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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

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning		7/01	, 2011, and ending		6/30	, 2012																																																																																								
B Check if applicable		C				D Employer identification number																																																																																								
<input type="checkbox"/> Address change		MADISON JAYCEES, INC.				23-7406065																																																																																								
<input type="checkbox"/> Name change		P. O. BOX 128				E Telephone number																																																																																								
<input type="checkbox"/> Initial return		MADISON, CT 06443																																																																																												
<input type="checkbox"/> Terminated																																																																																														
<input type="checkbox"/> Amended return																																																																																														
<input type="checkbox"/> Application pending						F Group Exemption Number ► 7040																																																																																								
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																																																																																								
I Website: ► www.madisonjc.com																																																																																														
J Tax-exempt status (ck only one) —		501(c)(3)	<input checked="" type="checkbox"/> 501(c) (4)	(insert no.)	4947(a)(1) or	527																																																																																								
K Check ► <input type="checkbox"/> 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		► \$ 160,361.																																																																																												
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)																																																																																														
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II.)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	40,256.	22
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	24	
25	Total assets	40,256.	25
26	Total liabilities (describe in Schedule O)	0.	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,256.	27
		33,673.	33,673.

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

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

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

What is the organization's primary exempt purpose? See Schedule O

What is the organization's primary exempt purpose? See Schedule C
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.

28 See Schedule Q

(Grants \$ 74,359.) If this amount includes foreign grants, check here

28a

74, 359.

29

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (describe in Schedule O) _____

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a) ► 32 74,359.

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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SCOTT PATTERSON	Secretary			
12 YANKEE PEDDLER PATH, UNIT	4	1	0.	0.
MADISON, CT 06443				
JASON CORSELLO	Director	1	0.	0.
98 RIVER EDGE FARMS RD				
MADISON, CT 06443				
CHRIS WEILER	Vice President	1	0.	0.
33 GODMAN ROAD				
MADISON, CT 06443				
JOHN SHAW	Treasurer	1	0.	0.
210 CHAFFINCH ISLAND				
GUILFORD, CT 06437				
JOHN MASTROBATTISTO	President	1	0.	0.
97 KELSEY SPRINGS ROAD				
MADISON, CT 06443				
JUSTIN BELCHER	Director	1	0.	0.
NUTMEG LANE				
MADISON, CT 06443				
DENNIS COLE	Director	1	0.	0.
158 ST. FRANCIS WOODS RD				
MADISON, CT 06443				

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

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.** **37b** **X**

b Did the organization file Form 1120-POL for this year? **38a** **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? **38b** **N/A**

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **39a** **N/A** **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** **40b** **X**

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. **40c** **0.**

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► **40d** **0.**

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. ► **40e** **0.** **40e** **X**

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **41** List the states with which a copy of this return is filed ► **None**

42a The organization's books are in care of ► **JOHN D. SHAW** Telephone no. ► **203-245-9264**
Located at ► **41 COTTAGE ROAD MADISON CT** ZIP + 4 ► **06443** **42b** **X**

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)? **42c** **X**

If 'Yes,' enter the name of the foreign country: ►

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.? **43** 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. ► **43** **N/A** **N/A**

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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
49b		

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
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-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

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	11/2/12			
	► Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Non-Paid Preparer				
	Firm's name ►				
	Firm's address ►			Firm's EIN ►	
			Phone no		

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

► Yes No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

MADISON JAYCEES, INC.

23-7406065

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser) **(ii) Activity** **(iii) Did fundraiser have custody or control of contributions?** **(iv) Gross receipts from activity** **(v) Amount paid to (or retained by) fundraiser listed in column (i)** **(vi) Amount paid to (or retained by) organization**

				Column (i)
	Yes	No		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 TURKEY TROT RO (event type)	(b) Event #2 TRIATHLON (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
		91,453.	39,921.	19,920.	151,294.
1	Gross receipts	91,453.	39,921.	19,920.	151,294.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2) ...	91,453.	39,921.	19,920.	151,294.
4	Cash prizes.....				
5	Noncash prizes				
6	Rent/facility costs		350.	8,149.	8,499.
7	Food and beverages	1,680.	671.		2,351.
8	Entertainment	850.	975.		1,825.
9	Other direct expenses	39,141.	15,951.	5,036.	60,128.
10	Direct expense summary. Add lines 4 through 9 in column (d)				72,803.
11	Net income summary. Combine line 3, column (d), and line 10				78,491.

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.

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

If Yes, I explain:

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a
b	An outside facility	13b

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ► 123 Main Street, Anytown, USA 12345

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If 'Yes,' enter name and address of the third party:

Name ►

Address ► 123 Main Street, Anytown, USA 12345

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

2011

Schedule O - Supplemental Information

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Client MADJC

MADISON JAYCEES, INC.

23-7406065

11/01/12

06.57PM

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	MADISON SCHOLARSHIPS
Donee's Address:	286 GREEN HILL ROAD
	MADISON, CT 06443
Relationship of Donee:	NO RELATION
Cash Amount Given:	\$ 6,000.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	GUILFORD SCHOLARSHIPS
Donee's Address:	605 NEW ENGLAND ROAD
	GUILFORD, CT 06437
Relationship of Donee:	NO RELATION
Cash Amount Given:	\$ 6,000.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	ST VINCENTS MEDICAL CENTER FOUNDATION
Donee's Address:	2800 MAIN STREET
	BRIDGEPORT, CT 06606
Relationship of Donee:	NO RELATION
Cash Amount Given:	\$ 7,500.
Class of Activity:	GENERAL OPERATING EXPENSE
Donee's Name:	MADISON COMMUNITY SERVICE
Donee's Address:	8 CAMPUS DRIVE
	MADISON, CT 06443
Relationship of Donee:	NO RELATION
Cash Amount Given:	\$ 8,000.

Form 990-EZ, Part I, Line 16
Other Expenses

Admin, Socials & Meeting Exp.	\$ 13,657.
Dues	945.
Insurance	1,670.
Total	<u>\$ 16,272.</u>

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization

MADISON JAYCEES, INC.

Employer identification number

23-7406065**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Support charitable and educational civic projects**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Madison Jaycees, Inc. promotes the social welfare in Madison and Guilford,Connecticut and surrounding towns. This is done by developing in its membershipcivic awareness, personal and professional leadership skills and funding communitybetterment projects.