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Form **990****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)

OMB No 1545-0047

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A</b> For the 2009 calendar year, or tax year beginning <b>JULY 1</b> , 2009, and ending <b>JUNE 30</b> , 20 <b>10</b>																													
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> <b>C</b> Name of organization <b>JUNIOR ACHIEVEMENT OF ARIZONA, INC.</b>            Doing Business As            Number and street (or P O box if mail is not delivered to street address) Room/suite  <b>636 WEST SOUTHERN AVENUE</b>            City or town, state or country, and ZIP + 4  <b>TEMPE, AZ 85282-4508</b> </td> <td style="width:15%; vertical-align: top;"> <b>D</b> Employer identification number  <b>86 0184349</b> </td> <td style="width:15%; vertical-align: top;"> <b>E</b> Telephone number  <b>( 480 ) 377-8500</b> </td> <td style="width:15%; vertical-align: top;"> <b>G</b> Gross receipts \$ <b>2,907,447.</b> </td> </tr> <tr> <td colspan="4"> <b>F</b> Name and address of principal officer  <b>JOYCE RICHARDS, SAME AS C ABOVE</b> </td> </tr> <tr> <td colspan="4"> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶ <b>1116</b> </td> </tr> <tr> <td colspan="4"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527         </td> </tr> <tr> <td colspan="4"> <b>J</b> Website: ▶ <b>WWW.JAAZ.ORG</b> </td> </tr> <tr> <td colspan="2"> <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶         </td> <td colspan="2"> <b>L</b> Year of formation: <b>1963</b> </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> <b>M</b> State of legal domicile: <b>AZ</b> </td> </tr> </table>	<b>C</b> Name of organization <b>JUNIOR ACHIEVEMENT OF ARIZONA, INC.</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>636 WEST SOUTHERN AVENUE</b> City or town, state or country, and ZIP + 4 <b>TEMPE, AZ 85282-4508</b>	<b>D</b> Employer identification number <b>86 0184349</b>	<b>E</b> Telephone number <b>( 480 ) 377-8500</b>	<b>G</b> Gross receipts \$ <b>2,907,447.</b>	<b>F</b> Name and address of principal officer <b>JOYCE RICHARDS, SAME AS C ABOVE</b>				<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ <b>1116</b>				<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>J</b> Website: ▶ <b>WWW.JAAZ.ORG</b>				<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1963</b>				<b>M</b> State of legal domicile: <b>AZ</b>	
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**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO EDUCATE AND INSPIRE YOUNG PEOPLE TO VALUE FREE ENTERPRISE, BUSINESS, &amp; ECONOMICS TO IMPROVE THE QUALITY OF THEIR LIVES. THROUGH OUR PROGRAMS WE PREPARE YOUTH WITH PRACTICAL ECONOMIC CONCEPTS &amp; SKILLS NEEDED TO BECOME SELF-SUFFICIENT, PRODUCTIVE MEMBERS OF OUR COMMUNITIES.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<b>73.</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>73.</b>
<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	<b>49.</b>
<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>7,309.</b>
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	<b>2,802,286.</b>	<b>2,361,987.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<b>278,538.</b>	<b>295,048.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>41,076.</b>	<b>20,419.</b>
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<b>-33,072.</b>	<b>-115,607.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	<b>3,088,828.</b>	<b>2,561,847.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	<b>1,834,356.</b>	<b>1,696,823.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>757,285.</b>	<b>0.</b>	<b>7,216.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	<b>1,167,894.</b>	<b>975,453.</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<b>3,002,250.</b>	<b>2,679,402.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	<b>86,578.</b>	<b>-117,555.</b>
<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) . . . . .	<b>5,625,712.</b>	<b>5,458,852.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<b>880,012.</b>	<b>812,635.</b>
		<b>4,745,700.</b>	<b>4,646,217.</b>

**Part II Signature Block**

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.			
<b>Sign Here</b> 	Signature of officer <b>JOYCE RICHARDS, PRESIDENT</b>	Date <b>1-12-11</b>	
Type or print name and title			
<b>Preparer's Use Only</b> (Preparer's signature)  Firm's name (or yours if self-employed), address, and ZIP + 4	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
EIN ▶		Phone no ▶ ( )	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

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

Cat No 11282Y

Form **990** (2009)

SCANNED FEB 02 2011

**Part III Statement of Program Service Accomplishments**

- 1** Briefly describe the organization's mission:  
**THE MISSION OF JUNIOR ACHIEVEMENT OF ARIZONA, INC. IS TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.**
- 
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** 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 \$ **810,901.** including grants of \$ **0.**) (Revenue \$ **0.**)  
**THROUGH OUR IN-CLASSROOM KINDERGARTEN THROUGH 12TH GRADE AND AFTER-SCHOOL PROGRAMS, WE PREPARE YOUTH TO BECOME SELF-SUFFICIENT YOUNG ADULTS AND PRODUCTIVE MEMBERS OF OUR COMMUNITIES. WE SERVED NEARLY 80,000 STUDENTS IN THESE PROGRAMS THIS YEAR, PARTNERING WITH OVER 150 PUBLIC AND PRIVATE SCHOOLS AND OVER 2,600 BUSINESS VOLUNTEERS WHO TEACH OUR BUSINESS AND ECONOMICS CURRICULUM.**

