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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No 1545-0047

Department of the Treasur

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection , 20 10 For the 2009 calendar year, or tax year beginning July 1 2009, and ending June 30 D Employer identification number C Name of organization Junior Achievement Foundation Please use IRS B Check if applicable Doing Business As 1458558 Address change label or Telephone number orint or Number and street (or PO box if mail is not delivered to street address) Room/suite ☐ Name change type 601 Noble Drive (260) 484-2543 ☐ Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc-Fort Wayne, IN 46825 G Gross receipts \$ Amended return F Name and address of principal officer Lena Yarian H(a) Is this a group return for affiliates? Yes Application pending 601 Noble Drive, Fort Wayne, IN 46825 H(b) Are all affiliates included? ☐Yes ☐ No If "No," attach a list (see instructions) Website: ► www.jani.org H(c) Group exemption number ▶ Κ L Year of formation 1952 M State of legal domicile IN Summary 1 Briefly describe the organization's mission or most significant activities: To support the activities of Junior Achievement of Northern Indiana Activities & Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a). 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V. line 2a) 6 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34, **Prior Year Current Year** 176,776 130,822 Contributions and grants (Part VIII, line-Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 338,792 (455, 361)Other revenue (Part VIII, column (A) Hnes-5-6d, 8c, 9c, 19c, and 11e)

Total revenue – add lines 8 through (E) (must equal Part VIII, column(A), line 12) 730 11 12 (278.585)470,344 169,377 159,580 13 Grants and similar amounts paid (Part-IX-14 Benefits paid to or for members (Part IX) (High) (A) ine (4) 15 Salaries, other compensation, employee-benefits (Part-IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 169,377 159,580 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 (477,962)19 310,764 5 9 Beginning of Current Year End of Year 2,604,522 2,915,286 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 2,604,522 2,915,286 Part II Signature Block Under penalties of penury, 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 Sighature btotti€e Date Date Preparer's identifying number Preparer's (see instructions) signature employed 🕨 🗌 Paid Preparer's Firm's name (or yours **Use Only** if self-employed), address, and ZIP + 4 Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Yes

Form 990 (2009)

Par	Statement of Program Service Accomplishments
1	Bnefly describe the organization's mission: To support the activities of Junior Achievement of Northern Indiana
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 159,580 including grants of \$) (Revenue \$) To support the activities of Junior Achievement of Northern Indiana
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 159.580

L CI	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	1	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	, , , ,	1 14 1	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	7. F. J.		
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		ونو پر چه درق او چه	****
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	3 . X	ر در این از در در این از از در از	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	2		150
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		7
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	٠	- 12 e - - 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pai	TiV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	***		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		1

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			表 学
	U.S. Information Returns. Enter -0- if not applicable	- 1	1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4.建		7
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	-	11 A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	25	14.	3
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		1. S. S.	الخسنا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	1.75.4
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)		, î	\$ 1.00 m
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	12	7
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	3b	<u> </u>	<u> </u>
4a	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)?	4a		1
b	If "Yes," enter the name of the foreign country. ▶	13.3	*	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	No. of the last	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	✓_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1	B	372.5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ale and	/ · ·
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	300	1	P17 1 1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\ \frac{1}{\sqrt{1}}
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	E.		
_	organization, have excess business holdings at any time during the year?	8	A	-
9	Sponsoring organizations maintaining donor advised funds.	12.45 12.45 10.45	4.3	***********
a	Did the organization make any taxable distributions under section 4966?	9a	├──	
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	700
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12	12	医学	
a h	mindates recording depictar contains an included on that this into 12.	13.3	1	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	34	基 透	
11 a	Gross income from members or shareholders	*	李季	£
	Gross income from other sources (Do not net amounts due or paid to other sources against		E.J	1.6
	amounts due or received from them.)	1		A STATE
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	7	√

