



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



14

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 ☐

	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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	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:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 N/A, section 4912 N/A; section 4955 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	40b	X
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		0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		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	40e	X
41 List the states with which a copy of this return is filed		IL

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

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If 'Yes,' enter the name of the foreign country

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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

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 ☐ N/A

	Yes	No
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

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

	Yes	No
46		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 ☐

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

	Yes	No
47		
48		
49a		
49b		

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e Total number of other employees paid over \$100,000

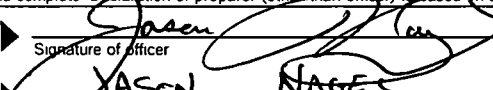

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

e 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 1/8/13			
	Type of print name and title JASON NAGER Treasurer				
Paid Preparer Use Only	Preparer's name PAUL H. WIELAND, CPA	Preparer's signature 	Date 1/7/2013	Check <input type="checkbox"/> if self employed	PTIN P00326532
	Firm's name WIELAND & COMPANY, INC., CPAS	Firm's EIN 36-4025026		Phone no (630) 406-4490	
	Firm's address 12 W. WILSON ST., SUITE 2A	Firm's EIN 36-4025026		Phone no (630) 406-4490	
	BATAVIA, IL 60510	Firm's EIN 36-4025026		Phone no (630) 406-4490	

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 990-EZ 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

NAPERVILLE JAYCEES

Employer identification number

36-3138791

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.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT NAPERJCS

NAPERVILLE JAYCEES

36-3138791

12/18/12

01:03PM

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

REIM VOL EXP RELATED PTY

	\$	39,099.
TOTAL	\$	<u>39,099.</u>

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE EXPENSE
AWARDS
BANK CHARGES
COMMUNITY SERVICES
INSURANCE
MEMBER SERVICES- SOCIAL EVENTS
MEMBER SERVICES-INSTALL BANQ
NATIONAL DUES
SANTA TRAIN
TELEPHONE

	\$	9,546.
		174.
		56.
		506.
		3,681.
		3,815.
		2,846.
		5,094.
		281.
		218.
TOTAL	\$	<u>26,217.</u>

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

DUE FROM NAPERVILLE COM CHAR ORG

	<u>BEGINNING</u>	<u>ENDING</u>
	\$ 17,640.	\$ 17,351.
TOTAL	<u>\$ 17,640.</u>	<u>\$ 17,351.</u>

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	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
TIANYI ZHU P.O. BOX 22 NAPERVILLE, IL 60566	PRESIDENT 2	\$	0. \$	0. \$
JEN PIKET P.O. BOX 22 NAPERVILLE, IL 60566	TREASURER 2		0.	0.
MIKE HEALY P.O. BOX 22 NAPERVILLE, IL 60566	SECRETARY 2		0.	0.

CLIENT NAPERJCS

NAPERVILLE JAYCEES

36-3138791

12/18/12

01:03PM

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	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
CHAD PEDIGO P.O. BOX 22 NAPERVILLE, IL 60566	EXTERNAL VP 2	\$ 0.	\$ 0.	\$ 0.
JOE MENSIK P.O. BOX 22 NAPERVILLE, IL 60566	STATE DIRECTOR 2	0.	0.	0.
HELEN TAYLOR P.O. BOX 22 NAPERVILLE, IL 60566	INTERNAL VP 2	0.	0.	0.
STEPHANIE BARRANCO P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
JAMES BERNICKY P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
JODI BERNICKY P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
COURTNEY BROWN 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.
MEGHAN MCCORMICK 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.
BRAD TAYLOR P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 4

CLIENT NAPERJCS

NAPERVILLE JAYCEES

36-3138791

12/18/12

01:03PM

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	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
CATHY SUBBER P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
LAUREN VISHER P.O. BOX 22 NAPERVILLE, IL 60566	DIRECTOR 0	0.	0.	0.
JASON ALTENBERN P.O. BOX 22 NAPERVILLE, IL 60566	IMMED PAST PRES 0	0.	0.	0.
JOE HASELHORST P.O. BOX 22 NAPERVILLE, IL 60566	ROOSTER REP 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	NAPERVILLE JAYCEES	<input checked="" type="checkbox"/> 36-3138791
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	P.O. BOX 22	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NAPERVILLE, IL 60566	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JEN PIKET, TREASURER

Telephone No. ► 630-961-1774 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1/15, 20 13, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
- ☒ tax year beginning 6/01, 20 11, and ending 5/31, 20 12.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.Form **8868** (Rev 1-2012)