**4b** (Code: ) (Expenses \$ **959,625.** including grants of \$ **0.**) (Revenue \$ **295,048.**)  
**THROUGH OUR EXPERIENTIAL PROGRAMS, WE SERVED OVER 18,000 STUDENTS FROM 4TH - 12TH GRADE THIS YEAR, TEACHING THEM THE FUNDAMENTALS OF WORKPLACE SKILLS, FINANCIAL LITERACY, AND ENTREPRENEURSHIP. TEACHERS DELIVER 22 1-HOUR LESSONS IN THE CLASSROOM, PRIOR TO THE ON-SITE SIMULATION FOR THE STUDENTS. WE PARTNERED WITH OVER 200 PUBLIC AND PRIVATE SCHOOLS AND MORE THAN 4,300 PARENT AND BUSINESS VOLUNTEERS IN THIS PROGRAM.**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **1,770,526.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<b>2</b> ✓	
<b>3</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>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	✓
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b> N/A	
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<b>11</b> ✓	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12</b> ✓	
<b>12A</b> 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. . . . .	<b>12A</b> Yes No ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</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 . . . . .	<b>14b</b>	✓
<b>15</b> 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 . . . . .	<b>15</b>	✓
<b>16</b> 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 . . . . .	<b>16</b>	✓
<b>17</b> 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 . . . . .	<b>17</b>	✓
<b>18</b> 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 . . . . .	<b>18</b> ✓	
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20</b>	✓

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<b>21</b>	✓
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<b>22</b>	✓
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i>	<b>23</b>	✓
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	<b>24a</b>	✓
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	N/A
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	N/A
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	N/A
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25a</b>	✓
<b>25b</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? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25b</b>	✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>	<b>26</b>	✓
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i>	<b>27</b>	✓
<b>28</b> 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):	<b>28</b>	
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28b</b>	✓
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<b>34</b>	✓
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>35</b>	✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>36</b>	✓
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i>	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	21	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	5	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	49	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	N/A	
<b>4a</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)?		✓
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>N/A</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	N/A	
<b>6a</b>	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?		✓
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	✓	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	N/A	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
<b>9a</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the organization make any taxable distributions under section 4966?	N/A	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	N/A	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders	N/A	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	N/A	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	

**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.

**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body . . . . .	73			
b Enter the number of voting members that are independent . . . . .		73		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .			✓	
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? . . . . .				✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .				✓
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .				✓
6 Does the organization have members or stockholders? . . . . .				✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .				✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .				✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .				
a The governing body? . . . . .			✓	
b Each committee with authority to act on behalf of the governing body? . . . . .			✓	
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 . . . . .				✓

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? . . . . .	✓	
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? . . . . .	✓	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	✓	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	✓	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	✓	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	✓	
13 Does the organization have a written whistleblower policy? . . . . .	✓	
14 Does the organization have a written document retention and destruction policy? . . . . .	✓	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
a The organization's CEO, Executive Director, or top management official . . . . .	✓	
b Other officers or key employees of the organization . . . . .	✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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? . . . . .		N/A

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **AZ**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 records of the organization: ► **SHERRIE CANTRELL, 636 WEST SOUTHERN AVENUE, TEMPE, AZ 85282-4508**  
**(480) 377-8500**

**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 compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM NACH CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
ALAN AUGENSTEIN CENTRAL EXEC FINANCE COMM CHAIR	0.4	✓						0.	0.	0.
ALAN WESSEL CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
ART TELLEZ CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
AUTUMN BRADLEY-DINKEL SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
BRAD HARPER CENTRAL BOARD MEMBER	0.2	✓						0.	0.	.0
BRET A. FOUFRAY SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	.0
BRYAN CANAVAN SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
CARY SMITH CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
CHAD Y. YOSHINAKA CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
CHARLES B. CAREFOOT CENTRAL EXECUTIVE COMMITTEE	0.4	✓						0.	0.	0.
CHRISTOPHER M. GLEASON STATE BOARD EXEC CHAIR, SO AZ EXEC	0.6	✓						0.	0.	0.
CLINT PARRY SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
CURT VANHYFTE CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
DANIEL W. MCAULIFFE CENTRAL BOARD MEMBER	0.2	✓						0.	0.	.0
DARREN A. KOWALSKE CENTRAL BOARD MEMBER	0.2	✓						0.	0.	.0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DON SATIROFF SOUTHERN AZ BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
DOUG E. MARTIN STATE BD EXEC CHAIR ELECT	0.6	<input checked="" type="checkbox"/>						0.	0.	0.
ELIEZER ASUNSOLO SOUTHERN AZ BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
FRANCES M. GOODENOUGH SOUTHERN AZ BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
FRANK LYALL CENTRAL BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
FRANK MCCUNE SOUTHERN AZ BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
GARY L. TIEPELMAN CENTRAL EXECUTIVE COMMITTEE	0.4	<input checked="" type="checkbox"/>						0.	0.	0.
HOWARD KONG SOUTHERN AZ BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
HUGH JONES CENTRAL BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
IAIN D. HAMP CENTRAL BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
IAN J. PARISH CENTRAL BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
JACK N. RUDEL CENTRAL EXECUTIVE COMMITTEE	0.4	<input checked="" type="checkbox"/>						0.	0.	0.
JAMES A. LOCHRIDGE SOUTHERN AZ BOARD MEMBER	0.2	<input checked="" type="checkbox"/>						0.	0.	0.
<b>1b Total</b>								<b>369,219.</b>	<b>0.</b>	<b>31,733.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

