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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.**A** For the 2013 calendar year, or tax year beginning **04/01/13**, and ending **03/31/14****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**Missouri Jaycees
Zell Area Jaycees**

Number and street (or P O box, if mail is not delivered to street address)

11266 State Route A

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Ste Genevieve MO 63670**D** Employer identification number**43-1097743****E** Telephone number**573-883-5276****F** Group ExemptionNumber **▶****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) **▶****I** Website: **▶ N/A****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**4**) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-Pr)**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

▶ \$ 70,141**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 ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received																														
	2	Program service revenue including government fees and contracts																														
	3	Membership dues and assessments																														
	4	Investment income																														
	5a	Gross amount from sale of assets other than inventory																														
	b	Less cost or other basis and sales expenses																														
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6	Gaming and fundraising events																														
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	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)																														
c	Less direct expenses from gaming and fundraising events																															
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															
7a	Gross sales of inventory, less returns and allowances																															
b	Less cost of goods sold																															
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8	Other revenue (describe in Schedule O)																															
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															
Expenses	10	Grants and similar amounts paid (list in Schedule O)																														
	11	Benefits paid to or for members																														
	12	Salaries, other compensation, and employee benefits																														
	13	Professional fees and other payments to independent contractors																														
	14	Occupancy, rent, utilities, and maintenance																														
	15	Printing, publications, postage, and shipping																														
	16	Other expenses (describe in Schedule O)																														
	17	Total expenses. Add lines 10 through 16																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																														
	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)																														
	20	Other changes in net assets or fund balances (explain in Schedule O)																														
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																														

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

21

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

☒ X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	8,951	22	11,193
23 Land and buildings	29,638	23	28,652
24 Other assets (describe in Schedule O)	3,900	24	2,965
25 Total assets	42,489	25	42,810
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)	42,489	27	42,810

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?

See Schedule O

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 To provide support to local programs and education needs in the Ste.
Genevieve, Missouri area.

(Grants \$ **11,035**) If this amount includes foreign grants, check here

28a	30,386
-----	--------

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

30,386

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

7

[illegible]

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		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)		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)?		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		
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		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		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?		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?		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		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		X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ Kevin J. Burr Telephone no ▶ 314-650-8350 12470 Par Lane Located at ▶ Ste. Genevieve MO ZIP + 4 ▶ 63670		
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.		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 ▶ _____		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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		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 ☐

- 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
- 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"

	Yes	No
47		
48		
49a		
49b		

(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.

Sign Here Signature of officer Kevin J. Burr Date 8-12-14
Type or print name and title Treasurer

Paid Preparer Use Only	Print/Type preparer's name <u>Jason M. Basler</u>	Preparer's signature <u>Jason M. Basler</u>	Date <u>08/06/14</u>	Check ☐ if self-employed	PTIN <u>P00421099</u>
	Firm's name ▶ <u>Michael Horrell and Associates, LLC</u>			Firm's EIN ▶ <u>43-1854560</u>	
	Firm's address ▶ <u>51 Sainte Genevieve Dr Sainte Genevieve, MO 63670</u>			Phone no <u>573-883-3508</u>	

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

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

Missouri Jaycees
Zell Area Jaycees

Employer identification number

43-1097743**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.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

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 col (i)	(vi) Amount paid to (or retained by) organization
		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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Tournament</u>		<u>None</u>	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	13,958			13,958
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	13,958			13,958
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,764			5,764
	10 Direct expense summary Add lines 4 through 9 in column (d)				5,764
11 Net income summary Subtract line 10 from line 3, column (d)				8,194	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

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

b If "Yes," 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 ►

- 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. 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.