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a		2000	, i	3
b	Enter the number of voting members that are independent	*,		25
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		÷7, -	·-
	any other officer, director, trustee, or key employee?	2_		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		V
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		,
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	_	√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	٠. ١	47	£
	the year by the following:	L	مجد	، حق،
	The governing body?	<u>8a</u>	√	
b	Each committee with authority to act on behalf of the governing body?	8b	_	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>		✓
	tion B. Policies (This Section B requests information about policies not required by the Internal Code)	ernal		
Rev	enue Code.)			
		-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11	7	, - 5
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10:		
12a	,,,,,	12a		
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	,	
	rise to conflicts?	12b	V	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	./	
40	describe in Schedule O how this is done	13	1	_
13	Does the organization have a written whistleblower policy?	14	V	
14	Does the organization have a written document retention and destruction policy?	2.	15.50	
15	Did the process for determining compensation of the following persons include a review and approval by	, :	17.7	1 1
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	عَد		تسنيد
a	The organization's CEO, Executive Director, or top management official	15a 15b	V /	
Þ	Other officers or key employees of the organization	1 -1	∀	\ <u>+</u>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	**	37.5	1.5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	I .	:	112
	with a taxable entity during the year?	16a	-	V
b	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate	37	, · . · . · .	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	·*•	
Sac	the organization's exempt status with respect to such arrangements?	I IOD		<u> </u>
17		-		
18	List the states with which a copy of this Form 990 is required to be filed Indiana Section 6104 requires an expanization to make its Forms 1023 (or 1024 if applicable), 000, and 000 T (501/s)			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or public inspection, Indicate how you make those excitable. Check all that apply	S(ک)(ز	oniy)	
	available for public inspection Indicate how you make these available. Check all that apply. Own website D Another's website D Upon request			
10	· · · · · · · · · · · · · · · · · · ·	_£ !_+		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot int	erest	
20	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► Dick Stahl, 601 Noble Drive, Fort Wayne, IN 46825 (260)484-2543	ords o	the	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	mpensate	any o	un	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average		on (k ali	that ap		Reportable	Reportable	Estimated
,	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Lena Yarian	_									•
President	2			1				0	0	0
					L					
_										

Pa	t VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	, an	d Higl	hest	Compensate	d Employees (co	es (continued)			
	(A)	(B)	_		-	C)			(D)	(E)	(F)			
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	สี Key employee	Highest compensated mployee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations			
										_				
										.				
_	Total	<u> </u>	<u></u>	<u>. </u>	<u>. </u>			<u> </u>	0	0	0			
2 —	Total number of individuals (including but reportable compensation from the organization)		to the	ose	list	ed a	above) wh	no received mo	ore than \$100,0				
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is the s	chedule J	for su	ıch	indi	vidu	ual .				Yes No 3 ✓			
	the organization and related organizations individual.										4			
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp lete	oen: Sch	sati edu	on t ile J	from a for s	any uch	unrelated org	anization for	5 ✓			
	ction B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent o	contra	cto	rs that receive	d more than \$1	00,000 of 			
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation			
_														
_		·												
2	Total number of independent contractors (imore than \$100,000 in compensation from	including be	ut not	lim	itec	l to	those	liste	ed above) who	received				

Par	t VII	Statement of Revenue		· · · · · · · · · · · · · · · · · · ·			
			•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns		130,822			
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f	ode •				
	3 4 5	Investment income (including dividends, interest, are other similar amounts)	* * *	61,687	61,687		
	b	Gross Rents Less: rental expenses Rental income or (loss)	•				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other	-	, , , , , , , , , , , , , , , , , , ,			
	С	Less cost or other basis and sales expenses . Gain or (loss)	>	277,105	277,105		
Other Revenue	ь	Gross income from fundraising events (not including \$					
	ł	Gross income from gaming activities. See Part IV, line 19				سر والله	5.5%
	b	Less: direct expenses b Net income or (loss) from gaming activities	→	-	7.		, ,
	10a b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory	▶			<u>.</u>	
	11a						
	С	All other revenue		730			
	е	Total. Add lines 11a-11d	•		,	•	
	12	Total revenue. See instructions	<u> </u>	470,344	338,792		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are no	ot required to com	plete columns (B),	(C), and (D).
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				高温等
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			37 27 24	1.20
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				-
	Legal				
	Accounting	·			
	Lobbying		The feet of the feet	1 Lat 1 (270 To)	
	Professional fundraising services. See Part IV, line 17	22,046	· · · · · · · · · · · · · · · · · · ·	22,046	
	Investment management fees	22,040		22,040	
_	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15 16	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance	5 km 1 (3 April 1)	the sale - was	19 12 19 5 S	\$0.00 mg 100 100 100
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Program support to JANI	137,534	137,534		
b					
С	***************************************	-	_		
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	159,580	137,534	22,046	
26	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the	1			
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet	 		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1_	
	2	Savings and temporary cash investments	126,514	_	242,102
	3	Pledges and grants receivable, net	26,774		57,319
	4	Accounts receivable, net	23,466	4	7,285
	5	Receivables from current and former officers, directors, trustees, key		بخنوا	图 2000 图 2000
		employees, and highest compensated employees. Complete Part II of Schedule L	- Judga and Angles	కమ్ 5	2 11 12 12 12 12 12 12 12 12 12 12 12 12
S	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	\$ 3.75 C. 25	6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or the other basis. Complete Part VI of Schedule D	الله الله الله الله الله الله الله الله		
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	2,427,768	11	2,611,114
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	. <u> </u>
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,604,522	16	2,917,820
	17	Accounts payable and accrued expenses		17	2,534
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	1.1841.883		THE STATE OF THE S
ap		employees, highest compensated employees, and disqualified		- 1	
		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			上達主意
ala	27	Unrestricted net assets		27	
m	28	Temporarily restricted net assets	387,352	28	570,204
핕	29	Permanently restricted net assets	2,217,170	29	2,345,082
or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		过	A CONTRACTOR
əts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	2,604,522	34	2,917,820