Part VIII 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	Federated campaigns	1a	0.				
	b	Membership dues	1b	0.				
	c	Fundraising events	1c	823,397.				
	d	Related organizations	1d	17,749.				
	e	Government grants (contributions)	1e	0.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,520,841.				
	g	Noncash contributions included in lines 1a-1f: \$		180,116.				
	h	Total. Add lines 1a-1f		2,361,987.				
Program Service Revenue	2a	EXPERIENTIAL PROGRAMS	Business Code	611600	295,048.	295,048.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		295,048.				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,209.			26,209.
4		Income from investment of tax-exempt bond proceeds		0.				
5		Royalties		0.				
6a		Gross Rents	(i) Real	(ii) Personal				
b		Less: rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)			0.			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		0.		
b		Less: cost or other basis and sales expenses		5,790.				
c		Gain or (loss)		-5,790.				
d		Net gain or (loss)			-5,790.	-5,790.		
8a		Gross income from fundraising events (not including \$ 949,651. of contributions reported on line 1c). See Part IV, line 18	a	184,569.				
b		Less: direct expenses	b	-312,739.				
c		Net income or (loss) from fundraising events			-128,170.		-128,170.	
9a		Gross income from gaming activities. See Part IV, line 19	a	14,922.				
b		Less: direct expenses	b	19,312.				
c		Net income or (loss) from gaming activities			-4,390.		-4,390.	
10a		Gross sales of inventory, less returns and allowances	a					
b		Less: cost of goods sold	b					
c		Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue		Business Code						
11a	BOARD MEALS	900099	13,257.	13,257.				
b	JABT MISC INCOME	900099	1,690.	1,690.				
c	CASH SURRENDER VALUE	900099	1,210.			1,210.		
d	All other revenue	900099	796.	796.				
e	Total. Add lines 11a-11d		16,953.					
12	Total revenue. See instructions.		2,561,847.	305,001.	0.	-105,141.		

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	0.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	401,917.	224,259.	28,816.	148,842.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,042,044.	582,592.	74,730.	384,722.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	62,292.	40,665.	2,419.	19,208.
9	Other employee benefits	83,394.	47,776.	2,348.	33,270.
10	Payroll taxes	107,176.	63,089.	4,078.	40,009.
11	Fees for services (non-employees):	0.			
a	Management	0.			
b	Legal	24,912.	9,815.	6,984.	8,113.
c	Accounting	0.			
d	Lobbying	7,126.			7,126.
e	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	20,514.	10,362.	4,285.	5,867.
g	Other	0.			
12	Advertising and promotion	94,466.	56,388.	15,623.	22,455.
13	Office expenses	28,758.	14,332.	2,916.	11,510.
14	Information technology	0.			
15	Royalties	64,475.	52,512.	4,153.	7,810.
16	Occupancy	18,536.	14,512.	802.	3,222.
17	Travel	0.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	12,404.	5,593.	1,326.	5,485.
19	Conferences, conventions, and meetings	16,955.	7,678.	4,455.	4,822.
20	Interest	83,114.	83,114.		
21	Payments to affiliates	243,547.	195,586.	22,618.	25,343.
22	Depreciation, depletion, and amortization	39,240.	34,200.	1,448.	3,592.
23	Insurance				
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.)				
a	PROGRAM MATERIALS & FREIGHT	238,771.	238,771.		
b	GIFT IN KIND	28,780.	20,907.	7,326.	547.
c	EDUC MARKETING	23,119.	23,119.		
d	BAD DEBTS	14,661.			14,661.
e	EMPLOYMENT ADS/CKS	7,503.	3,246.	537.	3,720.
f	All other expenses	15,698.	7,965.	772.	6,961.
25	Total functional expenses. Add lines 1 through 24f	2,679,402.	1,736,481.	185,636.	757,285.
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	500.	1	526,006.
	2 Savings and temporary cash investments . . . . .	1,036,935.	2	428,285.
	3 Pledges and grants receivable, net . . . . .	685,549.	3	497,824.
	4 Accounts receivable, net . . . . .	15,519.	4	16,499.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	5	0.
	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 . . . . .	0.	6	0.
	7 Notes and loans receivable, net . . . . .	0.	7	0.
	8 Inventories for sale or use . . . . .	0.	8	0.
	9 Prepaid expenses and deferred charges . . . . .	141,304.	9	113,506.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 4,193,821.		
	b Less: accumulated depreciation . . . . .	10b 1,118,457.	10c	3,075,364.
	11 Investments—publicly traded securities . . . . .	510,377.	11	779,881.
	12 Investments—other securities. See Part IV, line 11 . . . . .	0.	12	0.
	13 Investments—program-related. See Part IV, line 11 . . . . .	0.	13	0.
	14 Intangible assets . . . . .	0.	14	0.
	15 Other assets. See Part IV, line 11 . . . . .	20,265.	15	21,487.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,625,712.	16	5,458,852.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	135,462.	17	157,292.
	18 Grants payable . . . . .	0.	18	0.
	19 Deferred revenue . . . . .	20,092.	19	13,592.
	20 Tax-exempt bond liabilities . . . . .	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	21	0.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	74,458.	23	34,758.
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0.	24	0.
	25 Other liabilities. Complete Part X of Schedule D . . . . .	650,000.	25	606,993.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	880,012.	26	812,635.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	4,358,075.	27	4,293,292.
	28 Temporarily restricted net assets . . . . .	387,625.	28	352,925.
	29 Permanently restricted net assets . . . . .	0.	29	0.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	0.	32	0.
	33 <b>Total net assets or fund balances</b> . . . . .	4,745,700.	33	4,646,217.
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	5,625,712.	34	5,458,852.	

