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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization VIRGINIA JAYCEES INC	<b>D</b> Employer identification number 54-0479376
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 1015 MILLER PARK SQUARE 2ND FLOOR	<b>E</b> Telephone number (434) 845-7069
	City or town, state or country, and ZIP + 4 LYNCHBURG, VA 24501	<b>F</b> 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.VA-JAYCEES.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. \$ 96,091

**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

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>		<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>		<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>3</b>	Membership dues and assessments	<b>3</b>		<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)
<b>4</b>	Investment income	<b>4</b>		<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>			
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>			
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>			
<b>6</b>	Gaming and fundraising events	<b>6d</b>			
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>			
<b>6b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>			
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>			
<b>6d</b>	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	<b>6d</b>			
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>			
<b>7b</b>	Less: cost of goods sold	<b>7b</b>			
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>			
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>			
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	96,091		
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	25,360		
<b>11</b>	Benefits paid to or for members	<b>11</b>			
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	34,441		
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>			
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	17,082		
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>			
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	33,721		
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	110,604		

**Part II** **Balance Sheets**

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

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	20,000	<b>22</b>	13,236
<b>23</b> Land and buildings . . . . .	35,240	<b>23</b>	35,240
<b>24</b> Other assets (describe in Schedule O) . . . . .	1,202	<b>24</b>	11,396
<b>25 Total assets</b> . . . . .	56,442	<b>25</b>	59,872
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	777	<b>26</b>	5,039
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	55,665	<b>27</b>	54,833

**Part III** **Statement of Program Service Accomplishments**

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

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

What is the organization's primary exempt purpose?

THE ORGANIZATION PROVIDES LEADERSHIP TRAINING AND PERSONAL DEVELOPMENT THROUGH COMMUNITY INVOLVEMENT FOR YOUNG PEOPLE BETWEEN THE AGES OF 21 AND 40

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> AWARDS/PROGRAMMING - THE ORGANIZATION SPONSORS COMPETITIONS AMONG MEMBERS AND CHAPTERS THE ORGANIZATION IS A LEADERSHIP TRAINING ORGANIZATION AND RECOGNIZES EXEMPLARY PERFORMANCE FROM MEMBERS AND CHAPTERS (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	44,864
<b>29</b> OTHER ACCOMPLISHMENTS - THE ORGANIZATION CONDUCTS QUARTERLY MEMBERSHIP MEETINGS AND TRAINING SESSIONS TO PROVIDE LEADERSHIP TRAINING AND PERSONAL DEVELOPMENT FOR MEMBERS (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	21,823
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	66,687

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Table with columns for question number, Yes, and No. Contains responses for questions 33 through 45b.

Yes No

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 Yes No

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

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

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

Yes No

47 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 Yes No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

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"

Table with 3 columns: (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.

Sign Here: Signature of officer (\*\*\*\*\*), Date (2012-08-15), Type or print name and title (DEBRA PATRICK EXECUTIVE VICE PRESIDENT)

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

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

Yes No

**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
VIRGINIA JAYCEES INC

**Employer identification number**

54-0479376

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	U S JR CHAMBER DUES 25,360 P O BOX 7 TULSA OK 74102
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES TRAVEL 750 CONFERENCES AND MEETINGS 1,924 INSURANCE 2,380 AWARDS 1,599 COPIER RENTAL/MAINTENANCE 1,766 MARKETING 294 MERCHANT FEES 616 MISCELLANEOUS 174 POSTAGE 145 PROFESSIONAL FEES 55 PROGRAM EXPENSE 18,300 SUPPLIES 850 TAXES AND LICENSES 3,237 TELEPHONE 1,631 NON-INVESTMENT DEPRECIATION 0 TOTAL 33,721
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	ADJUSTMENT TO CORRECT NOTE RECEIVABLE BALANCE 0 FROM PRIOR YEARS 20,000 ADJUSTMENT TO CORRECT CERTIFICATE OF DEPOSIT 0 BALANCE PAID OUT IN PRIOR YEARS - 6,319
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,811 2,005 LESS ALLOWANCE 656 656 NET 1,155 1,349 BUILDING 117,586 117,586 LESS ACCUMULATED DEPRECIATION 117,586 117,586 OFFICE FURNITURE AND EQUIPMENT 35,944 35,944 LESS ACCUMULATED DEPRECIATION 35,944 35,944 SECURITY DEPOSIT 47 47 NOTE RECEIVABLE 0 10,000 TOTAL 1,202 11,396
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 4,584 PAYROLL LIABILITIES 777 455
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE ORGANIZATION PROVIDES LEADERSHIP TRAINING AND PERSONAL DEVELOPMENT THROUGH COMMUNITY INVOLVEMENT FOR YOUNG PEOPLE BETWEEN THE AGES OF 21 AND 40
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	AWARDS/PROGRAMMING - THE ORGANIZATION SPONSORS COMPETITIONS AMONG MEMBERS AND CHAPTERS THE ORGANIZATION IS A LEADERSHIP TRAINING ORGANIZATION AND RECOGNIZES EXEMPLARY PERFORMANCE FROM MEMBERS AND CHAPTERS
SECOND ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 29	OTHER ACCOMPLISHMENTS - THE ORGANIZATION CONDUCTS QUARTERLY MEMBERSHIP MEETINGS AND TRAINING SESSIONS TO PROVIDE LEADERSHIP TRAINING AND PERSONAL DEVELOPMENT FOR MEMBERS

# TY 2011 Compensation Explanation

**Name:** VIRGINIA JAYCEES INC

**EIN:** 54-0479376

Person Name	Explanation
HARRY SCHROEDER	
LIN MARTIN	
LILLIBET OBRECHT	
SABITHA VENKATESH	
DEBRA PATRICK	
VALERIE HARTE	
PATRICK KNIGHTLY	
MATTHEW BRUNSCHEON	
DAVID IKELER	
SALLY SCHROEDER	











**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-0479376  
**Name:** VIRGINIA JAYCEES INC

**Form 990-EZ, Special Condition Description:**

<b>Special Condition Description</b>
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**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
HARRY SCHROEDER  4854 W BRADDOCK RD 204 ALEXANDRIA, VA 22311	VP 4 00	0		
LIN MARTIN  1025-C EAST SPILLER ST WYTHEVILLE, VA 24382	CHAIRMAN OF 4 00	0		
LILLIBET OBRECHT  13812 KENTUCKY DERBY PLACE MIDLOTHIAN, VA 23112	CHF OF STAFF 4 00	0		
SABITHA VENKATESH  515 BRISA DRIVE CHESAPEAKE, VA 23322	VP 4 00	0		
DEBRA PATRICK  1015 MILLER PARK SQUARE 2ND FLOOR LYNCHBURG, VA 24501	EXEC VP 40 00	30,010		2,002
VALERIE HARTE  6702 LAKELAND WAY FREDERICKSBURG, VA 22407	PRESIDENT 16 00	0		
PATRICK KNIGHTLY  10112 SARA JEAN COURT GLEN ALLEN, VA 23060	VP 4 00	0		
MATTHEW BRUNSCHEON  84 W COUNTY STREET HAMPTON, VA 23663	DIRECTOR 4 00	0		
DAVID IKELER  5509C STEEPLECHASE DRIVE FREDERICKSBURG, VA 22407	DIRECTOR 4 00	0		
SALLY SCHROEDER  4854 W BRADDOCK RD 204 ALEXANDRIA, VA 22311	DIRECTOR 4 00	0		