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A For the 2008 calendar year, or tax year beginning 09-01-2008 , and ending 08-31-2009				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Juneau Education Association		<b>D</b> Employer identification number 92-0128708
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 22631		<b>E</b> Telephone number (907) 523-1532
		City or town, state or country, and ZIP + 4 Juneau, AK 998022631		<b>F</b> Group Exemption Number

<p><b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p>	<p><b>G Accounting method</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual          Other (specify) ▶</p>
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<b>I Website:</b> <input type="checkbox"/> <a href="http://home.gci.net/~jea/">http://home.gci.net/~jea/</a>	<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Organization type</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	332,258
	4	Investment income . . . . .	4	1,694
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here 		
	a	Gross revenue (not including \$_____ of contributions reported on line 1) . . . . .	6a	
	b	Less direct expenses other than fundraising expenses . . . . .	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe  _____)	8	8,899	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . 	9	342,851	
Expenses	10	Grants and similar amounts paid (attach schedule) 	10	289,219
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	8,150
	13	Professional fees and other payments to independent contractors . . . . .	13	8,422
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	6,867
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe  _____)	16	11,590
	17	<b>Total expenses</b> (add lines 10 through 16) . . . . . 	17	324,248
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	18,603
	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	162,771
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) . . . . . 	21	181,374

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? TO PROMOTE THE EDUCATIONAL WELL-BEING OF SCHOOL CHILDREN, PROTECT AND PROMOTE THE WELFARE AND ECONOMIC VIABILITY OF THE TEACHERS IN THEIR DISTRICT, AND PROVIDE A UNIFIED VOICE WITH WHICH TEACHERS MAY EXPRESS THEIR OPINIONS BEFORE THE BOARD OF EDUCATION AND OTHER LEGAL AUTHORITIES			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b> To establish and further the highest possible educational opportunity for school children, represent teachers in collective bargaining, maintain and enforce the negotiated agreement, and promote enactment of laws for the protection and progress of education (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	0	
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>		
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>		
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>		
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>		

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)


Yes

No

33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a		0
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b		
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 unpaid at the start of the period covered by this return? . . . . .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b		
39	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. . . . .	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶			0
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶			0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	40e		No
41	List the states with which a copy of this return is filed ▶ AK			
42a	The books are in care of ▶ CAROL SHURSON Treasurer Telephone no ▶ (907) 790-2800 PO BOX 22631 Located at ▶ Juneau, AK ZIP + 4 ▶ 99802			
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶	43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

complete the tables for lines 50 and 51.

<b>46</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</b>	If "Yes," was the related organization(s) a section 527 organization?		
<b>50</b>	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

<b>Please Sign Here</b>	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				
	***** Signature of officer		2010-07-15 Date		
	SEMRA LEE RIGHTS CHAIR Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Robert L Rehfeld		Date 2010-07-15	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ELGEE REHFELD MERTZ LLC 9309 GLACIER HWY STE B-200 JUNEAU, AK 99801				EIN ▶
					Phone no ▶ (907) 789-3178

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

Additional Data

Software ID:  
Software Version:  
EIN: 92-0128708  
Name: Juneau Education Association