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- 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? . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>		✓
<b>3b</b>	N/A	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

Employer identification number

**86 : 0184349**

**Part I 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)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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. \_\_\_\_\_
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % 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 1/3 % 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,018,555.	2,882,891.	3,494,222.	2,802,286.	2,361,987.	13,559,941.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
<b>4 Total.</b> Add lines 1 through 3	2,018,555.	2,882,891.	3,494,222.	2,802,286.	2,361,987.	13,559,941.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						116,931.
<b>6 Public support.</b> Subtract line 5 from line 4.						13,443,010.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	2,018,555.	2,882,891.	3,494,222.	2,802,286.	2,361,987.	13,559,941.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,504.	69,100.	72,742.	41,076.	26,209.	252,631.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,725.	-18,764.	-9,040.	22,670.	12,563.	15,154.
<b>11 Total support.</b> Add lines 7 through 10						13,827,726.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	751,295.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.22 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	0 %
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)**NOT APPLICABLE****Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.**PART II, LINE 10, COLUMN E:**

\$13,257. BOARD MEALS

-\$4,390. GAMING NET

\$1,210. CASH SURRENDER VALUE

\$2,486. MISCELLANEOUS

\$12,563. TOTAL

**PART II, SECTION C, LINE 15:**

THE ORGANIZATION DID NOT FILL OUT PART II IN 2008, BUT RATHER PART III. UPON REVIEW WITH A CONSULTANT, IT WAS DETERMINED THAT THE ORGANIZATION QUALIFIES UNDER THE GROUP EXEMPTION FOR PART II. BOX 7 WAS CHECKED THIS YEAR AND PART II FILLED OUT. AS A POINT OF REFERENCE, THE PERCENTAGE OF PUBLIC SUPPORT IN 2008 UNDER PART III WAS 47.15%.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

Employer identification number

**86 : 0184349**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6. **NOT APPLICABLE**

	(a) Donor advised funds	(b) Funds and other accounts
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 in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). **NOT APPLICABLE**

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	<b>2a</b>
b Total acreage restricted by conservation easements . . . . .	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► . . . . .

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, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ . . . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

**NOT APPLICABLE**

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .

(ii) Assets included in Form 990, Part X . . . . . ► \$ . . . . .

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .

b Assets included in Form 990, Part X . . . . . ► \$ . . . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition                      ☐ d Loan or exchange programs  
☐ b Scholarly research                      ☐ e Other .....  
☐ c Preservation for future generations

