



Grand Rapids Jaycees Foundation

Fax

To: John Gunko	From: Kris
Fax: 846.560.0434	Pages:
Phone:	Date:
Re: 990 forms	CC:
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

I found it! It was in the fire safe box.

I also found the letter Diane used in 2003 for Holiday tour funds to be released from the Comm. Foundation / Doug Wickes fund. Can you send me the amount granted? - Never mind I will check QB while here.

Thanks.

Kris

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2004

For calendar year 2004 or other tax year beginning _____, and ending _____

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section

501(c) (3) 408(e) 408A 529(a)

220(e) 530(a)

Name of organization (check box if name changed and see instructions)

Grand Rapids Jaycees Foundation

Number, street, and room/suite no. (If a P.O. box, see page 7 of Instr.)

2774 Birchcrest Dr SE

City or town, state, and ZIP code

Grand Rapids MI 49506

D Employer identification number
(Employees' trust, see instructions for Block D on page 7.)

38-2425009

E New unrelated bus. activity codes
(See instructions for Block E on page 7.)

C Book value of all assets at end of year

1,625,105

F Group exemption number (see instructions for Block F on page 7) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶

Program advertising revenues

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **Diane Ferris** Telephone number ▶

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit (subtract line 2 from line 1c)	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships & S corp. (att. stmt.)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, & rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	20,825	700
12	Other income (see pg. 9 of the instructions-attach schedule)	12		
13	Total (combine lines 3 through 12)	13	20,825	700

Part II Deductions Not Taken Elsewhere (See page 9 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (see page 11 of the instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions (add lines 14 through 28)	29	
30	Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30	700
31	Net operating loss deduction	31	
32	Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	32	700
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation on page 12).
Controlled group members (sections 1561 and 1563)-check here [] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) \$
(2) additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates (see instructions for tax computation on page 13). Income tax on
the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax (see page 13 of the instructions) 37
38 Alternative minimum tax 38
39 Total (add lines 37 and 38 to line 35c or 36, whichever applies) 39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see page 14 of the instructions) 40b
c General business credit-Check here and indicate which forms are attached:
[] Form 3800 [] Form(s) (specify) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits (add lines 40a through 40d) 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8886 [] Other 42
43 Total tax (add lines 41 and 42) 43 0
44a Payments: A 2003 overpayment credited to 2004 44a
b 2004 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations-Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 44f
45 Total payments (add lines 44a through 44f) 45
46 Estimated tax penalty (see page 4 of the instructions). Check [] if Form 2220 is attached 46
47 Tax due- If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment- If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amt. of line 48 you want: Credited to 2005 estimated tax [] Refunded 49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 15.)

1 At any time during the 2004 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)? Yes No
If "Yes," the organization may have to file Form TD F 90-22.1.
If "Yes," enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Yes No
If "Yes," see page 15 of the instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A-Cost of Goods Sold - Enter method of inventory valuation

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4a Additional sec. 263A costs (attach sch.) 4a
b Other costs (attach schedule) 4b
5 Total- Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.) 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer's signature: DeHoek & Neff, PLLC Date: 7/05/05 Check if self-employed [] Preparer's SSN or PTIN: 374-70-5802
Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP code: 29 Pearl St NW Ste 111 Grand Rapids, MI 49503-3017 EIN: 38-3205146 Phone #: 616-456-5530

Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property)

(See instructions on page 16.)

1 Description of property

(1) **N/A**

(2)

(3)

(4)

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total		Total deductions. Enter here and on line 6, column (B), Part I, page 1.

Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)

Schedule E-Unrelated Debt-Financed Income (See instructions on page 17.)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1) N/A					
(2)					
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5			
(1)					
(2)					
(3)					
(4)					
Totals				Enter here and on line 7, column (A), Part I, page 1.	Enter here and on line 7, column (B), Part I, page 1.

Total dividends-received deductions included in column 8

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross inc.	6 Deductions directly connected with income in column (5)	
(1) N/A						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on line 8, Column (A), Part I, page 1.	Add columns 6 and 11. Enter here and on line 8, Column (B), Part I, page 1.

Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 18.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here & on line 9, col. (A), Part I, page 1.			Enter here & on line 9, col. (B), Part I, page 1.

Schedule I-Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on line 10, col. (A), Part I, page 1.	Enter here and on line 10, col. (B), Part I, page 1.				Enter here and on line 28, Part II, page 1.

Schedule J-Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) Farmers Charity						
(2) Classic Program	20,825	20,125				
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on line 11, col. (A), Part I, page 1. 20,825	Enter here and on line 11, col. (B), Part I, page 1. 20,125				Enter here and on line 27, Part II, page 1.

Schedule K-Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
N/A			
		%	
		%	
		%	
		%	

Total- Enter here and on line 14, Part II, page 1