Pa	t XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		(1)	2.7				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.	ا ديد د مختف	،" خ ــــــ					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓				
b	Were the organization's financial statements audited by an independent accountant?	2b	✓_					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in	ا چوسا	Į,	• " •				
	Schedule O.	1 1	1	-				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	10.31	19					
	issued on a consolidated basis, separate basis, or both	•		. !				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	e an instrum		٠				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a		✓				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	l						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b						

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number Junior Achievement Foundation 1458558 35 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/2 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III-Functionally integrated d Type III-Other e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section col (i) of your governing document? (i) organized in the (see instructions)) US? support? Yes Yes No Yes No 12 Junior Achievement of Northern Indiana 35-0922731 137,534

Total

137,534

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Jun	or Achievement Foundation	35	•	145855	8	
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Fur the organization answered "Yes" to Form 990, Part IV, line 6.	ds or	Accounts	. Com	plete if	
	(a) Donor advised funds	(b)	Funds and other	er accou	nts	_
1	Total number at end of year , , , ,					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets held funds are the organization's property, subject to the organization's exclusive legal control			□ Y	es 🗌 No	0
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant used only for charitable purposes and not for the benefit of the donor or donor advisor, purpose conferring impermissible private benefit?	or for a	any other		es 🗌 No	0
Pai				, line 7	•	_
1	Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of open space	f a cer	rtified histor	ic struc	cture	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year.	in the	T			
		1	-	End of	the Tax Yea	35
а	Total number of conservation easements		a			_
Ь	Total acreage restricted by conservation easements		b c			_
C	Number of conservation easements on a certified historic structure included in (a)	.	d d			
d	Number of conservation easements included in (c) acquired after 8/17/06	. –				_
3	Number of conservation easements modified, transferred, released, extinguished, or term the tax year ►	ninated	d by the org	anizatio	on during	
4	Number of states where property subject to conservation easement is located ▶					
5	Does the organization have a written policy regarding the periodic monitoring, inspection violations, and enforcement of the conservation easements it holds?		-	□ Y	es 🗌 N	0
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easem	nents during	the ye	ear	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease ▶\$	ments	during the	year		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	of secti	on 	□ Y	es 🗌 N	0
9	In Part XIV, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's fir the organization's accounting for conservation easements.	nancial	statements	that d	, and escribes	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	her Si	imilar Asse	ets.		
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or rese provide, in Part XIV, the text of the footnote to its financial statements that describes the	arch in	furtherance			
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or resea provide the following amounts relating to these items:	rch in	furtherance	of pub	lic servic	е,
	(i) Revenues included in Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical treasures, or other similar as following amounts required to be reported under SFAS 116 relating to these items:					
a b	Revenues included in Form 990, Part VIII, line 1		. ► \$. ► \$			