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. **NOT APPLICABLE**

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	545,775.	685,288.			
b Contributions	0.	0.			
c Net investment earnings, gains, and losses	137,369.	-108,219.			
d Grants or scholarships	5,931.	5,869.			
e Other expenditures for facilities and programs	15,194.	21,961.			
f Administrative expenses	4,207.	3,464.			
g End of year balance	657,812.	545,775.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 58. %  
 b Permanent endowment ▶ 42. %  
 c Term endowment ▶ 0. %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		✓
3a(ii)	✓	
3b	✓	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		457,700.		457,700.
b Buildings		2,730,271.	664,970.	2,065,301.
c Leasehold improvements		366,097.	67,456.	298,641.
d Equipment		352,129.	227,529.	124,600.
e Other		287,624.	158,502.	129,122.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,075,364.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,561,847.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,679,402.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-117,555.
4	Net unrealized gains (losses) on investments	4	18,074.
5	Donated services and use of facilities	5	0.
6	Investment expenses	6	0.
7	Prior period adjustments	7	0.
8	Other (Describe in Part XIV.)	8	66,474.
9	Total adjustments (net). Add lines 4 through 8	9	84,548.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-33,007.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,993,429.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	18,074.
b	Donated services and use of facilities	2b	177,791.
c	Recoveries of prior year grants	2c	0.
d	Other (Describe in Part XIV.)	2d	253,468.
e	Add lines 2a through 2d	2e	449,333.
3	Subtract line 2e from line 1	3	2,540,096.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0.
b	Other (Describe in Part XIV.)	4b	17,751.
c	Add lines 4a and 4b	4c	17,751.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,561,847.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,026,436.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	177,791.
b	Prior year adjustments	2b	0.
c	Other losses	2c	0.
d	Other (Describe in Part XIV.)	2d	181,745.
e	Add lines 2a through 2d	2e	359,536.
3	Subtract line 2e from line 1	3	2,666,900.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0.
b	Other (Describe in Part XIV.)	4b	12,502.
c	Add lines 4a and 4b	4c	12,502.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,679,402.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT THE PROGRAMS OF JUNIOR ACHIEVEMENT OF  
ARIZONA, INC.

**Part XIV** Supplemental Information (continued)**PART XI, LINE 8 OTHER:****\$81,861. REVENUE OF COMBINED RELATED ORGANIZATIONS****-\$10,138. EXPENSES OF COMBINED RELATED ORGANIZATIONS NET OF ELIMINATIONS****-\$5,249. NET ELIMINATIONS OF THIS ORGANIZATION****\$66,474. TOTAL****PART XII, LINE 2D OTHER:****\$81,861. REVENUE OF COMBINED RELATED ORGANIZATIONS****\$312,739. SPECIAL EVENT EXPENSES****\$19,312. GAMING EXPENSES****-\$160,444. ITEMS DONATED AND USED IN SPECIAL EVENTS AUCTIONS NOT REPORTED ON AUDITED F/S PER GAAP****\$253,468. TOTAL****PART XII, LINE 4B OTHER:****\$17,751. AMOUNTS ELIMINATED BY THIS ORGANIZATION IN COMBINATION PROCESS WITH RELATED ORGANIZATIONS****\$17,751. TOTAL****PART XIII, LINE 2D OTHER:****\$10,138. EXPENSES OF COMBINED RELATED ORGANIZATIONS NET OF ELIMINATIONS****\$312,739. SPECIAL EVENT EXPENSES****\$19,312. GAMING EXPENSES****-\$160,444. ITEMS DONATED AND USED IN SPECIAL EVENTS AUCTIONS NOT REPORTED ON AUDITED F/S PER GAAP****\$181,745. TOTAL****PART XIII, LINE 4B OTHER:****\$12,502. INTEREST PAID ON LOAN FROM RELATED ORGANIZATION****\$12,502. TOTAL**

Department of the Treasury  
Internal Revenue Service

**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.**

OMB No 1545-0047

# 2009

**Open To Public Inspection**

Name of the organization

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

Employer identification number

89 : 0184349

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

NOT APPLICABLE

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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? ☐ Yes ☐ No
- 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> . . . . . ►						

- 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.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>JA GOLF OPEN</b> (event type)	(b) Event #2 <b>WOMEN'S GOLF</b> (event type)	(c) Other events <b>6</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	358,349.	130,570.	519,047.	1,007,966.
	2 Less: Charitable contributions . . . . .	263,908.	102,680.	456,809.	823,397.
	3 Gross income (line 1 minus line 2) . . . . .	94,441.	27,890.	62,238.	184,569.
Direct Expenses	4 Cash prizes . . . . .	0.	0.	0.	0.
	5 Noncash prizes . . . . .	45,027.	5,129.	22,719.	72,875.
	6 Rent/facility costs . . . . .	20,674.	9,141.	36,186.	66,001.
	7 Food and beverages . . . . .	30,171.	8,953.	41,078.	80,202.
	8 Entertainment . . . . .	125.	0.	911.	1,036.
	9 Other direct expenses . . . . .	20,310.	26,411.	45,904.	92,625.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 312,739.)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				-128,170.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. **NOT APPLICABLE**

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

	Yes	No
9a		
10a		
11		
12		



		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility <span style="float: right;"><b>13a</b> %</span>		
<b>b</b>	An outside facility <span style="float: right;"><b>13b</b> %</span>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ .....		
	Address ▶ .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ▶ .....		
	Address ▶ .....		
<b>16</b>	Gaming manager information:		
	Name ▶ .....		
	Gaming manager compensation ▶ \$ .....		
	Description of services provided ▶ .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>	
<b>b</b>	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 ▶ \$ .....		

