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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning SEPTEMBER 01 , 2012, and ending AUGUST 31 , 20 13

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JR WELFARE ASSN OF DECATUR

Number & street (or P.O. box, if mail is not delivered to street addr.) | Room/ suite
PO BOX 602

City or town, state or country, and ZIP + 4
DECATUR IL 62525

D Employer identification number
376044697

E Telephone number
(785) 410-1133

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

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

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) -- ☒ 501(c)(3) ☐ 501(c)( ) ◀ (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 ▶ $ 44,947

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	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	3,997
	3	Membership dues and assessments		3	4,055
	4	Investment income		4	21
	5a	Gross amount from sale of assets other than inventory	5a 731		
	b	Less: cost or other basis and sales expenses	5b 810		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-79
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	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)	6b 34,328		
	c	Less: direct expenses from gaming and fundraising events	6c 14,016		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	20,312
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	1,815
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	30,121
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	9,776
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	300
	14	Occupancy, rent, utilities, and maintenance		14	5,962
	15	Printing, publications, postage, and shipping		15	1,361
	16	Other expenses (describe in Schedule O)		16	424
	17	**Total expenses.** Add lines 10 through 16 ▶		17	17,823
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	12,298
	19	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)		19	80,448
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	1
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	92,747

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

5

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	80,448	22	92,747
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	80,448	25	92,747
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	80,448	27	92,747

Part III Statement of Program Service Accomplishments (see the instructions 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?

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 ATTACHMENT #1

(Grants $ 9,776) If this amount includes foreign grants, check here . . . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 0

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #2				

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 significant 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		X
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			
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			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____			
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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 ▶ SEE ATTACHMENT #3 Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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. ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ▶ _____	42c		X
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			
			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 N/A	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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

			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		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

			Yes	No
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		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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 title of each employee paid more than $100,000	(b) 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
NONE				

f Total number of other employees paid over $100,000 ▶

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

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 4/11/14

▶ JILL BUSH TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHARLENE GILMORE	Charlene Gilmore	4/8/14		P00140821
Firm's name ▶ H AND R BLOCK			Firm's EIN ▶ 010932169	
Firm's address ▶ 1453 W KING			Phone no. 217-422-3400	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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 ▶ _____

15a Does the organization have a contract 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 ▶ _____

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)

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

2012

Open to Public Inspection

Name of the organization
JR WELFARE ASSN OF DECATUR

Employer identification number
376044697

PART I LINE 8-OTHER REVENUE EQUALS MISC OTHER INCOME OF 1815
PART I LINE 10- GRANTS ETC =DONATIONS 3027 EDUCATION 3411 JWA SIGNATURE PROGRAMS 2438 AWARDS 600 AND SPONSORSHIPS 300
PART III THE ORGANIZATIONS PURPOSE IS TO PROMOTE AND HELP FUND POSITIVE LOCAL YOUTH PROGRAMS AS WELL AS JWA SIGNATURE PROGRAMS
PART IV THE OFFICERS OF THIS ORGANIZATION ARE NOT COMPENSATED SEE LIST
PART 1 LINE 20- ONE DOLLAR ADJUSTMENT TO COMPENSATE FOR DIFFERENCES IN ROUNDING TO WHOLE DOLLAR AMOUNTS

