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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

Open to Public

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

| Α | For the | 2012 cal | endar year, or tax year beginning 7/1/2012 , and | ending | 6/30 | /2013 | | |
|-------------------------|----------------|---------------|--|------------------|----------------------|------------------|--------------------------|--|
| В | Check if a | applicable | C Name of organization NATIONAL ASSN OF JUNIOR AUXILIARIES | INC | D Employer | dentifica | ation number | |
| | Address o | change | Doing Business As | | 64-0362384 | | | |
| Ħ | Name cha | ange | Number and street (or P O box if mail is not delivered to street address) Room/suite | | E Telephone | number | | |
| = | Initial retu | • | P O BOX 1873 | | 662 378-300 | 20 | | |
| = | Terminate | | City, town or post office, state, and ZIP code | | 002 370-300 | 50 | | |
| = | | | | | G Gross rece | ints \$ | 623,042 | |
| = | Amended | , | GREENVILLE MS 38701 F Name and address of principal officer | 1 | this a group retui | · | | |
| . ∟ | Applicatio | on pending | · · | | = - | | | |
| | | | Merrill Greenlee, executive director Box 1873 Greenville MS 38701 | - 7 ` | e all affiliates inc | | Yes No | |
| ! 7 | Tax-exem | pt status | X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 | ′ " | "No," attach a lis | (see in | structions) | |
| J N | Nebsite | <u>:</u> ▶ | | H(c) Gr | oup exemption n | umber 🕨 | > | |
| KF | orm of or | rganization | X Corporation Trust Association Other ▶ LY | ear of form | nation | M Sta | ite of legal domicile MS | |
| | art I | | mmary | | | 1 | | |
| - ' | 1 | | | ASSIST J | IUNIOR AUXILI | ARY CH | IAPTERS THROUGH | |
| ě | , | RESOU | RCE, EDUCATION, AND COORDINATION AND TO PROVIDE SCHOOL RT THE NEEDS OF CHILDREN | | | | | |
| Activities & Governance | | | | | | | | |
| verr | ١, | Chook t | his box I if the organization discontinued its operations or dispersions of the property (Part VI) has 15) | CEL | | 6 of its | net assets | |
| Ś | 2 | Number | r of voting members of the governing body (Part VI, line 1a) | 200 000 | S | 3 | 18 | |
| త | 3 | | r of independent voting members of the governing body (Pair Wi, line 1a) Inf | P. U. 124 | 1 in 1 | 4 | 18 | |
| /ite | 5 | | imber of individuals employed in calendar year 2012 (Part V fine 2a) | ,4V U 4 <u>2</u> | 2013 | 5 | 5 | |
| ç | 6 | | Land | | <u></u> ∞ | 6 | | |
| Q | 7a | | nrelated business revenue from Part VIII, column (C), line 12 | 3DEN | i, U i 🗀 | 7a | 0 | |
| | b | | elated business taxable income from Form 990-T, line 34 | | | 7b | 0 | |
| | - · · · | TVCC GIM | elated business taxable moonie from Form coo 1, into 01 | 1 | Prior Year | | Current Year | |
| | 8 | Contribi | utions and grants (Part VIII, line 1h) | | | ,007 | 383,765 | |
| ıμe | 9 | | n service revenue (Part VIII, line 2g) | | | 678 | 152,809 | |
| ver | 10 | | nent income (Part VIII, column (A), lines 3, 4, and 7d) | | | ,357 | 51,980 | |
| Œ | 11 | | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 14,431 13,13 | | | |
| 20 Revenue | 12 | | venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | ,759 | 601,688 | |
| F | 13 | | and similar amounts paid (Part IX, column (A), lines 1–3) | | 43 | 3,375 | 42,400 | |
| ങ | 14 | | s paid to or for members (Part IX, column (A), line 4) | | | | 0 | |
| <u></u> | 15 | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 218 | 226,076 | | |
| يق | 16a | | ional fundraising fees (Part IX, column (A), line 11e) | | | | 0 | |
| | . Б | | ndraising expenses (Part IX, column (D), line 25) ▶ | 0 | स्वकृत्या । | - E: | - THE # 284 1 | |
| مَي | 17 | | xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | 254 | 1,691 | 253,522 | |
| 2 | 18 | | openses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 516 | 5,772 | 521,998 | |
| | 1 | | ie less expenses. Subtract line 18 from line 12 | | -15 | ,013 | 79,690 | |
| Net Assets or | S S | | | Begin | ining of Current | Year | End of Year | |
| gets. | <u> </u> | Total as | ssets (Part X, line 16) | | 712 | 2,796 | 774,371 | |
| t As | 21 | Total lia | abilities (Part X, line 26) | | 79 | 9,190 | 61,075 | |
| ž | 22 | Net ass | ets or fund balances Subtract line 21 from line 20 | | 633 | 3,606 | 713,296 | |
| P | art II | | gnature Block | | | | | |
| Und | der penalt | ties of perju | ry, I declare that I have examined this return, including accompanying schedules and staten | nents, and | to the best of my | knowled | lge | |
| and | belief, it | is true, corr | rect, and complete Declaration of preparer (other than officer) is based on all information of | which prep | parer has any kno | owledge | 1.3 | |
| Si | gn | | Tares a produces | | | 11-40 | Щ Э | |
| | ere | " | Signature of officer December 1 | 0 | Green | مما | • | |
| | | | | 17. (| <u>Ureen</u> | TEE | | |
| | | 10- | Type or print name and title nt/Type preparer's name Preparer's signature | Da | ate I | | PTIN | |
| p. | aid | | nt/Type preparer's name Preparer's signature | | | heck | | |
| | | _ wi | LLIAM F BAIRD (hm7/2mm) | 9. | /12/2013 s | elf-emplo | pyed P01206307 | |
| | epare | | n's name ► CLARKE BRADLEY BAKER & CO LLP | | Firm's EIN | 64-05 | 06295 | |
| US | se Onl | y | n's address ▶ 1604 S MAIN STREET, GREENVILLE, MS 38701 | | Phone no | | 378-2286 | |
| | nu tha U | | the this return with the preparer shown above? (see instructions) | | 1 | \- / | X Ves No | |

