = AL		Relation and the			 _		
										who	0				

P	art V	/III Statement of Reve	nue	-					Page 9
						(A) Total revenue	(B) Related or exempl function revenue	(C) Unreated business revenue	(D) Revenue excluded from lax under sections 512, 513, or 514
the state	1a	Federated campaigns	18				7272732		512, 513, 67 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b						
S.A.	C	Fundraising events	1c			ľ			
# E	d	Related organizations	1d						
°.E	e	Government grants (contributions)	1e						
50	١,	All other contributions, only, creats.					ľ		1
ag a	1	and similar amounts not included above	11		17,800				
<u> </u>	a	Noncash contributions included in lines 1a-		\$					
چَق	h	Total. Add imes 1a-1f			"	17,800			
					Busn, Code	7.4	• • • • • • • • • • • • • • • • • • • •		
en	2a	PROGRAM SERVICE REVI	ZNUE			7,815	7,815		
Re	ь					2,855	2,855		
rice	C		·	• • • •					
ĕ	d		•						
Ē	e								
Program Sarvice Revenue	f	All other program service reven							
ᆵ	g	-			•	10,670	**************************************		<u>-1</u>
\Box	3	Investment income (including d							
		and other similar amounts)				278	278		
- 1	4	Income from investment of tax-	exemp	bond pro	ceeds >				
	5	Royalties			▶ □			- · · · · · · · · · · · · · · · · · · ·	
ļ		(ı) Resi		(1) ⁵	Personal				
	6a	Gross rents				ľ			
ľ	b	Less rental exps.							
	c	Rentel inc. or (loss)							
	_d	d Net rental income or (loss) a Gross amount from (i) Securides (ii) Other tares of assets							
	7a								
1		other than inventory							
1	b	Less cost or other	- 1						
		basis & sales exps							
	c	Gain or (loss)							
ĺ	đ	Net gain or (loss)	٠,		▶				
اه	8a	Gross income from fundraising even							
Revenue		(not including \$.,						
9		of contributions reported on line 1c)	i		1				
		See Part IV, line 18	. a		230,887	ľ			
Other		Less: direct expenses	. b[203,357				
~		Net income or (loss) from fundra		events		27,530			
- 1	9a	Gross income from garning activities	·						
		See Part IV, line 19	a						
		Less direct expenses	. b[
ļ		Net income or (loss) from gamir	ng activ T	ities .					
- 1	10a	Gross sales of inventory, less					i		
ı		returns and allowances							
- 1		Less: cost of goods sold	βĮ						
}	С.	Net income or (loss) from sales Miscelaneous Revenue	of inve	ntory	Burn Cada				
ł	44-				Busn. Code				
	118								
	b	**** *** * * * * * * * * * * * * * * * *			 				
	C	All other revenue							
	ā	All other revenue			<u> </u>				
- 1	12	Total Add tines 11a-11d Total revenue. See Instruction:			· ····· ి 📙	56,278	10,948		
		121 1 0 7 011201 Coo mangellon)	<u></u>	<u> </u>		20,210	10,340		990 com

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(С) Малеретелі алф	(D) Fundraising
		expenses	genéral exponses	expenses
	1,000	1,000		
-				
•	Ì			
	10,557	10,557		
trustees, and key employees				
•				
Payroll taxes				
, , , ,				
Management	420	420		
Legal	430	430		
Accounting				
Lobbying				
	- 400	1 400		
		1,403	270	
Office expenses	3/9		3/9	
				
Royalties	2 506	2 506		
Occupancy	2,390	2,396		
Iravei				
	2 516	0 516		
•	2,316	2,516		
				