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► **Attach to Form 990.** ► **See separate instructions.**

2009

**Open to Public Inspection**

Name of the organization

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

Employer Identification number

86 : 0184349

## Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☒ Compensation committee
- ☐ Independent compensation consultant
- ☐ Form 990 of other organizations
- ☐ Written employment contract
- ☒ Compensation survey or study
- ☒ Approval by the board or compensation committee

- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Cat No 50053T

Schedule J (Form 990) 2009



**Part III** **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

N/A

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
► See the instructions for Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the Organization

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

Employer identification number

**86 : 0184349**

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES R. FREEMAN										
CENTRAL EXECUTIVE COMMITTEE	0.4	✓						0.	0.	0.
JEAN-PAUL GUILBAULT										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
JEFF L. WALTER										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
JEREMIAH J. FOSTER										
CENTRAL EXECUTIVE COMMITTEE	0.4	✓						0.	0.	0.
JEREMY G. THOMPSON										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
JOAN BRUBACHER										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
JONAS R. MCCORMICK										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
JONATHAN LEVY										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
JOSEPH A. GELINAS										
CENTRAL EXECUTIVE COMMITTEE	0.4	✓						0.	0.	0.
JOSEPH L. ATAMIAN										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
JUDIE A. VERB										
CENTRAL EXECUTIVE COMMITTEE	0.4	✓						0.	0.	0.
JULIUS VELORIA										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
KAREN L. CZACK										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
KARL A. FREEBURG										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
KEN W. SHIPLEY										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
KERRY F. HESTER										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
KEVIN B. KINERK										
STATE BOARD EXEC CHAIR	0.7	✓						0.	0.	0.
KIM SEYLLER										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
LAURINDA J. MACKINNON										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
LEO J. DEMBINSKI										
STATE BOARD EXEC CHAIR	0.7	✓						0.	0.	0.
LISA A. SHORT										
STATE BOARD MEMBER	0.3	✓						0.	0.	0.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 49915E

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
► See the Instructions for Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the Organization

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

Employer identification number

**86 0184349**

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LOUIS A. TOVAR										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
LYNN MCQUILLEN										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
MARCIA L. WEPFER										
STATE BOARD CHAIR/EXEC COMM	0.7	✓						0.	0.	0.
MARSHA A. JACQUAY										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
MAYA E. LIDDELL										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
MELISSA A. SHANER										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
MICHAEL CZERNEDA										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
MICHAEL D. SCHUSTER										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
MICHAEL J. BERNAL										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
MICHAEL J. WILSON										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
MICHAEL L. FARMER										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
MICHAEL S. MORANO										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
MICHAEL T. HESSLER										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
MONICA CASTILLO										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
NOAH W. FOOTE										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
NORMAN P. KLEIN										
STATE BOARD EXEC COMMITTEE	0.7	✓						0.	0.	0.
PETER J. RATHWELL										
STATE BOARD EXEC COMMITTEE	0.7	✓						0.	0.	0.
RITA D. SANDERS										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
RONALD D. CASTILLO										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
RONALD L. BARNES										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
RYOKO KITA										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 49915E

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
► See the Instructions for Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the Organization

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

Employer identification number

**86 0184349**

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
S. JAY NALLI										
CENTRAL EXECUTIVE COMMITTEE	0.4	✓						0.	0.	0.
SARAH J. SHOWARD										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
SCOTT A. HANSON										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
SCOTT JENKINS										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
SHANA L. DUFFY										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
STEVEN BANZHAF										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
STEVEN D. JAROSH										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
STEVEN SEILER										
STATE BOARD EXEC COMMITTEE	0.7	✓						0.	0.	0.
SUZETTE J. COLLEY										
SO AZ EXEC COMMITTEE	0.2	✓						0.	0.	0.
TODD LANGLEY										
STATE BOARD EXEC TREASURER	0.3	✓						0.	0.	0.
TROY P. FOSTER										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
VALERIE J. IWINSKI										
CENTRAL EXECUTIVE COMMITTEE	0.4	✓						0.	0.	0.
VAN A. STORM										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
VINCE CAVALE										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
WARDELL F. BROWN										
SO AZ EXEC COMM TREASURER	0.2	✓						0.	0.	0.
WILLIAM F. HOLMES										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
WILLIAM G. ANASTOPOULOS										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
WILLIAM KEILEN										
STATE BOARD EXEC COMMITTEE	0.3	✓						0.	0.	0.
WILLIAM MOJICA										
SOUTHERN AZ BOARD MEMBER	0.2	✓						0.	0.	0.
WILLIAM P. CONRAD										
CENTRAL BOARD MEMBER	0.2	✓						0.	0.	0.
JOYCE RICHARDS										
PRESIDENT	55.0			✓				180,368.	0.	15,521.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 49915E

Schedule J-2 (Form 990) 2009

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

2009

**Open to Public Inspection**

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

86 : 0184349

[illegible]



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

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**2009**

**Open To Public  
Inspection**

Name of the organization

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

Employer identification number

**86 : 0184349**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	✓	17	6,773.	DONOR OPINION
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( FURN/EQUIP )	✓	4	103,450.	COST OF ITEMS
26 Other ► ( OFFICE SUPPLY )	✓	25	2,995.	COST OF ITEMS
27 Other ► ( PROGRAM MTLs )	✓	24	21,014.	COST OF ITEMS
28 Other ► ( FUNDRAIS ITEM )	✓	173	45,884.	COST OF ITEMS

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		✓
31	✓	
32a		✓

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**PART I, LINES 1-28, COLUMN B:**

VALUE INDICATES THE NUMBER OF CONTRIBUTIONS MADE DURING THE YEAR, NOT NECESSARILY THE  
NUMBER OF ITEMS.