| | 90 (2012) | | | IOR AUXILIARIES INC | | | 362384 | Page Z |
|-----------|------------|---------------|----------------------|---------------------------------|---------------------------|---|----------------|---------------|
| Pa | rt III | | | rvice Accomplishment | | | | _ |
| | | Check if So | chedule O contai | ns a response to any qu | estion in this Part III. | | | 11 |
| 1 | Briefly de | | ganization's mission | | | · · · · · · · · · · · · · · · · · · · | | |
| • | | | | | ATION AND COORDINATION | AND TO DROWDE S | CHOLABELIED | |
| | | | | HROUGH RESOURCE, EDUC | | | • | |
| | TO GRAI | DOVIE LIETT | JS WHICH SUPPO | ORT THE NEEDS OF CH | roken | | | |
| | | | | | | | | |
| | | | | | | | · | , |
| 2 | Did the o | rganization u | ndertake any signi | ficant program services du | iring the year which were | not listed on | _ | _ |
| | the prior | Form 990 or 9 | 990-EZ? | | | | Yes | X No |
| | If "Yes." | describe thes | e new services on | Schedule O. | | | | _ |
| 3 | | | | or make significant change | s in how it conducts any | program | | |
| J | | | | · · · · · · · · · · · · · · · · | | | Yes | V No |
| | | | | | | , | ies | [V] MO |
| _ | | | e changes on Sch | | | • | | |
| 4 | | | | vice accomplishments for | | | | |
| | | | | 4) organizations are requi | | of grants and allocated | ations to othe | rs, |
| | the total | expenses, and | d revenue, if any, f | for each program service r | eported. | | | |
| | | | | | | | | |
| 4a | (Code: | |) (Expenses \$ | 434,100 including g | rants of \$ |) (Revenue \$ | 469.1 | 43) |
| | SILIDEOR | T AND DESC | NIDCE FOD MEN | BER CHAPTERS | | / (| | |
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| | | | | | | | | |
| 4b | (Code. | |) (Expenses \$ | 3,067 including g | rants of \$ 42,40 | 0) (Revenue \$ | 60,9 | 113.) |
| 4b | | | | | | | | |
| 4b | SCHOLA | RSHIPS | | | | | | |
| 4b | SCHOLA | RSHIPS | | | | | | |
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| | SCHOLA | RSHIPS | | | | | | |
| | (Code: | RSHIPS |) (Expenses \$ | including g | | | | |
| | (Code: | ARSHIPS | | including g | rants of \$ | | | |
| 4c | (Code: | ARSHIPS |) (Expenses \$ | including g | |) (Revenue \$ | | |