Page	2

	_	-		
Schedule	υ	(Form	990)	2009

Sche	dule D (Form 990) 2009										age Z
Pai	t III Organizations Maintaini	ing Collections	of Art, Histo	rica	l Treasures,	or O	ther Simil	ar As	sets (c	ontin	ued)
3	Using the organization's acquisition collection items (check all that apply		other records,	che	ck any of the f	ollow	ving that ar	e a sig	nificant	l use	of its
а	Public exhibition		d 🗌	L	oan or exchan	ge p	rograms				
b	Scholarly research		е 🗌		ther						
С	Preservation for future generat	tions									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pai	Escrow and Custodial A IV, line 9, or reported an a					swer	ed "Yes" t	o Forr	n 990,	Part	
1a	Is the organization an agent, trusted included on Form 990, Part X?	e, custodian or otl	her intermedia	ıry f	or contribution	s or	other asse	ts not		es 🗆] No
b	If "Yes," explain the arrangement in	Part XIV and com	nplete the follo	owir	ng table:						
								Am	ount		
C						1c					
d	Additions during the year					1d					
е	Distributions during the year					<u>1e</u>					
f	•			-			L				
2a b		Part XIV								es L	J No ——
Pai	t V Endowment Funds. Co		anization an	SW	ered "Yes" to	For	m 990, Pa	art IV,			
		(a) Current year	(b) Pnor year		(c) Two years ba		(d) Three year		(e) Foul		
1a	Beginning of year balance	2,604,522	3,052,4	86	maria ili maria	£ :	海岛跨	1,000	CO TE	19.3	<u> </u>
b	Contributions	130,822	176,7	76		15.	产品	1			100 - 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
С	Net investment earnings, gains, and losses	338,792	(455,3	62)							1 (1 to 1)
d	Grants or scholarships	0		0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	~ ()	٥ يَوْهُوا أَمْ إِنَّ	1. S. 1.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4.	S. S. P.O.
е	Other expenditures for facilities and programs	(730)		0			2000年				75m v 2 134 v) 4 v v.
f	Administrative expenses	159,580	169,3	78	J. J. J. J.	3.		#	17 17 22	25 7	تي .
g	End of year balance	2,915,286	2,604,5	22	-,r	3.	7 7 3 2 3 5	£ '.	5-23	- 100	1 T VI
2	Provide the estimated percentage of	f the vear end bal	ance held as:		-		-				
а	Board designated or quasi-endown										
ь	Permanent endowment ▶1										
С	Term endowment ► 0 %										
3a	Are there endowment funds not in th organization by.	e possession of th	e organization	tha	t are held and	admi	nistered for	r the	į	Yes	No
	(i) constant successions			_					3a(i)		1
	_								3a(ii)		1
b	If "Yes" to 3a(ii), are the related orga	anizations listed a	s required on	Sch	nedule R?				3b		
4	Describe in Part XIV the intended us	ses of the organiz	ation's endow	me	nt funds.						
Par	t VI Investments—Land, Bu	ildings, and Eq	<mark>uipment.</mark> Se	e F	orm 990, Par	t X, I	ine 10.				
	Description of investment	(a) Cost or ot			st or other s (other)		ccumulated preciation		(d) Boo	k value	2
1a	Land				,		7	9).			
b	Buildings										
c	Leasehold improvements										
d	Equipment	•						_			
_ е	Other										
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colu	mn	(B), line 10(c))			-			
							·				

Part VII Investments—Other Securitie	es. See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	••	
	, 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Relat	red. See Form 990, Part	X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, F		
	(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, co		<u>.,, .,.,,,,,</u> ▶
Part X Other Liabilities. See Form 990		
1. (a) Description of liability	(b) Amount	
Federal income taxes		
	-	
		
	· · · · · · · · · · · · · · · · · · ·	
		The state of the s
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		
2. FIN 48 Footnote. In Part XIV, provide the text	of the footnote to the organ	ization's financial statements that reports the
organization's liability for uncertain tax positions	under FIN 48.	