**PART I, LINE 28:**

**FUNDRAISING ITEMS DONATED DURING THE YEAR WERE COMPRISED OF:**

TYPE OF PROPERTY	# OF CONTRIBUTIONS	REVENUES
GIFT CARDS	94	\$9,258.
OTHER GOODS FOR AUCTION	52	\$11,457.
CONSUMABLE ITEMS	27	\$25,169.
TOTAL	173	\$45,884.

**PART 1, LINES 1-28:**

THE ART WORKS, GIFT CARDS AND OTHER GOODS FOR AUCTION WERE USED  
DURING FUNDRAISING SPECIAL EVENTS AS AUCTION ITEMS. THE CONSUMABLE ITEMS WERE EITHER USED  
DURING FUNDRAISING SPECIAL EVENTS DURING THE COURSE OF THE EVENT (SUCH AS FOOD SERVED,  
CENTERPIECES, ETC.) OR USED BY THE FUNDRAISING STAFF IN THE COURSE OF THEIR WORK.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**JUNIOR ACHIEVEMENT OF ARIZONA, INC.**

Employer identification number

**86 : 0184349**

990 PART VI. SECTION A. LINE 2. DESCRIBE FAMILY OR BUSINESS RELATIONSHIPS THAT ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAD WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE.

THE ORGANIZATION UTILIZED A QUESTIONNAIRE TO DETERMINE THE BUSINESS RELATIONSHIPS THAT DIRECTORS, AND THEIR FAMILY MEMBERS, IF APPLICABLE, HAD WITH ONE ANOTHER AND WITH THE ORGANIZATION. ONE DIRECTOR BECAME AN EMPLOYEE OF A GREATER THAN 35% OWNED BUSINESS OF ANOTHER DIRECTOR.

ANOTHER DIRECTOR IS EMPLOYED BY A LARGE FINANCIAL INSTITUTION IN ONE AREA OF THE STATE, AND HIS REGIONAL VICE PRESIDENT IN ANOTHER AREA OF THE STATE IS ALSO A DIRECTOR.

990 PART VI. SECTION B. LINE 11a. DESCRIBE THE PROCESS USED TO REVIEW THE FORM 990.

ONCE A DRAFT OF THE FORM 990 IS COMPLETED, IT IS SENT TO THE JUNIOR ACHIEVEMENT OF ARIZONA, INC. AUDIT COMMITTEE AND PRESIDENT. THE COMMITTEE, PRESIDENT, AND VICE PRESIDENT OF FINANCE/ADMIN MEET TO DISCUSS AND REVIEW. ONCE APPROVED, THE 990 IS THEN SENT TO THE STATE BOARD OF DIRECTORS.

990 PART VI. SECTION B. LINE 12c. DESCRIBE HOW THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY.

THE ENTIRE JUNIOR ACHIEVEMENT STAFF AND GOVERNING BOARDS ARE ANNUALLY GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY TO REVIEW AND SIGN. THE PRESIDENT MEETS FACE TO FACE ANNUALLY WITH DIRECTORS TO IDENTIFY ANY POTENTIAL CONFLICT. CONFLICTS, SHOULD THERE BE ANY, ARE ADDRESSED ON A CASE BY CASE BASIS. IF A CONFLICT ARISES, THE INDIVIDUAL INVOLVED MUST PROVIDE A SOLUTION AS TO HOW THE CONFLICT WILL BE RESOLVED. COMPLIANCE ISSUES REGARDING EMPLOYEES ARE REFERRED TO THE PRESIDENT. COMPLIANCE ISSUES REGARDING THE PRESIDENT ARE REFERRED TO THE BOARD CHAIR. COMPLIANCE ISSUES REGARDING BOARD MEMBERS ARE REFERRED TO THE PRESIDENT AND BOARD CHAIR. COMPLIANCE ISSUES REGARDING BOARD CHAIRS OR ANY UNRESOLVED ISSUES ARE REFERRED TO JAWORLDWIDE'S SR VP OF HUMAN RESOURCES, OR HIS/HER DESIGNEE.

Name of the organization

JUNIOR ACHIEVEMENT OF ARIZONA, INC.

Employer identification number

86 0184349

990 PART VI. SECTION B. LINE 15. DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION FOR (A) THE PRESIDENT (B) OTHER OFFICERS/KEY EMPLOYEES. (IDENTIFY THE OFFICES/POSITIONS AND STATE THE YEAR THIS PROCESS WAS LAST UNDERTAKEN.)