Part IV Checklist of Required Schedules

| a i c | Oncomic of the part of the par | | Yes | No |
|-------|--|------|--------------|---------------------|
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . | 1 | 163 | X |
| | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | _ | $\frac{\hat{x}}{x}$ |
| | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | <u>-</u> - |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | v |
| | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | -4 | | <u> </u> |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | 5 | | X |
| | Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III . | 8 | | Х |
| | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt | | | |
| | negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | , jr | ٠. |
| | VII, VIII, IX, or X as applicable | ÷, | 1.5 | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | Х |
| b | 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 | 11b | | X |
| | 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 . | 11c | | Х |
| d | 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 | 11d | _ | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | 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 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | | | |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | - | <u> </u> |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | 4.46 | | _ |
| 4- | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | ļ | X_ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | ļ | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | | | |

| art | V Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----------|
| | | | Yes | No |
| | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | X |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K If "No," go to line 25 | 24a | | Χ_ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | _ | |
| | to defease any tax-exempt bonds? | 24c | | <u>X</u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? On the organization on the station of the organization of the | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| 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 | 256 | | V |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | X |
| | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | 1 |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 27 | | Х |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | v |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | _X_ |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O | 38 | х | |

| Par | | | | |
|----------|--|--|--------------------|--|
| | Check if Schedule O contains a response to any question in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | .\g:{ | , | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | - |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | · | 1 |
| | | 1c | | <u> </u> |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | . | , | 1 |
| | , | 34, | | 1 |
| b | En de la constante de la francia de la constante de la constan | 2b | X | <u> </u> |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | ì | ٠, - | ; |
| 3a | Eld the elder that a member 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 3a | | X |
| b | 11 100, 1100 11 1100 11 110 1100 1 | 3b | | L |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | l |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country |), , , , , , , , , , , , , , , , , , , | ٠, ١٠٠ | ٠, |
| | | | ĭ, | - 1 |
| 5a | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | 11 100 10 1110 00 01 051 010 1110 01901111011 1110 1 0111 1011 | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | ļ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | · [-/] | r ig | - |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 3,1 | š | |
| | and services provided to the payor? | 7a | | X |
| b | The root, and the organization motify the deniet of the factor of the group of the rest of | 7b | | L |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | |
| d | | | , - | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | | 7g | | 1 |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | • | - | |
| | organization, have excess business holdings at any time during the year? | 8 | | X |
| 9 | Sponsoring organizations maintaining denot deviced rands. | ুুুুক্ট | / E | 1 |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | Х |
| 10 | Section 501(c)(7) organizations. Enter | | 4 . T | , |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | - 17 - 17 - 18 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 376 5 6 4. 5 4 | | |
| 11 | Section 501(c)(12) organizations. Enter | ر 17 گے۔ ا | | |
| а | Gross income from members or shareholders | 35 | - ", | = - |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | · · · | 1 | |
| | against amounts due or received from them) | | .,,, | |
| 12a | | <u>12a</u> | | \vdash |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | L- 2- ² | |
| 13 | | | | - |
| а | | 13a | | - |
| | Note. See the instructions for additional information the organization must report on Schedule O | -, | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | | . · ·) | - ' | |
| С | Enter the amount of reserves on hand | 44- | | |
| 14a | Bid tito bigainzation rooms and payments in many | 14a | <u> </u> | |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | <u>14b</u> | L | Ц |

