

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2018

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning January 1, 2018, and ending December 31, 2018

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| B Check if applicable: <input 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 <input type="checkbox"/> 21 <u>Ann Arbor Jaycees</u> | D Employer identification number <input type="checkbox"/> 21 <u>38-6091857</u> | |
| | Number and street (or P.O. box, if mail is not delivered to street address) <input type="checkbox"/> 21 <u>PO Box 1866</u> | Room/suite <u>04</u> | E Telephone number <u>(734) 846-1845</u> |
| | City or town, state or province, country, and ZIP or foreign postal code <u>Ann Arbor, MI 48106</u> | | F Group Exemption Number ▶ <input type="checkbox"/> 21 |

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.a2jaycees.org

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

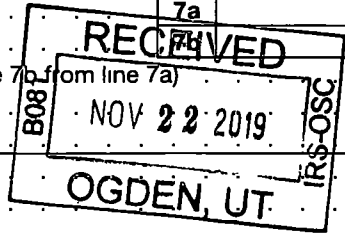
H Check if the organization is not required to attach Schedule B 21 (Form 990, 990-EZ, or 990-PF).

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 22768

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 21

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

| | | Revenue | | Expenses | | Net Assets | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|----------|--|------------|--|
| <input type="checkbox"/> 21 | 1 Contributions, gifts, grants, and similar amounts received | 1 | 4113 | | | | |
| <input type="checkbox"/> 21 | 2 Program service revenue including government fees and contracts | 2 | 0 | | | | |
| <input type="checkbox"/> 21 | 3 Membership dues and assessments | 3 | 495 | | | | |
| <input type="checkbox"/> 21 | 4 Investment income | 4 | 0 | | | | |
| | 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 \$ _____ 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 | 44985 | | | | |
| | c Less: direct expenses from gaming and fundraising events | 6c | 21914 | | | | |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 23071 | | | | |
| | 7a Gross sales of inventory, less returns and allowances | 7a | 0 | | | | |
| | b Less: cost of goods sold | | 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 | 27679 | | | | |
| | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 0 | | | | |
| | 11 Benefits paid to or for members | 11 | 0 | | | | |
| | 12 Salaries, other compensation, and employee benefits <input type="checkbox"/> 21 | 12 | 0 | | | | |
| | 13 Professional fees and other payments to independent contractors <input type="checkbox"/> 21 | 13 | 0 | | | | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 2472 | | | | |
| | 15 Printing, publications, postage, and shipping | 15 | 175 | | | | |
| | 16 Other expenses (describe in Schedule O) <input type="checkbox"/> 21 | 16 | 30584 | | | | |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 33231 | | | | |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | (5552) | | | | |
| | 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 | 98675 | | | | |
| | 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 | 93123 | | | | |



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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

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
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
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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 Michigan
42a The organization's books are in care of Melanie Reid Telephone no. 734-846-1845 Located at 1543 Levona Ypsilanti, MI 48198 ZIP + 4 48198-6414
42b 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
42c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)?
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

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 **21**

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 **21**

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No **21**

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 |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

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 **21**
 Signature of officer: Melanie Reid Date: 11-10-19
 Type or print name and title: Melanie Reid, Treasurer

Paid Preparer Use Only
 Preparer's name: _____ Preparer's signature: _____ Date: _____ Check 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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------|--------------|------------------|-------------------------------|
| | | Summer Carnival (event type) | (event type) | (total number) | (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 44984 | 0 | 0 | 44984 |
| | 2 Less: Contributions | 0 | 0 | 0 | 0 |
| | 3 Gross income (line 1 minus line 2) | 44984 | 0 | 0 | 44984 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Noncash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 19660 | 0 | 0 | 19660 |
| | 7 Food and beverages | 61 | 0 | 0 | 61 |
| | 8 Entertainment | 0 | 0 | 0 | 0 |
| | 9 Other direct expenses | 2194 | 0 | 0 | 2194 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 21915 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 23069 | |

Part III Gaming. Complete if the organization answered "Yes" on 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)) |
|-----------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Ann Arbor Jaycees

Employer identification number

38-6091857

Part I - Line 16

\$5662 In Fundraising expenses which were not a direct expense of Summer Carnival

\$4116 In expenses pursuant of the organization's Social Area Services

\$13958 In expenses pursuant of the organization's Community Area Services

\$3760 In expenses for Member Benefits such as organization identification apparel and conferences

\$3088 In Chapter Operations Costs

Part III - Line 29a

Includes totals from Summer Carnival and other fundraising