THE STATE BOARD OF DIRECTORS HAS A COMPENSATION SUB-COMMITTEE THAT REVIEWS ALL MANAGEMENT AND LINE STAFF COMPENSATION. JUNIOR ACHIEVEMENT WORLDWIDE, HEADQUARTERS, PROVIDES GUIDANCE IN THE FORM OF SALARY SURVEY COMPILATIONS THAT ARE ADJUSTED FOR GEOGRAPHIC LOCATION, SIZE OF OFFICE AND REVENUE STREAM, AND EXPERIENCE OF STAFF. EACH POSITION IS REVIEWED FOR APPROPRIATENESS WITHIN THE SALARY RANGE. ADJUSTMENTS ARE MADE BASED ON MERIT, COST OF LIVING AND AVAILABLE RESOURCES OF THE ORGANIZATION. THIS PROCESS WAS LAST COMPLETED IN SEPTEMBER, 2008 FOR THE PRESIDENT, EXECUTIVE VICE PRESIDENT, SPECIAL EVENTS VICE PRESIDENT AND VICE PRESIDENT, FINANCE & ADMINISTRATION.

990 PART VI. SECTION C. LINE 19. DESCRIBE WHETHER AND HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

JUNIOR ACHIEVEMENT OF ARIZONA, INC. MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL REPORT AND THE FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION DOES NOT NORMALLY MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

990 PART IX LINE 11E -- DIRECT EXPENSE -- ANY CONSULTANTS PAID FOR ASSISTANCE WITH FUNDRAISING EVENTS IN 2009 WERE COUNTED AS DIRECT EXPENSES OF THE EVENT. ALTHOUGH JUNIOR ACHIEVEMENT OF ARIZONA UTILIZES CONSULTANTS FOR FUNDRAISING EVENTS, THOSE CONSULTANTS PROVIDE ONLY SOFTWARE, SYSTEMS AND LOGISTICS FOR THE EVENTS. THEY ARE IN NO WAY INVOLVED IN THE FUNDRAISING ASPECT OF THE EVENTS.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

JUNIOR ACHIEVEMENT OF ARIZONA, INC.

Employer identification number  
**86 0184349**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NOT APPLICABLE					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
FOUNDATION FOR JUNIOR ACHIEVEMENT OF ARIZONA, INC. 636 W. SOUTHERN AVE., TEMPE, AZ 85282 EIN 94-2823694	ADMINISTRATION OF FUNDS FOR BENEFIT OF JA PROGRAMS	AZ	501(C)3	11A	N/A
STEVEN G. MIHAYLO JUNIOR ACHIEVEMENT FOUNDATION 636 W. SOUTHERN AVE., TEMPE, AZ 85282 EIN 94-2868929	ADMINISTRATION OF FUNDS FOR BENEFIT OF JA PROGRAMS	AZ	501(C)3	11A	N/A
THE HERMAN SCHMIDT JA TRUST 636 W. SOUTHERN AVE., TEMPE, AZ 85282 (NO EIN)	ADMINISTRATION OF FUNDS FOR BENEFIT OF JA PROGRAMS	AZ	501(C)3	11A	N/A



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, 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.**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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to other organization(s) . . . . .
- c** Gift, grant, or capital contribution from other organization(s) . . . . .
- d** Loans or loan guarantees to or for other organization(s) . . . . .
- e** Loans or loan guarantees by other organization(s) . . . . .
- f** Sale of assets to other organization(s) . . . . .
- g** Purchase of assets from other organization(s) . . . . .
- h** Exchange of assets . . . . .
- i** Lease of facilities, equipment, or other assets to other organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets from other organization(s) . . . . .
- 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** Sharing of facilities, equipment, mailing lists, or other assets . . . . .
- n** Sharing of paid employees . . . . .
- o** Reimbursement paid to other organization for expenses . . . . .
- p** Reimbursement paid by other organization for expenses . . . . .
- q** Other transfer of cash or property to other organization(s) . . . . .
- r** Other transfer of cash or property from other organization(s) . . . . .

**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.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	N/A - LINE 1c TRANSACTIONS DO NOT EXCEED THE \$50,000 THRESHOLD.		
(2)			
(3)			
(4)			
(5)			
(6)			





## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). ☐
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>JUNIOR ACHIEVEMENT OF ARIZONA, INC.</b>		Employer identification number <b>86 0184349</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions <b>636 W SOUTHERN AVENUE</b>			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TEMPE, AZ 85282</b>			

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **SHERRIE CANTRELL**

Telephone No. ► ( **480** ) **219-0245** FAX No. ► ( **480** ) **219-0254**

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box. ☐ If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20**11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year 20\_\_\_\_ or
- ☒ tax year beginning **JULY 1**, 20**09**, and ending **JUNE 30**, 20**10**.

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.