Form 990 (2012) NATIONAL ASSN OF JUNIOR AUXILIARIES INC Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI → response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes Νo 18 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O ۲, 18 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х 8b Х b Each committee with authority to act on behalf of the governing body? 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Х Did the organization have a written whistleblower policy?. Χ 14 Did the organization have a written document retention and destruction policy? 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? 15a Х The organization's CEO, Executive Director, or top management official 15b Χ 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? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

| Sec | tion C. Disclosure |
|-----|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed ► MS |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) |
| | available for public inspection. Indicate how you made these available. Check all that apply |
| | Own website Another's website X Upon request Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest |
| | policy, and financial statements available to the public during the tax year |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the |
| | organization ► MERRILL GREENLEE (662) 332-3000 |
| | 843 S MAIN STREET GREENVILLE MS 38701 |

| | • | | |
|----------------------------|---|----------------------|-----------|
| Form 990 (2012) | NATIONAL ASSN OF JUNIOR AUXILIARIES INC | 64-0362384 | Page 7 |
| , Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe | nsated | |
| | Employees, and Independent Contractors | | |
| | Check if Schedule O contains a response to any question in this Part VII | | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1a Complete organization's | this table for all persons required to be listed. Report compensation for the calendar year ending tax year. | g with or within the | |
| | of the organization's current officers, directors, trustees (whether individuals or organizations), in Enter -0- in columns (D), (E), and (F) if no compensation was paid | regardless of amount | |
| | of the organization's current key employees, if any See instructions for definition of "key emplo | | |
| who received | organization's five current highest compensated employees (other than an officer, director, tru reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$ and any related organizations | | ;) |
| | of the organization's former officers, key employees, and highest compensated employees who eportable compensation from the organization and any related organizations | received more than | |
| | of the organization's former directors or trustees that received, in the capacity as a former dir more than \$10,000 of reportable compensation from the organization and any related organizat | | |
| • | n the following order individual trustees or directors, institutional trustees, officers, key employe employees, and former such persons | ees, highest | |
| X Check th | s box if neither the organization nor any related organization compensated any current officer, or | director, or trustee | |
| | | | |

| (A) Name and Title | (B) Average hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or Michael Communication of the communication of th | | | an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the | | |
|-----------------------|--|--|-----------------------|------|--------------|---|--|---|--------------------|--|
| | organizations below dotted line) | Individual trustee or director | Institutional trustee | er . | Key employee | Highest compensated employee | 91 | (W-2/1099-MISC) | (VV-2/1099-IVIIGG) | organization and related organizations |
| (1) SEE ATTACHED | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | - |
| (5) | | | | | | | - | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | - | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | - | | | |
| (13) | | - | | | | | | | | |
| (14) | | | | | | | | | | |