Page	4

	Mie D (1 01111 330) 2003	1 age 1
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
_		6
6	Investment expenses	7
7	Prior period adjustments	8
8	Other (Describe in Part XIV.)	9
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
	Add lines 2a through 2d	
		3
3	Subtract line 2e from line 1	
4		
	investment expenses not included out to in 350, i art viii, line ib .	- 1 Project 1 Pr
b	Other (Describe III at Aiv.)	
_		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	ses per Return
1	Total expenses and losses per audited financial statements	1 Barbaras
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	* # ·
-	Investment expenses not included on Form 990, Part VIII, line 7b	
_	investment expenses her included on term eso, that this interior :	
b	Add best As and Ab	140
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
_		1.3.
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a	nd 4b. Also complete
tnis	part to provide any additional information.	
••••		
		•••••

Schedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
		• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •
		· · · · · · · · · · · · · · · · · · ·
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		••
		• • • • • • • • • • • • • • • • • • • •

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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. ▶ See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number **Junior Achievement Foundation** 35 1458558 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants
Solicitation of government grants Mail solicitations еl Solicitation of government grants b Internet and email solicitations g Special fundraising events Phone solicitations d In-person solicitations 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? 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. (iii) Did fundraiser have custody or control of contributions? (i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) (or retained by) or entity (fundraiser) from activity organization fundraiser listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	art II	Fundraising Events. Comore than \$15,000 on F				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Florida Golf (event type)	(event type)	(total number)	(add col (a) through col (c))
en			(event type)	(event type)	(total hamber)	
Revenue	1	Gross receipts	41,876			41,876
æ	2	Less: Charitable				
		contributions				
	3	minus line 2)	41,876			41,876
			··· — · ·			
	4	Cash prizes			<u> </u>	
	5	Noncash prizes				
	"	Woncash phizes				
Ses	6	Rent/facility costs				
ens	_	Food and however				
Ä	7	Food and beverages .				
Direct Expenses	8	Entertainment				
ʿ		A II	23,565			23,565
	9	Other direct expenses	23,303			23,303
	10	Direct expense summary. Ad	d lines 4 through 9 in co	olumn (d)		(23,565)
	11 14	Net income summary Comb Gaming. Complete if t	ine line 3, column (d), a	nd line 10		18,311
ГС		than \$15,000 on Form	990-EZ, line 6a.	vered res to roilli	550, Fart IV, line 15,	or reported more
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses		Noncash prizes				
Ē	3	Noncasti prizes				
lrec	4	Rent/facility costs .				
۵	5	Other direct expenses				
	Ť	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	STREET SAFETY
	6	Volunteer labor	☐ No	☐ No	☐ No	我们就是一个人。
	_					,
	7	Direct expense summary Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		ļ
						Yes No
9 a		iter the state(s) in which the o the organization licensed to o	-	_	ae?	9a
b		"No," explain:	perate garming activities	3 III Cach of these state		
		•				BANGER
10-		ore any of the organization's	gaming licenses revels	d suspended or torm:	nated duppe the torice	ar2 10a
		ere any of the organization's e "Yes," explain.	yamıng ilcenses revoke	u, suspended or termir	iated during the tax yes	al f
-						
11 12		pes the organization operate of the organization a grantor, be			a partnership or other	entity
		med to administer chantable				

Page	3

Schedule:	G (Form	990 ar	990-EZ1	- 2009

	7		Yes	No
13	Indicate the percentage of gaming activity operated in:		- 3	· (
а	The organization's facility		, '	٠٠,
b	An outside facility	, ,		. 4
14	Enter the name and address of the person who prepares the organization's gaming/special events books			- 1
	and records:			; .
		:5	3i	ئىيە ئىرىي
	Name ▶	, .		
	Address ▶		1	
	Address P		3.7	i
15a	Does the organization have a contract with a third party from whom the organization receives gaming			ا برق خشد
	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	7		
	amount of gaming revenue retained by the third party ▶ \$. 5		,
C	If "Yes," enter name and address of the third party:	' ·	/ • · ·	
	Name &			1
	Name ►	-1, t		
	Address ▶	~		. 1
			. 🕌	
16	Gaming manager information:	1 2	ا م	- 154 - 156 - 156
			. at 16.	
	Name ▶	,	3	3.
	- · · · · · · · · · · · · · · · · · · ·	4.00 (1.00		1.57
	Gaming manager compensation ▶ \$		4.5	ار معادد در معادد
	Description of services provided ▶	r ax		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Description of services provided P		,	7,2
	☐ Director/officer ☐ Employee ☐ Independent contractor		ζ,	. , , ,
	·		, ; , <u>, , , , , , , , , , , , , , , , ,</u>	
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		استثنا	91
L	retain the state gaming license?	17a		17
D	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 ▶ \$,		, é·
	Carleton and the Control of the Cont			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

