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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2014

Open to Public Inspection

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

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VIRGINIA JAYCEES, INC.		D Employer identification number 54-0479376
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 41657	E Telephone number 804-601-8252	
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22204			F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ www.vajaycee.org **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ▶ \$ **41,748**

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	14,660	10	Grants and similar amounts paid (list in Schedule O)	10	14,421
2	Program service revenue including government fees and contracts	2	13,568	11	Benefits paid to or for members	11	-0-
3	Membership dues and assessments	3	13,516	12	Salaries, other compensation, and employee benefits	12	-0-
4	Investment income	4	4	13	Professional fees and other payments to independent contractors	13	-0-
5a	Gross amount from sale of assets other than inventory	5a	-0-	14	Occupancy, rent, utilities, and maintenance	14	12,392
b	Less: cost or other basis and sales expenses	5b	-0-	15	Printing, publications, postage, and shipping	15	1,432
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-0-	16	Other expenses (describe in Schedule O)	16	20,023
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16 ▶	17	48,268
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	-0-	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(6,520)
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-	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	38,190
c	Less: direct expenses from gaming and fundraising events	6c	-0-	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-0-
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-0-	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	31,670
7a	Gross sales of inventory, less returns and allowances	7a	-0-	<div style="border: 2px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> RECEIVED MAY 1 9 2015 OGDEN, UT IRS-OSC </div>			
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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	41,748				

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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 compliance.

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**

Yes	No
	✓

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 **47**

Yes	No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**

Yes	No

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

Yes	No

b If "Yes," was the related organization a section 527 organization? **49b**

Yes	No

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."

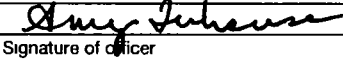
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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	5-12-15 Date
Amy Tehnouse, President Type or print name and title	

Paid Preparer Use Only

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

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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

VIRGINIA JAYCEES

Employer identification number

54-0479376

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

- Grants to schools and civic organizations in the Colonial Heights, VA area following the closure of the Colonial Heights Jaycees Chapter, also described on 990-EZ, Line 30	\$ 13,549	(None of these grants exceeded \$5,000 individually)
- Payment to affiliate: Virginia Life Member Association	\$ 200	
- Payment to affiliate: Virginia Jaycee Foundation	\$ 172	
- Payment to affiliate: U.S. Jaycees Dixie Institute	\$ 500	
TOTAL, Line 10	\$ 14,421	

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

Description	Amount
Conferences and Meetings	\$ 15,593
Insurance	\$ 3,132
Awards	\$ 953
Administrative Expenses	\$ 204
Telephone and Internet	\$ 141
TOTAL, Line 16	\$ 20,023

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

Description	Beg. of Year Amount	End of Year Amount
Receivables	\$ -0-	\$ 2,170

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

Description	Beg. of Year Amount	End of Year Amount
Payables (Utilities)	\$ 447	\$ -0-
Liability for Real Estate Taxes on Land and Building	\$ -0-	\$ 8,913

--- END OF SCHEDULE O ---