| Pa | rt VII Section A. Officers, Directors, Tr | ustees, Key Er | nplo | yee | s, a | nd l | High | est | Compensated | Employees (c | ontinued) |
|---------------|---|---|--------------------------------|-------|-------------|--------------|------------------------------|-----------|--|--|--|
| | | | | | (C Pos | C) stion | | | | | |
| | (A) Name and little | (B) Average | box, | unles | eck s pe | more rson | than o | n an | (D) Reportable | (E) Reportable | (F) Estimated |
| | | hours per week (list any hours for related organizations below dotted line) | Individual trustee or director | | a Officer | _ | Highest compensated employee | e) Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| (17) | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| 1b | Sub-total Sub-total | _ | | | | | | • | 0 | | 0 |
| C | Total from continuation sheets to Part VII, | Section A | | | | | | | 0 | | 0 0 |
| <u>d</u> 2 | Total (add lines 1b and 1c) Total number of individuals (including but not | | liste | d at | | e) w | ho re | cen | ved more than \$ | <u> </u> | <u> </u> |
| | reportable compensation from the organization | on 🕨 | | | 0 | | - | | | | Yes No |
| 3 | Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche | | | | | yee | e, or h | nigh | nest compensate | ed | 3 X |
| 4 | For any individual listed on line 1a, is the sum the organization and related organizations graindividual | of reportable c | ompe | ensa | ation | | | | | | 4 X |
| 5 | Did any person listed on line 1a receive or ac for services rendered to the organization? If " | | | | | | | | | ndıvıdual | 5 |
| Sec | tion B. Independent Contractors | res, complete | 30110 | ·uui | - 0 1 | ,0, | Jucii | per | 3011 | | 1 3 1 |
| 1 | Complete this table for your five highest compoundation from the organization. Report of year | | | | | | | | | | |
| | (A) Name and business add | dress | • | | | | | | (B) Description of se | rvices | (C) Compensation |
| | | | | | | | | | <u>. </u> | | 0 |
| | | | | | | | | | | | 0 |
| | | | | | | | | ┼ | | | 0 |
| | | _ | | | | | | + | | | 0 |
| 2 | Total number of independent contractors (inc | luding but not li | mited | l to | thos | se li | sted | abo | ve) who receive | ed | |