JA of Northern Indiana 35 1458558 990 Section B. Policies line 12A 111. Conflict of Interest Policy 3.1 JANI shall adopt, communicate, and annually ask each employee to affirm understanding of and adherence to a conflict of interest Statemennt either in the form prescribed by JA Worldwide or as locally developed and approved by JA Worldwide. 3.3 Conflict of interest Statment and Declaration Procedure: JA Worldwide requires that all employees and Area Board members complete and annually update a Conflict of Interest Declaration as a method of disclosing and ethically resolving potential conflicts of interest (Policy 6.9 of JA Worldwide Manuel). Possible conflict of interest situations may exist when an employee or Area Board member has an outside personal economic interest that has the potential of being at variance with the best interests of Junior Achievement. Even though such interests may result in no financial detriment to he organization they nevertheless influence or impair the exercise of independent by the individual involed. Without attempting to cover all possible relationships, conflicts of interest may arise under these types of situations with the organizations's vendors, competitors, donors, and customers: 1. Acting in the capacity of a director, officer, sole proprietor, partner, employee of or paid consultant or advisor to any vendor, competitor, donor or customer. 2. Having a substantial interest in any firm that does business with Junior Achievement. for Privacy Act and paperwork Reduction Act Notices, see the intructions for form 990.

Schedule O (Form 990) 2009	_				Page Z
Name of the organization		-	yer id	entification numb	
Junior Achievement of Northern Indiana		35	!	0922731	
3. Engaging in any conduct that is competitive or damaging to Junior Achievemen	ıt				
4. Accepting loans, advances, or excessive gifts or entertainment from any organization	zation tl	hat de	es b	usiness with	
Junior Achievement.					
Should any transaction or act of any employee or Area Board member constitute a	possibl	e cor	flict	of interest, th	e
individual is required to disclose all of the revelant facts for consideration to detern	mine wh	ethei	асо	nflict of inter	est
actually exists, and if so, the manner in which it should be resolved.					
All employees and Area Board members are required to complete and sign a Confli	ict of Int	terest	Decl	aration unon	
All employees and Area Board members are required to complete and sign a comm	101 01 111		Dec	aration apon	
assuming their JA responsibilities and annually thereafter, which shall be retained	in the lo	ocal p	erso	nnel files.	
Compliance questions pertaining to Area Presidents should be referred to Area Bo	ard Cha	irs. (Comp	liance questi	ons
diag Asso Board Chairs and associate questions that connet be received at	the Are	- lav	مطماء	uld be refer	~ d
regarding Area Board Chairs and compliance questions that cannot be resolved at	the Are	a leve	er Snc	outa be retern	eu
to the JA Worldwide Senior Vice President, Human Resources or his or her designe	ee(s) fo	revi	ew.		
		-			
				•	
	• • • • • • • • • • • • • • • • • • • •				

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships See separate instructions. Attach to Form 990.

OMB No 1545-0047

Open to Public

Schedule R (Form 990) 2009 Employer identification number (f)
Direct controlling entity (f) t controlling entity 1458558 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it Direct ٩ PF Public chanty status (if section 501(c)(3)) (e) End-of-year assets 35 Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)3 (d) Total income Cat No. 50135Y (c) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Indiana (b) Primary activity (b) Primary activity had one or more related tax-exempt organizations during the tax year.) Education For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Junior Achievement of Northern Indiana - 35-0922731 601 Noble Drive, Fort Wayne, IN 46825 (a)
Name, address, and EIN of related organization (a) (a) Name, address, and EIN of disregarded entity Junior Achievement Foundation Name of the organization Part I Part II

(J) General or managing partner? Percentage ownership Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ Yes Share of total income (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) (f) Share of total income (d) (d) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Ö (d)

l Direct controlling | Primary activity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity 3 (a)
Name, address, and EIN of related organization Part IV Part III

