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Form **990-EZ**

**Short Form**

OMB No. 1545-1150

**Return of Organization Exempt From Income Tax**

**2013**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 2013, and ending 2013, and ending 2013

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **VIRGINIA JAYCEES, INC.**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: \_\_\_\_\_  
**P.O. BOX 41657**  
 City or town, state or province, country, and ZIP or foreign postal code: **ARLINGTON, VA 22204**

**D** Employer identification number: **54-0479376**

**E** Telephone number: **804-601-8252**

**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: [www.vajaycee.org](http://www.vajaycee.org)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

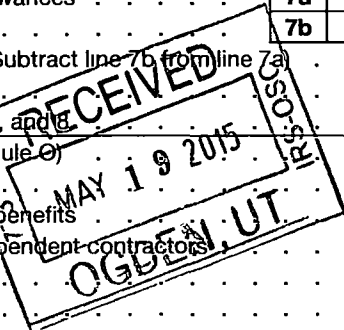
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **64,332**

**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	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .
2	Program service revenue including government fees and contracts . . . . .	2		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) . . . . .
3	Membership dues and assessments . . . . .	3		20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .
4	Investment income . . . . .	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .
5a	Gross amount from sale of assets other than inventory . . . . .	5a	-0-		
b	Less: cost or other basis and sales expenses . . . . .	5b	-0-		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	-0-		
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	-0-		
b	Gross income from fundraising events (not including \$ -0- 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	-0-		
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	-0-		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	-0-		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	-0-		
b	Less: cost of goods sold . . . . .	7b	-0-		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	-0-		
8	Other revenue (describe in Schedule O) . . . . .	8	-0-		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	64,332		
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	19,873		
11	Benefits paid to or for members . . . . .	11	-0-		
12	Salaries, other compensation, and employee benefits . . . . .	12	-0-		
13	Professional fees and other payments to independent contractors . . . . .	13	6,628		
14	Occupancy, rent, utilities, and maintenance . . . . .	14	10,152		
15	Printing, publications, postage, and shipping . . . . .	15	559		
16	Other expenses (describe in Schedule O) . . . . .	16	38,405		
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	75,617		
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(11,285)		
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	49,475		
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-0-		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	38,190		

SCANNED JUN 10 2015



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2013)

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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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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	<input checked="" type="checkbox"/>

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	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 title of each employee	(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

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

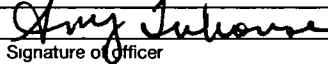
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**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	Date
	▶ Amy Tenhouse, President Type or print name and title	5/12/15

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Prepared by a non-paid preparer				
	Firm's name ▶	Firm's EIN ▶			Phone no.
	Firm's address ▶				

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.

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

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization  
**VIRGINIA JAYCEES, INC.**

Employer identification number  
**54-0479376**

**Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid**

**National Per Capital Dues = \$19,873**

**U.S. Junior Chamber of Commerce**

**100 Chesterfield Business Parkway, Suite #200**

**Chesterfield, MO 63005**

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

Telephone	\$ 1,072
Insurance	806
Convention / Meeting Expenses	24,394
Travel	1,599
Operating Supplies	8,011
Office Supplies / Training Materials	2,163
Miscellaneous Expenses	360
<b>Total</b>	<b>\$ 38,405</b>

**Form 990-EZ, Part II, Line 26 - Total Liabilities**

**Power Bill (Utility) Paid in January 2014 = \$447**

**REQUIRED EXPLANATION FOR AMENDED RETURN**

- To tie lines 19 and 22-27 (A) to end-of-year balances reported on the prior year (2012) 990-EZ return.
- In conjunction with the above correction, to adjust amounts reported on lines 16, 17, 18, 28(a).
- To populate lines which were left blank on the initial 2013 return: lines L, 19, 21, 32.
- To remove \$153,534 in physical assets which were fully depreciated from line 24(A&B) and report at Net Book Value (\$0).

**- END OF SCHEDULE O -**