Statement of Revenue

| | Check if Schedule O contains a response to any question in this Part VIII | | | | | | | | |
|--|---|--|----------------|------------|-------------------|--|--|--|--|
| | William Control | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| 9 9 | 1a | Federated campaigns . | ⊢ | 1a | 0 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| ant I | b | Membership dues . | <u> </u> | 1b | 303,200 | # · · · · · · · · · · · · · · · · · · · | 5 , 163 | | 131 1 |
| ا ق ي | C | Fundraising events | <u> </u> | 1c | 0 | | | | 3.0 |
| ar A | d | Related organizations | L | 1d | 0 | | E, (4%) | | |
| SE | е | Government grants (contribution | is) | 1e | 0 | | | | |
| is is | f | All other contributions, gifts, grain | | | | | | THE WAR | \$4. 11 W AT N |
| 를 를 | | similar amounts not included about | | 1f | 80,565 | | | # 3 4 4 | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in li | nes 1a-1f | \$ | 0 | | | | |
| ತ ಕ | h | Total. Add lines 1a-1f | | • | > | 383,765 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| · o | | | | | Business Code | | | 4 6 2 | ` |
| - F | 2a | MEMBER FEES FOR EVENTS | | ſ | | 152,809 | | - ' | |
| Re | b | | | | | 0 | | | |
| 9 | С | | | | | 0 | | * | |
| 5 | d | | | | | 0 | | | |
| E | е | | | Γ | | 0 | | | |
| Program Service Revenue | f | All other program service revenu | ie | | | 0 | | | |
| P. | g | Total. Add lines 2a-2f | | | > | 152,809 | F STEE | 部分分类 小花 | 31172 |
| | 3 | Investment income (including di | vidends, inte | rest | , and | | | | |
| | | other similar amounts) | | | • | 51,980 | | | |
| | 4 | Income from investment of tax-e | xempt bond | prod | ceeds > | 0 | | | |
| | 5 | Royalties | | | | 589 | | | |
| | | | (ı) Real | | (ii) Personal | | Contraction of | | |
| | 6a | Gross rents | | | | 第二十一个人的 · 陈子 | 1. 3. 3. 2. | A. C. C. C. Carrier, | |
| 1 | b | Less rental expenses | | | . | | | 新,至在西京 | |
| - 1 | С | Rental income or (loss) . | | 0 | 0 | an changers | | | The state of the s |
| | d | Net rental income or (loss) | () 0 | | (a) Other | 0 | 8-216-30-3 | 1. 0. 1 to 16 to 1 | aloja li |
| | 7a | Gross amount from sales of | (i) Securities | | (ม) Other | | | | AND THE PROPERTY OF THE PARTY O |
| | | assets other than inventory | | _의 | 0 | | | | The state of the s |
| | b | Less cost or other basis | | | | | | | |
| | | and sales expenses | | - 0 | 0 | | Mark Street | | |
| ļ | C | Gain or (loss) | | 0 | 0 | 5 5 3 6 5 E | · 经上的 不 | J. 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | right in the control |
| i | d | Net gain or (loss) | | Г | . • | | <u>'</u> | | |
| a l | 8a | Gross income from fundraising | | | | · way and | : ' | * 7/ | |
| ם | Od | _ | 0 | | | | | | |
| Š | | events (not including \$ of contributions reported on line | 10) | | | | | · · · · · · · · · · · · · · · · · · · | , , . |
| ř | | See Part IV, line 18 | 10) | а | 0 | | | ا عمد بر آخر کا | |
| Other Revenue | ь | Less direct expenses | | b | | | | | |
| ŏ | | Net income or (loss) from fundra | alsina events | [| | · · | | • | |
| | | Gross income from gaming activ | _ | . | | 3. A et 5 3 3 3 | | * 2 5 | , , , , , |
| | Ju | See Part IV, line 19 | VILIOS | a | 0 | e same and a same as | | The state of the s | - Au |
| | h | Less direct expenses | | ь | | | A STATE OF THE STA | e production of the second | · ' , ' - ; |
| | | Net income or (loss) from gamir | na activities | ~ (| | 1.0145.44 75.00 | 1 | , | _ |
| | | Gross sales of inventory, less | ig don inco | [| | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | (A & , -) | Par and Arthurst | Martin Martin |
| | | returns and allowances | | а | 33,899 | | | | PAC. |
| | ь | Less cost of goods sold | | ь | 21,354 | | | | |
| | | Net income or (loss) from sales | of inventory | (| > | 12,545 | 3 | | |
| | | Miscellaneous Revenue | | | Business Code | | 10,000 500 | * 10 | |
| | 11a | | | | | | | <u></u> | |
| | b | | | | | (| | | |
| | С | | | | | |) | | |
| | d | All other revenue | | | | (| · | | |
| | е | Total. Add lines 11a-11d | | | | |) '3 | | 1,54 |
| | 40 | Total revenue Con instructions | | | _ | 601 699 | ol | · · | |

Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must complete a | ll columns All other | organizations mus | st complete column | (A) |
|----------|--|---------------------------------------|--|--|---|
| | Check'if Schedule O contains a response to any | question in this Par | rt IX | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | - ' ' ' - ' | Was in a second |
| | organizations in the United States See Part IV, line 21 | 42,400 | 42,400 | | · · · · · |
| 2 | Grants and other assistance to individuals in the | _ | | | - 0 - 0 |
| | United States See Part IV, line 22 . | 0 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - 1 1- 1/4 3 4 4 |
| 3 | Grants and other assistance to governments, | | | ر با ۱۹۵۰ مرور را د د است - | - 1 |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | 0 | | 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2 - 120 - 22 - 19 - 21 - 19 - 19 - 19 - 19 - 19 |
| 4 | Benefits paid to or for members | 0 | | , , , , , , , , , , , , , , , , , , , | |
| 5 | Compensation of current officers, directors, | ٥ | | | |
| _ | trustees, and key employees | · · · · · · · · · · · · · · · · · · · | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | o | | | |
| 7 | Other salaries and wages | 211,426 | 190,283 | 21,143 | |
| 8 | Pension plan accruals and contributions (include | 211,420 | 100,200 | 21,110 | |
| 0 | section 401(k) and 403(b) employer contributions) | l ol | | | |
| 9 | Other employee benefits . | 0 | ***** | | |
| 10 | Payroll taxes | 14,650 | 13,185 | 1,465 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | o | | | |
| b | Legal | 0 | | | |
| С | Accounting | 3,800 | | 3,800 | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services See Part IV, line 17 | 0 | 数学のとは、こ | | |
| f | Investment management fees | 4,106 | | 4,106 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 51,557 | 46,401 | 5,156 | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties . | 0 | | | |
| 16 | Occupancy | 34,042 | 30,638 | 3,404 | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials . | 101,355 | 101 255 | | |
| 19 | Conferences, conventions, and meetings Interest | 0 | 101,355 | | |
| 20 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 967 | 870 | 97 | , |
| 23 | Insurance | 3,260 | 070 | 3,260 | · |
| 24 | Other expenses Itemize expenses not covered | -1000 | 15 \$P\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | · ** * * * * * * * * * * * * * * * * * |
| | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | , | | |
| а | PUBLICATIONS | 32,939 | 32,939 | | |
| b | DIRECTORS & COMMITTEE EXPENSE | 13,482 | | | |
| С | RESOURCE & CHAPTER SERVICES | 6,354 | | | |
| d | AWARDS & CERTIFICATES | 1,660 | 1,660 | | |
| е | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 521,998 | 479,567 | 42,431 | C |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation Check here | | | | |

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

31

32

33

34

NATIONAL ASSN OF JUNIOR AUXILIARIES INC Page 11 Form 990 (2012) **Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 5,338 Cash-non-interest-bearing 5.261 282,389 2 199,278 Savings and temporary cash investments 2 3 0 Pledges and grants receivable, net 3 6,182 4 6,772 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, ž. trustees, key employees, and highest compensated employees Complete Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 0 Notes and loans receivable, net 32,369 8 28,758 Inventories for sale or use 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 61.394 5-1 54,783 4,759 10c 10b 6,611 Less accumulated depreciation Investments—publicly traded securities 381,759 11 527,691 11 0 12 0 12 Investments—other securities See Part IV, line 11 0 0 13 13 Investments-program-related See Part IV, line 11 14 0 0 Intangible assets 14 0 15 0 15 Other assets See Part IV, line 11 712,796 16 774,371 Total assets. Add lines 1 through 15 (must equal line 34) 16 79,190 17 61,075 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 23 0 Secured mortgages and notes payable to unrelated third parties 23 0 24 0 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete 25 0 Part X of Schedule D 79,190 26 61,075 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here▶ | X | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 375,086 310,841 Unrestricted net assets 27 28 28 Temporarily restricted net assets 322,765 338,210 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31

713,296

774.371

32

33

34

633,606

712,796

| Form 9 | 90 (2012) NATIONAL ASSN OF JUNIOR AUXILIARIES INC | 64-0362384 | Pa | ge 12 |
|------------|--|--------------------|-------------|-----------------|
| Part | XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response to any question in this Part XI. | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 60 <i>°</i> | 1,688 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 52 | 1,998 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 79 | 9,690 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 633 | 3,606 |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 6 | Donated services and use of facilities . | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments . | 8 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | |
| - | | 10 | /1; | 3,296 |
| Part | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | 1 | <u> </u> |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | - | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | ľ | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | ² 2a | | x |
| Za | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | - 20 | | ^- |
| | reviewed on a separate basis, consolidated basis, or both | | ξ. | |
| | | - | | , |
| | | 21- | j | |
| þ | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | 2 - 42 . - 15 . | - | |
| | separate basis, consolidated basis, or both | 2.8 | 1.7 | 100 |
| | Separate basis Consolidated basis Both consolidated and separate basis | 144 | - | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | 1.2. |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | [- | ' · | , |
| _ | Schedule O | f. | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | _ | | |
| | the Single Audit Act and OMB Circular A-133? | 3a | - | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | 25 | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 000 | (2012) |

