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**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.

1

|    |  | Check if the organization used Schedule O to respond to any question in this part |                   |
|----|--|---|-------------------|
|    |  | (A) Beginning of year   | (B) End of year   |
| 22 | Cash, savings, and investments   | .. .. ..  | 7,512.22 10,820.  |
| 23 | Land and buildings   |   | 23                |
| 24 | Other assets (describe in Schedule O)  | SEE SCHEDULE O  | 42,361.24 17,623. |
| 25 | <b>Total assets</b>  | .. .. ..  | 49,873.25 28,443. |
| 26 | <b>Total liabilities</b> (describe in Schedule O)                                  |   | 0.26 0.           |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) |   | 49,873.27 28,443. |

**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**

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's primary stamp purpose [SEE SCHEDULE C](#) organizations and section 4947(a)(1) trusts; optional for others.)

|  |  |                            |             |
|--|--|----------------------------|-------------|
| 28 TO PROVIDE LEADERSHIP TRAINING FOR MEMBERS THROUGH MEMBERSHIP ACTIVITIES AND COMMUNITY SERVICE PROJECTS WHILE PROMOTING THE WELFARE OF THE COMMUNITY. |  |                            |             |
| (Grants \$ ) If this amount includes foreign grants, check here  |  | ► <input type="checkbox"/> | 28a 16,509. |
| 29   |  |                            |             |
| (Grants \$ ) If this amount includes foreign grants, check here  |  | ► <input type="checkbox"/> | 29a         |
| 30   |  |                            |             |
| (Grants \$ ) If this amount includes foreign grants, check here  |  | ► <input type="checkbox"/> | 30a         |
| 31 Other program services (describe in Schedule O)   |  |                            |             |
| (Grants \$ ) If this amount includes foreign grants, check here  |  | ► <input type="checkbox"/> | 31a         |
| 32 Total program service expenses (add lines 28a through 31a)  |  | ► <input type="checkbox"/> | 32 16,509.  |

**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, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|--|---|--|
| SEE SCHEDULE O     |  | 0.   | 0.  | 0.   |
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**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?<br>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 |
| 39 Section 501(c)(7) organizations. Enter:  | 39b | N/A |
| a Initiation fees and capital contributions included on line 9  |     |     |
| b Gross receipts, included on line 9, for public use of club facilities   |     |     |
| 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 ► 0.  | 40d | 0.  |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 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 ► IL   |     |     |

|  |                              |
|--|------------------------------|
| 42a The organization's books are in care of ► JASON NAGEL, 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 ► | 42b Yes X                    |
| 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. ►  | 42c Yes 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 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 Yes 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 Yes X |
| c Did the organization receive any payments for indoor tanning services during the year?   | 44c Yes 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 Yes X |
| 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  | 45a Yes 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 Yes 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 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

1

**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   |     |    |
| 49 a |     |    |
| 49 b |     |    |

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.'

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'.

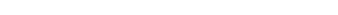
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
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**d** Total number of other independent contractors each receiving over \$100,000

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.

|                               |  |  |                        |   |                          |
|-------------------------------|--|--|------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br> | Date<br>6-2-14   |                        |   |                          |
|                               | John Healy President<br>Type or print name and title   |  |                        |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>PAUL H. WIELAND, CPA</b>  | Preparer's signature<br> | Date<br><b>5/29/14</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00326532</b> |
|                               | Firm's name ► <b>WIELAND &amp; COMPANY, INC., CPAS</b>   |  |                        | Firm's EIN ► <b>36-4025026</b>                  |                          |
|                               | Firm's address ► <b>12 W. WILSON ST., SUITE 2A<br/>BATAVIA, IL 60510</b>                                     |  |                        | Phone no  | <b>(630) 406-4490</b>    |

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

►  Yes  No

Department of the Treasury  
Internal Revenue Service

- 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.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