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BEN KRIEGMONT PO BOX 22631 JUNEAU, AK 99802	PRESIDENT 3 00	1,800	0	0
DEEDIE SORENSEN PO BOX 22631 JUNEAU, AK 99802	mEMBERSHIP 3 00	500	0	0
CAROL SHURSON PO BOX 22631 JUNEAU, AK 99802	TREASURER/PAST PRESIDENT 3 00	2,000	0	0
DIXIE ALMS PO BOX 22631 JUNEAU, AK 99802	SECRETARY 3 00	900	0	0
MINDY BARRY PO BOX 22631 JUNEAU, AK 99802	MEMBERSHIP 3 00	750	0	0
PAULA JANOWIEC PO BOX 22631 JUNEAU, AK 99802	BOARD MEMBER 1 00	0	0	0
MICHAEL HEIMAN PO BOX 22631 JUNEAU, AK 99802	BOARD MEMBER 1 00	0	0	0
SEMRA LEE PO BOX 22631 JUNEAU, AK 99802	RIGHTS CHAIR 1 00	1,000	0	0
ULLA PEDERSEN PO BOX 22631 JUNEAU, AK 99802	BOARD MEMBER 1 00	200	0	0
JAMIE MARKS PO BOX 22631 JUNEAU, AK 99802	BOARD MEMBER 1 00	200	0	0
REBECCA FERRELL PO BOX 22631 JUNEAU, AK 99802	BOARD MEMBER 1 00	0	0	0
ALLISON SMITH PO BOX 22631 JUNEAU, AK 99802	BOARD MEMBER 1 00	200	0	0
ENID LINTS PO BOX 22631 JUNEAU, AK 99802	BOARD MEMBER 1 00	200	0	0
SHERYL WITTIG PO BOX 22631 JUNEAU, AK 99802	BOARD MEMBER 1 00	200	0	0
RICKY BASS PO BOX 22631 JUNEAU, AK 99802	BOARD MEMBER 1 00	200	0	0

**TY 2008 Grants and Similar Amounts Paid Schedule****Name:** Juneau Education Association**EIN:** 92-0128708

<b>Item No.</b>	1
<b>Class of Activity</b>	EDUCATIONAL SCHOLARSHIP
<b>Donee's Name</b>	CREIGHTON UNIVERSITY-MIRJKE CONRAD
<b>Donee's Address</b>	2500 CALIFORNIA PLAZA OMAHA, NE 68102
<b>Amount (FMV)</b>	1,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-08

<b>Item No.</b>	2
<b>Class of Activity</b>	EDUCATIONAL SCHOLARSHIP
<b>Donee's Name</b>	YALE UNIVERSITY-MOLLY EMERSON
<b>Donee's Address</b>	230 PROSPECT ST NEW HAVEN, CT 06511
<b>Amount (FMV)</b>	1,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-08



Item No.	3
Class of Activity	EDUCATIONAL SCHOLARSHIP
Donee's Name	LINFIELD COLLEGE-KYRA JONES
Donee's Address	900 SE BAKER MCMINNIVILLE, OR 97128
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	4
Class of Activity	EDUCATIONAL SCHOLARSHIP
Donee's Name	WHITWORTH COLLEGE-KEEGAN GOODELL
Donee's Address	300 W HAWTHORNE ROAD SPOKANE, WA 99251
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	5
Class of Activity	EDUCATIONAL SCHOLARSHIP
Donee's Name	SEATTLE PACIFIC UNIVERSITY-AARON BADILLA
Donee's Address	3307 3RD AVE W SEATTLE, WA 98119
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	6
Class of Activity	EDUCATIONAL SCHOLARSHIP
Donee's Name	MONTANA STATE UNIVERSITY-JOSEPH FUNK
Donee's Address	1000 S 11TH AVENUE BOZEMAN, MT 59715
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	7
Class of Activity	EDUCATIONAL SCHOLARSHIP
Donee's Name	UAS-LYDIA STEELE
Donee's Address	11120 GLACIER HWY JUNEAU, AK 99801
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	8
Class of Activity	
Donee's Name	NATIONAL EDUCATION ASSOCIATION
Donee's Address	4100 SPENARD ROAD ANCHORAGE, AK 99517
Amount (FMV)	284,219
Purpose of Payment to Affiliate	MEMBERSHIP DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

## TY 2008 Other Expenses Schedule

**Name:** Juneau Education Association

**EIN:** 92-0128708

Description	Amount
NEGOTIATIONS	2,903
MEMBER INVOLVEMENT	1,097
CONFERENCES	7,590

## TY 2008 Other Liabilities Schedule

**Name:** Juneau Education Association

**EIN:** 92-0128708

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	1,884	0
SCHOLARSHIP SAVINGS ACCOUNT	0	0



TY 2008 Other Revenues Schedule

**Name:** Juneau Education Association

**EIN:** 92-0128708

Description	Amount
OTHER	8,899