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

OMB No 1545-0047

2013**Open to Public
Inspection**

Name of the organization

Missouri Jaycees
Zell Area Jaycees

Employer identification number

43-1097743**Form 990-EZ, Part I, Line 10 - Payments to Affiliates**

Name and Address	Purpose	Amount
Missouri Jaycees	Per Capita Dues	\$ 1,300
222 E. Dunklin St.		
Suite 100		
Jeffersn City MO 65101		

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name and Address	Class of Activity	Date of Gift	Desc. of Property	Cash Contrib.	Noncash Contrib.	Book Value	BV Expl.	FMV Expl.
See Attached Schedule								
11266 State Route A								
Ste. Geneveive, MO 63670				\$ 11,035	\$ 0			
				\$ 0				

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

Description	Amount
Clubroom Sales	
Advertising	\$ 2,611
Insurance Expense	\$ 1,781
Telephone	\$ 903
Licenses	\$ 525
Non-investment Depreciation	\$ 1,922

Name of the organization

Missouri Jaycees

Employer identification number

43-1097743

Expenses

Memorials	\$	100
Bank Fees	\$	274
Miscellaneous	\$	126
Total	\$	8,242

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Equipment	\$ 6,331	\$ 6,331
Less Accumulated Depreciation	\$ 2,431	\$ 3,366
Total	\$ 3,900	\$ 2,965

Form 990-EZ, Part III - Primary Exempt Purpose

To provide development opportunities that empower young people to create positive change.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2013Attachment
Sequence No **179**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Missouri Jaycees
Zell Area Jaycees

Identifying number

43-1097743

Business or activity to which this form relates

Clubroom Sales**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,922

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts check here		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,922
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

DAA

There are no amounts for Page 2

Tax Asset Detail 4/01/13 - 3/31/14

Asset	d	t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Buildings													
1			Building	6/01/83	27,000 00	0 00	0 00	21,173 15	692 31	21,865 46	5,134 54	S/L	39 0
2			Kitchen Remodel	2/09/12	11,483 95	0 00	0 00	564 38	294 46	858 84	10,625 11	S/L	39 0
			Buildings		38,483 95	0 00c	0 00	21,737 53	986 77	22,724 30	15,759 65		
Group: Equipment													
4			Lawn Mower	4/12/11	4,299 00	0 00	0 00	1,688 89	614 14	2,303 03	1,995 97	S/L	7 0
5			Bar Stools and Tables	5/31/11	1,161 90	0 00	0 00	442 64	165 99	608 63	553 27	S/L	7 0
6			TV	9/18/11	539 84	0 00	0 00	251 93	107 97	359 90	179 94	S/L	5 0
7			Freezer	1/14/13	329 95	0 00	0 00	47 14	47 14	94 28	235 67	S/L	7 0
			Equipment		6,330 69	0 00c	0 00	2,430 60	935 24	3,365 84	2,964 85		
Group: Land													
3			Land	6/01/82	12,892 00	0 00	0 00	0 00	0 00	0 00	12,892 00	Land	99 0
			Land		12,892 00	0 00c	0 00	0 00	0 00	0 00	12,892 00		
			Grand Total		57,706 64	0 00c	0 00	24,168 13	1,922 01	26,090 14	31,616 50		

Missouri Jaycees - Zell Area Jaycees**FEIN: 43-1097743****Tax Period: 2013**

Ste Genevieve High School	Ste Genevieve, MO 63670	Program Support	200 00
Bailey Fleg	Ste Genevieve, MO 63670	Educational Support	50 00
Challenger Sports Project	Ste Genevieve, MO 63670	Program Support	6,630 00
Saint Baldricks	Monrovia CA 91016	Program Support	100 00
St Joseph Parish	Ste Genevieve, MO 63670	Program Support	100 00
Backstoppers	Ste Genevieve, MO 63670	Program Support	125 00
Adult Junior Classic	Ste Genevieve, MO 63670	Program Support	50 00
Valle High School	Ste Genevieve, MO 63670	Program Support	100 00
Once Upon a Pagent	Ste Genevieve, MO 63670	Program Support	100 00
Advocates for St Joseph	Ste Genevieve, MO 63670	Program Support	100 00
St Vincent Depaul	Ste Genevieve MO 63670	Program Support	600 00
Ste Gen Foundation	Ste Genevieve MO 63670	Program Support	320 00
Advocates for St Joseph	Ste Genevieve, MO 63670	Program Support	360 00
Project Graduation	Ste Genevieve, MO 63670	Program Support	100 00
Ste Gen National Honor Society	Ste Genevieve, MO 63670	Program Support	100 00
Valle High School	Ste Genevieve, MO 63670	Educational Support	1,000 00
Ste Genevieve High School	Ste Genevieve, MO 63670	Educational Support	1 000 00
			11,035 00