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV	Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		П		او ا
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?	<u>-</u>	Mary Mary	·
	•	1 a	>	
	•	1b	<u> </u>	
		10	^	
		₽	>	1
				L
e Loans or loan guarantees by other organization(s)		P S	>	_
		1	in the second	
Sale of assets to other organization(s)		14	<u>`</u>	
n Pirchase of assets from other organization(s)		1g	<u> </u>	
		<u>ج</u>	>	
	·	;		L
Lease of lacilities, equipment, of other assets to other organization(s)			•	-
		- - - -	. ()	٠, <
			<u> </u>	
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	>	. .
l Performance of services or membership or fundraising solicitations by other organization(s)		=	>	
m Sharno of facilities, equipment, mailing lists, or other assets	•	Ę	_	
Scharing of raid annihilate	•	=	`	L
	·	-	2	رمه
Deimburgament and to other accompanion for evapores			<u> </u>	
C PERIODISERIER PAID TO CATER O'BAILIZATION FOR EXPENSES		ţ	`	L
p Reimbursement paid by other organization for expenses		2	> \hat{\chi}{\chi}	
			1	į
q Other transfer of cash or property to other organization(s)		<u>-</u>	>	1.
r Other transfer of cash or property from other organization(s)		. 11	`	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and tran	saction th	reshold	s;
(a)	(4)	[3]	_ ا	
Name of other organization	Transaction type (a-r)	Amount involved	nvolved	
Junior Achievement of Northern Indiana	ь		137,534	<u>~</u>
(2)				1
(3)				
(4)				
(5)				
(9)				

Schedule R (Form 990) 2009

Part VI Unrela

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(9)	(0)	9	(e)	ε	(6)	ε
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partr		Orsproportionate		General or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			Yes No	•	Yes No		Yes No
							-
						:	
			-				
		ļ					

Schedule R (Form 990) 2009

CONFLICT OF INTEREST STATEMENT AND DECLARATION PROCEDURE

JA Worldwide® and each JA Area (collectively, "Junior Achievement") requires that all employees and Area Board members complete and annually update a Conflict of Interest Declaration as a method of disclosing and ethically resolving potential conflicts of interest (Policy 6.9 of JA Policies Manual).

Possible conflict of interest situations may exist when an employee or Area Board member has an outside personal economic interest that has the potential of being at variance with the best interests of Junior Achievement. Even though such interests may result in no financial detriment to the organization, they may nevertheless influence or impair the exercise of independent judgment by the individual involved.

Without attempting to cover all possible relationships, conflicts of interest may arise under these types of situations with the organization's vendors, competitors, donors, and customers:

- 1. Acting in the capacity of a director, officer, sole proprietor, partner, employee of or paid consultant or advisor to any vendor, competitor, donor, or customer.
- 2 Having a substantial financial interest in any firm that does business with Junior Achievement.
- 3. Engaging in any conduct that is competitive or damaging to Junior Achievement
- 4 Accepting loans, advances, or excessive gifts or entertainment from any organization that does business with Junior Achievement.

Should any transaction or act of any employee or Area Board member constitute a possible conflict of interest, the individual is required to disclose all of the relevant facts for consideration to determine whether a conflict of interest actually exists, and if so, the manner in which it should be resolved.

All employees and Area Board members are required to complete and sign a Conflict of Interest Declaration upon assuming their JA responsibilities and annually thereafter, which shall be retained in local personnel files. Compliance questions for Area employees should be referred to Area Presidents. Compliance questions pertaining to Area Presidents should be referred to Area Board Chairs. Questions regarding compliance for JA Worldwide employees should be referred to the JA Worldwide Senior Vice President, Human Resources or his or her designee(s). Compliance questions regarding Area Board Chairs and compliance questions that cannot be resolved at the Area level should be referred to the JA Worldwide® Senior Vice President, Human Resources or his or her designee(s) for review.

Review of the conflict of interest policy and signed forms will become part of an Area's certification process.

CONFLICT OF INTEREST DECLARATION FORM

provided to me, I declare that I:
do not have any affiliations, interests, or situations that constitute a potential conflict of interest.
do have affiliations, interests, or situations that, when considered in conjunction with my position or relationship with Junior Achievement, might possibly constitute a conflict of interest. (Please specify below)
I agree to report to the Area President or Area Board Chair, or the JA Worldwide® Senior Vice President, Human Resources, as appropriate, any situation that may develop before completion of my next annual declaration.
Signed:
Name/Title (printed):
Date ⁻
10.000