				
				······································
Other evenence lighter eveness and the control				
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11,				
*** ********** * * * * * * * * * * * *			798	
Joint costs. Complete this line only if the		32,010		
organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation. Check here				
minovaleno envirgano Marcelle Per Marcelle Marce	1	1	3	
	Bb, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as detined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in 4958(f)(1)) and persons described in 4958(f)(1)) and persons described in 4958(f)(1)) and persons described in 4958(f)(1)) and persons described in 4958(f)(1)) and persons described in 4958(f)(1)) and persons described in 4958(f)(1)) and persons described in 4958(f)(1)) and persons described in 4958(f)(1)) and 4958(f)(1) and 4958(f)(1) and 4958(f)(1) and 4958(f)(1) and 4958(f)(1) and 4958(f)(1) and 4958(f)(1) and 4958(f)	Sb, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Pension plan accruals and contributions (include section 4958(c)(3)(B) Other salaries and wages Payroll taxes Payroll taxes Payroll taxes Payroll taxes Payroll taxes Cother employee benefits Payroll taxes Payroll taxes Other sees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Invostment management fees Other Advertising and promotion Office expenses Information technology Royallies Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e arount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PASS THE GAVEL HOLIDAYS HEART TOYS 4 KIDS PROFESSIONAL DEVELOPMENT All other expenses 4, 668 Total functional expenses. Add nest 1 through 24e Joint costs. Complete this line only if the organization reported the column (B) joint costs from a combisional campagin and	Response of Part VIII. Grants and Other assistance to governments and organizations in the U.S. See Part IV, line 22 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals autside the U.S. See Part IV, line 23 Grants and other assistance to governments, organizations, and individuals autside the U.S. See Part IV, line 25 Grants and other assistance to governments, organizations, and individuals autside the U.S. See Part IV, line 26 Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) Clither salaries and wages Pansion plan accrusts and contributions (include section 49(k) and 493(k) employee benefits Payroll taxes Pease for services (non-employees): Management Legal 430 430 Accounting Lobbying Professional fundraising services See Part IV, line 17 Invostment management fees Other Advertising and promotion Office expenses Information technology Royalties Cocupancy 2,596 2,596 Corgancy Travel Payments to affiliates Depreciation, depletion, and amortization interest Payments to affiliates Conferences, conventions, and meetings interest Payments to affiliates Depreciation, depletion, and amortization interest Payments to affiliates Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization interest Payments to affiliates Payments to affiliates Depreciation, depletion, and amortization interest Payments to affiliates Depreciation, depletion, and amortization interest Payments to affiliates Depreciation, depletion, and amortization interest Payments to affiliates Depreciation, depletion, and amortization interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest i	Big. 26, and 16b of Part VIII. Creats and other estistance to governments and generated experience (approved experience)

	(A)	T	(B)
	Beginning of year		End of year
1 Cash—non-interest bearing		1	
2 Savings and temporary cash investments	37,523	2	52,54
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net		4	
5 Receivables from current and former officers, directors, trustees, key			
employees, and highest compensated employees. Complete Part II of		Į	
Schedule L		5	
6 Receivables from other disqualified persons (as defined under section			
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
employers and sponsoring organizations of section 501(c)(9) voluntary			
1		6	
employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net		7	
8 Inventories for sale or use		8	
9 Prepaid expenses and deferred charges		9	
10a Land, buildings, and equipment: cost or		-	
other basis. Complete Part VI of Schedule D 10a		İ	
b Less: accumulated depreciation 10b		10c	
11 Investments—publicly traded securities		11	
12 Investments—other securities See Part IV, line 11		12	
13 Investments—program-related. See Part IV, line 11		13	······································
144		14	
45 Other and Con Books Banks		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,523		52,54
17 Accounts payable and accrued expenses		17	JE, J4.
1		18	
40 Determine			
19 Deferred revenue		19	
20 Tax-exempt bond trabilities		20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22 Payables to current and former officers, directors, trustees, key		l	
employees, highest compensated employees, and disqualified persons.			
employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23 Secured mortgages and notes payable to unrelated third parties		23	
24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D		25	
26 Total liabilities. Add lines 17 through 25	0	26	(
Organizations that follow SFAS 117, check here X and complete			
Ilines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds			
27 Unrestricted net assets	37,523	27	52,54
28 Temporarily restricted net assets		28	
29 Permanently restricted net assets		29	
Organizations that do not follow SFAS 117, check here			
complete lines 30 through 34.			
30 Capital stock or trust principal, or current funds		30	
31 Paid-in or capital surplus, or land, building, or equipment fund		31	
32 Retained earnings, endowment, accumulated income, or other funds		32	····
33 Total net assets or fund balances	37,523	33	52,54
34 Total liabilities and net assets/fund balances	37,523	34	52,543

Form **990** (2011)

om i	90 (2011) DUBUQUE JAYCEES 42-1341284			Pa	ge 12
Par					
	Check if Schedule O contains a response to any question in this Part XI			···	_ '_
	•				
	Total revenue (must equal Part VIII, column (A), line 12)	1			278
2	Total expenses (must equal Part IX, column (A), line 25)	2			850
3	Revenue less expenses. Subtract line 2 from line 1	3			428
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			523
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<u>-9,</u>	<u> 408</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		<u>52, </u>	<u>543</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	4.1			Yes	No
	Accounting method used to prepare the Form 990: X Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		ł		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	ļ	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			Į	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
ď	If "Yes" to line 2a or 2b, check a box below to Indicate whether the financial statements for the year were			1	ŀ
	ssued on a separate basis, consolidated basis, or both			}	
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		L

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete If the organization answered "Yes" to Form 990, Fact IV, lines 17, 16, or 19, or 11 the organization entered more than \$15,000 on Form 990-EZ, line 6s.