---

**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.

2013

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT NAPERJCS

NAPERVILLE JAYCEES

36-3138791

5/29/14

11:38AM

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

|                                |                   |
|--------------------------------|-------------------|
| ADMINISTRATIVE EXPENSE         | \$ 6,152.         |
| COMMUNITY SERVICES             | 449.              |
| INSURANCE                      | 8,429.            |
| MEMBER SERVICES- SOCIAL EVENTS | 868.              |
| MEMBER SERVICES-INSTALL BANQ   | 450.              |
| NATIONAL DUES                  | 4,885.            |
| OFFICE EXPENSES                | 4,626.            |
| <b>TOTAL</b>                   | <b>\$ 25,859.</b> |

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

|                                  | BEGINNING         | ENDING            |
|----------------------------------|-------------------|-------------------|
| DUE FROM NAPERVILLE COM CHAR ORG | \$ 42,361.        | \$ 17,623.        |
| <b>TOTAL</b>                     | <b>\$ 42,361.</b> | <b>\$ 17,623.</b> |

FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND TITLE                  | AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | HEALTH<br>BENEFITS &<br>CONTRIB-<br>UTION TO<br>EBP & DC | ESTIMATED<br>AMOUNT OF<br>OTHER<br>COMPEN. |
|---------------------------------|-----------------------------------|-------------------|--|--|
| KEVIN PIKET<br>PRESIDENT        | 2                                 | \$ 0.             | \$ 0.  | \$ 0.                                      |
| JASON NAGEL<br>TREASURER        | 2                                 | 0.                | 0.   | 0.   |
| DAVID BYRNE<br>SECRETARY        | 2                                 | 0.                | 0.   | 0.   |
| BETH DEGEETER<br>EXTERNAL VP    | 2                                 | 0.                | 0.   | 0.   |
| MIKE HEALY<br>STATE DIRECTOR    | 2                                 | 0.                | 0.   | 0.   |
| JOHN TROJANOWSKI<br>INTERNAL VP | 2                                 | 0.                | 0.   | 0.   |
| STEPHANIE BARRANCO<br>DIRECTOR  | 0                                 | 0.                | 0.   | 0.   |
| JAMES BERNICKY<br>DIRECTOR      | 0                                 | 0.                | 0.   | 0.   |

2013

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT NAPERJCS

NAPERVILLE JAYCEES

36-3138791

5/29/14

11:38AM

FORM 990-EZ, PART IV (CONTINUED)  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND TITLE                | AVERAGE HOURS PER WEEK DEVOTED | COMPEN-SATION | HEALTH BENEFITS & CONTRIB-<br>BUTION TO EBP & DC | ESTIMATED AMOUNT OF OTHER COMPEN. |
|-------------------------------|--------------------------------|---------------|--|-----------------------------------|
| KAREN COLEMAN<br>DIRECTOR     | 0                              | \$ 0.         | \$ 0.  | \$ 0.                             |
| ROSEMARIE GARVEY<br>DIRECTOR  | 0                              | 0.            | 0.   | 0.                                |
| MEGHAN MCCORMICK<br>DIRECTOR  | 0                              | 0.            | 0.   | 0.                                |
| MARCIA DAVIDSON<br>DIRECTOR   | 0                              | 0.            | 0.   | 0.                                |
| APRIL TROJANOWSKI<br>DIRECTOR | 0                              | 0.            | 0.   | 0.                                |
| MATT LIETHEN<br>DIRECTOR      | 0                              | 0.            | 0.   | 0.                                |
| CHAD PEDIGO<br>DIRECTOR       | 0                              | 0.            | 0.   | 0.                                |
| SHOSHANA FRANK<br>DIRECTOR    | 0                              | 0.            | 0.   | 0.                                |
| TOTAL                         | \$ 0.                          | \$ 0.         | \$ 0.  | \$ 0.                             |

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

OMB No 1545-1709

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

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

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

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 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 ► **JASON NAGEL, 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 8/15, 2014, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

- calendar year 20 13 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_

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

|  |              |   |
|--|--------------|---|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                   | <b>3a</b> \$ | 0 |
| <b>b</b> If this application is for Forms 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 | <b>3b</b> \$ | 0 |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions               | <b>3c</b> \$ | 0 |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**