JWA Board of Directors, 2012-2013

President	Mary Cave	1520 W. Riverview Dr.	Decatur, IL 62522
President Elect	Meredith Finch	1606 Heritage Rd.	Decatur, IL 62521
Recording Secretary	Ginger Trusner	770 Pearl Ct	Mt. Zion, IL 62549
Treasurer	Shannon Rose	612 Phillip Circle	Forsyth, IL 62535
Assistant Treasurer	Jill Engelken	3516 Greenlake Dr.	Decatur, IL 62521
Policy and Procedure	Gretchen Nollman	108 S. Walnut P O Box 84	Ohlman, IL 62076
Membership	Becky Gates	119 Shadow Ridge Ct.	Forsyth, IL 62535
Fundraising	Cheryl McMillin Jenny Gessford	3643 Plover Dr. 59 N. Country Clud Rd.	Decatur, IL 62526 Decatur, IL 62521
Community Research	Julia Livingston Amber Allen	514 Greenbrier Lane 2741 Cragston Place	Forsyth, IL 62535 Decatur, IL 62521
Education and Arrangements	Mary Hendrickson Shannon Tucker	1530 W. William St. 1659 W. Riverview	Decatur, IL 62522 Decatur, IL 62522
Provisional Chair	Alex Reed	1444 W. Riverview	Decatur, IL 62522
Assistant Provisional Chair	Stephanie Burton	30 Elm Drive	Bethany, IL 61914
Communications	Stephanie Ashe Brown	24 7th Drive	Decatur, IL 62521
JWA Signature Programs Chair	Jan Ruwe-Johnson	236 Prairie Lane	Forsyth, IL 62535
Past President	Gretchen Nollman	108 S. Walnut P.O Box 84	Ohlman, IL 62076
Patroness Representative	Gretchen Murphy	917 Stevens Creek Cir.	Forsyth, IL 62535

JWA Board of Directors, 2013-2014

File Number: N 3358-234-0

President	Meredith Finch	1606 Heritage Rd.	Decatur, IL 62521
President Elect	Julia Livingston	514 Greenbrier Lane	Forsyth, IL 62535
Recording Secretary	Shannon Rose	612 Phillip Circle	Forsyth, IL 62535
Treasurer	Jill Engelken	3516 Greenlake Dr	Decatur, IL 62521
Assistant Treasurer	Elizabeth Paunicka	450 W. Macon St #3	Decatur, IL 62522
Policy and Procedure	Gretchen Nollman	108 S. Walnut P.O Box 84	Ohlman, IL 62076
Membership	Kelle Belcher	101 East South Street Unit 1	Oreana, IL 62554
Fundraising	Jenny Phillips	59 N. Country Clud Rd.	Decatur, IL 62521
Community Research	Kathy Sheary Amber Allen	1203 Raptor Ln 2741 Cragston Place	Forsyth, IL 62535 Decatur, IL 62521
Education and Arrangements	Sara Zarndt-Brickey Stacy Malcolm	1710 Johnson Dr 1970 W. Forest Ave.	Normal, IL 61761 Decatur, IL 62522
Communications	Alex Reed	1444 W. Riverview	Decatur, IL 62522
JWA Signature Programs Chair	Jan Ruwe-Johnson	236 Prairie Lane	Forsyth, IL 62535
Past President	Mary Cave	1520 W. Riverview Dr.	Decatur, IL 62522
Patroness Representative	Cindy Deadrick-Wolfer	2650 W. Forrest Green Dr	Decatur, IL 62521

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2012 or tax period beginning 09-01-2012, and ending 08-31-2013.

Name of Organization	Employer Identification Number
JR WELFARE ASSN OF DECATUR	376044697

Part III - Statement of Program Service Accomplishments

Grants and allocations	9,776	Amount includes foreign grants		Program service expenses

Exempt Purpose Achievements

TO SUPPORT POSITIVE LOCAL PROGRAMS FOR YOUTH AND JWA SIGNATURE PROGRAMS

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION

For calendar year 2012 or tax period beginning 09-01-2012, and ending 08-31-2013.

Name of Organization: JR WELFARE ASSN OF DECATUR

Employer Identification Number: 376044697

(A) Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
		0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2012 or tax period beginning 09-01 , and ending 08-31-2013.

Name of Organization	Employer Identification Number
JR WELFARE ASSN OF DECATUR	376044697

Part V - Line 42a

Individual Name ..... JILL BUSH ENGELKEN

or

Business Name

Street Address ..... 3516 GREENLAKE DR

U S Address:

Zip code 62521 City DECATUR State IL

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

Fax Number .....