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No. 1545-0047 2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	DUBUQUE JAYCEES					42-1341	284		
P	Fundraising Activities. Complete Form 990-EZ filers are not required	If the organization to complete this	on ans s part.	Wer	ed "Yes" to Form 9	990, Part IV, line 1	7.		
1	Indicate whether the organization raised funds through	any of the following	activitie	es. Cl	neck all that apply.				
а	Mail solicitations	e Solicitatio	n of no	1-gov	ernment grants				
b	. I Internet and email solicitations	f Solicitatio	n of gov	/ernm	ent grants				
C									
đ	In-person solicitations								
2a	Did the organization have a written or oral agreement w	vith any individual (ir	ncludina	offic	ers directors trustees				
	or key employees listed in Form 990, Part VII) or entity If "Yes," tist the ten highest paid individuals or entities (i compensated at least \$5,000 by the organization.	to an example of the			- 4 - 4 1		Yes 'No		
			(III) Di	d fund- have		(v) Amount paid to	(vi) Amount paid to		
	(ii) Name and address of individual or enlity (fundraiser)	(ii) Activity	custo	ody or rol of utlons?	(Iv) Gross recepts from activity	(or retained by) fundraiser listed in cal. (i)	organization (or relained by)		
			Yes	No		<u> </u>			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Tota				▶			<u> </u>		
3	List all states in which the organization is registered or registration or licensing.	icensed to solicit co	ntributio	ons o	has been notified it is	exempt from			
					**** ***** *** ****				
•				-					
• •			* * * * * * * * *	• • • • •	******				
•			•	-					

	341284 61/21/2013 9 edule G (Form 9		2011 D I	UBUQUE JAY	CEES						4	2-13	41284	۔ ا	Page 2
	artii Fu mo	ndraising E ore than \$15	vents. Comp ,000 of funda	plete if the organ aising event con greater than \$5,0	ization tributio	answere	ed "Yes" t ross inco	o For me o	m 99 n For	0, Par m 990	t IV.	line 18	3. or rep	orted	dyc z
			(a) E	Event #1 AT JAZZ ni type)	ARF	(b) Event		_	3	(total num			1	otal evenis of (a) through col (c)	1
Revenue	1 Gross rece 2 Less: Chai contribution 3 Gross incorr	ritable ns		113,525			59,1	18			54	,299		226,	942
_	line 2)			113,525			59,1	18		·	54	,299		226,	942
	4 Cash prize 5 Noncash p														
enses	6 RenVlacilit				_										
Direct Expenses	7 Food and t	-													
	9 Other dued	ct expenses		79,559			44,7	81			75	, 305		199,	645
_	11 Net income	summary. Cor	mbine Ilne 3, cal	ugh 9 in column (d) umn (d), and line 10			<u> </u>		• • • •			•		199, 27,	645 297
P 			plete if the or in Form 990-l	ganization answ EZ, line 6a.	ered "Y	es" to Fo	om 990, 	Part	IV, lir	ie 19,	or re	portec	more		. <u> </u>
Revenue			(a)	Випро		(b) Pul tabs/in ga/progressiv			(c	Other ga	mng			gaming (add nrough col. (c)	
œ	1 Gross reve	enue													
enses	2 Cash prize	• •				,,,,,,				-,	_				· · ·
Direct Expen	3 Noncash p 4 Rent/facilit	v coete													
ã	5 Other direc														
	6 Volunteer		Yes No	%		res No	. %		Y	es . 0		. %			
	7 Oirect exp	ense summary.	Add lines 2 thro	eugh 5 in column (d)			• • •					•	<u>. </u>		· · · · · · · · · · · · · · · · · · ·
	8 Net gamin	g income summ	nary. Combine lin	ne 1, column d, and	line 7	<u>-</u>		<u></u>		<u> </u>	• • •	. •	<u> </u>		
		tion licensed to		erates gaming activi gactivities in each of		ites?				. ,, ,,,			9a	Yes	No

b If "Yes," explain:

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

Sch	dule G (Form 990 or 990-EZ) 2011	DUBUQUE	JAYCEES		42-134	1284	P	age 3
11	Does the organization operate garning ac	tivities with nonn	embers?				Yes	: No
12	Is the organization a grantor, beneficiary	or trustee of a tru	st 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	•				13a		%
b						13b		%
14	Enter the name and address of the person	n who prepares t	he organization's gai	ming/special events books and				
	records:							
	Name ▶ ,, ,,	••••••					-	
	Address ▶	· · · ·	• 1111 111/11/11	· ·· · · · · · · · · · · · · · · · · ·				
15a	Does the organization have a contract wit	h a third oarty fro	m whom the organiz	zation receives caming				
	revenue?	, -	•	v v		1	Yes	No
b	If "Yes." enter the amount of gaming revo	nue received by 1	the organization	s	and the	-		
-	amount of gaming revenue retained by the	e third party	\$					
c	If "Yes," enter name and address of the th		7					
	Mana b							
	Name ▶		- • • •				-	
	Address •	-					=	
16	Gaming manager information:							
	Name •	,	*****					
	Gaming manager compensation ▶ \$							
	Description of services provided ▶	**********						
	Director/officer i Emplo	oyee	Independent co	ntractor				
4-	No. debas describes							
17	Mandatory distributions:	4	-bl-diskibusiana su.					
a	Is the organization required under state la		adie distributions troi	·		•	V '	81.m
	retain the state gaming license? Enter the amount of distributions required				• • • • • • •		Yes	, 110
D	spent in the organization's own exempt at			ther exempt organizations or				
Dar	t IV Supplemental Information			ide the explanations require	d by Part L line	2h		
rai				15c, 16, and 17b, as applica				
	part to provide any addition				aule. Also comp	NGIG UNS		
	part to provide any addition	mai imormati	m (see mstractio	110].	···			
• •							-••	•
	11+ -1+++ +1+++ +1+++ +1 ++++++++++++++					• •		
								•
• •	,,		•		10110111 10 1 111	. ,		•
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• • •					174 144441 11 14		• • • •	
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•					***** *** ** *** **			,
- •						•	•	
•							• • • •	
-			*********				٠	• • • • •
					Schedule G (Fo	rm 990 or	990-EZ	2011

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.

2011
Open to Public Inspection

Name of the organization

DUBUQUE JAYCEES

Employer identification number 42-1341284

			-1341564
FORM 990, PART III, LINE 4D - ALI	L OTHER AC	COMPLISHMENT	
PROVIDING OPPORTUNITIES IN WHICH	TO PROMO	E INDIVIDUAL CAPAB	ILITIES OF A
PERSON WHILE ALSO PROMOTING GOODY	MİİT İN LI	E COMMUNITY.	
	_		
FORM 990, PART VI, LINE 11B - ORG	GANIZATIO	'S PROCESS TO REVI	EW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTE			
		**** * * * * * * * * * * * * * * * * * *	
FORM 990, PART VI, LINE 19 - GOVI	ERNING DOC	IMENTS DISCLOSURE	FYDT.ANBUTON
NO DOCUMENTS AVAILABLE TO THE PUR	•		
NO DOCOMBILIO MANITURDE TO THE SOL	PHIC .		
	,,,, ,, ,,, ,,	· · · · · · · · · · · · · · · · · · ·	
FORM 990, PART IX, LINE 24E - OTI			
DESCRIPTION	, , , , AŅ	OUNT	
COMMUNITY GARDEN	\$	856	
SALES TAX	\$.	7.98	
FIGHTING SAINTS	\$	692	
PERSONAL INVOLVEMENT	\$.	685	
RIVERVIEW BBQ	, \$	510	
PARK LIGHTS	, \$	361	
INTERMURAL SPORTS	, \$. ,	180	
SANDBOX	\$	160	
RELAY FOR LIFE	\$	150	
LIFE CHANGES	\$	129	
	\$	129 93	

	CHEDULE G	F	undraising Other Eve	nts			
	Form 990 or 990-EZ)	.				2011	
Nar		For calendar year 2011, or tax year	For calendar year 2011, or tax year beginning , and ending				
<u>r</u>	UBUQUE JAY	CEES			42-13	41284	
		(a) Other event THROWDOWN ON TH	(b) Other event	(c) Other event	(d) Total other events (add col (a)দৈকেতুম		
ģ	ļ	(event type)	(event type)	(event type)		col (c))	
Кечепие	Gross receipts Less: Charitable contributions	32,975	13,039	8	,285	54,299	
	3 Gross income (line 1 minus line 2	32,975	13,039	8	, 285	54,299	
	4 Cash prizes						
	5 Noncash prizes			-t			
Direct Expenses	6 Rent/facility cos	ts					
	7 Food/beverages						
	8 Entertainment						
	a Other evenences	29.920	43 71 0	1	675	75 305	

				
1/21/2013 9:10 AM	Fund Raising	w	8	
	Management & General	\$ 798	s 798	
ements	Part IX, Line 24e - All Other Expenses Total Expenses Service	\$ 856 692 685 510 361 180 129 129 93	\$ 3,870	
Federal Statements	Form 990, Part IX, Line 24e - Total Expenses	\$ 798 692 692 685 510 361 180 180 129 93	5 4,668	
421341284 DUBUQUE JAYCEES 42-1341284 FYE: 12/31/2011	<u>f</u> Description	COMMUNITY GARDEN SALES TAX FIGHTING SAINTS PERSONAL INVOLVEMENT RIVERVIEW BBQ PARK LIGHTS INTERMURAL SPORTS SANDBOX RELAY FOR LIFE LIFE CHANGES TRICK OR TREAT	TOTAL	