SCHEDULE A (Form 990 or 990-EZ)

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 64 0000004

| | | UNIOR AUXILIA | | | | | | | | 62384 | | |
|--------|---|--------------------------------------|---|----------------------|--|------------------|------------------|--------------------|-------------|-------------|---------|------------|
| Part I | | | arity Status (All org | | | | | | struction | S | | |
| | | | ation because it is (Fo | | | | | | | | | |
| 1 ⊣ | • | | ches, or association o | | | ea in sec | וטוו ווטון | D)(1)(A)(1) | • | | | |
| 2 | | | on 170(b)(1)(A)(ii). (At | | | 4; | 470(1:)(4) | (A) (:::) | | | | |
| 3 | • | • | iospital service organi | | | | | | (E.)(4)(A) | (.::\ T | 4 41 | |
| 4 📋 | | search organiza me, city, and sta | ition operated in conju ate | inction wit | in a nospi | tai descrii | bed in se | ction 170(| (D)(T)(A) | (III). En | ter the | - - |
| 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, sta | ate, or local gove | ernment or governmer | ntal unit d | escribed i | n section | 170(b)(| 1)(A)(v). | | | | |
| 7 | • | | y receives a substanti (1)(A)(vi). (Complete f | • | its suppor | t from a g | governme | ntal unit o | r from the | e gener | al publ | lic |
| 8 | A community | trust described | I in section 170(b)(1)(| (A)(vi) . (C | omplete F | Part II) | | | | | | |
| 9 🗓 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 organizat | ion organized a | nd operated exclusive | ly to test | for public | safety Se | ee sectio | n 509(a)(4 | i) . | | | |
| 11 | 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 | | | | | | | | | | | |
| ۔ ا | | | ype II c Type y that the organization | | • | • | | • | | • | - | . |
| e | persons other | | on managers and othe | | | | | | | | | on |
| f | | | a written determinatior | n from the | RS that | ıt ıs a Typ | oe I, Type | II, or Type | e III supp | orting | | |
| | organization | , check this box | | | | | | | | _ | | |
| g | | | the organization acce | pted any | gift or con | itribution t | from any | of the | | | | |
| | following per | | | authar ala | + | thar with | norcono | daaaribad | ın (u) | | Yes | No |
| | | • | or indirectly controls, verning body of the su | | _ | | persons | aescribea | 111 (11) | 11g(i) | res | No |
| | · | | person described in (i | | ngamzane | ,,,, | | | | 11g(iı) | | |
| | | | y of a person describe | | (II) above | ? | | | | 11g(in) | 11 | |
| h | Provide the f | following inform | ation about the suppor | rted organ | nızatıon(s) | <u> </u> | | · | | | | |
| | (i) Name of supported organization organization organization (iii) Type of organization organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization (v) Did you notify the organization in col (i) Issted in your the organization in col (i) of your (i) organized in the support? (vi) Is the organization organization in col (i) organization in the support? US? | | | | | | onetary | | | | | |
| | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes | No | Yes | No | Yes | No | 1 | | |
| (A) | | | | | | | | | | | | |
| | | | | | | | | ļ | | - | | |
| (B) - | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | | _ | | | |
| (E) | | | | | | | | | | † | | |
| | | 77 - 3 - 3 - 3 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 200 | | | 1 7 5 7 7 | - Ya | | + | | |
| Total | | | | - 13 An- | | | 1 = 7 | | | | | 0 |

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Secti | on A. Public Support | | | | | | · |
|-------|---|--|------------------|--|--|--|---------------|
| Caler | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | 0 |
| 2 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to or expended on | | | | İ | | |
| | its behalf | | | | <u> </u> | | 0 |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | The portion of total contributions by each | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 2 1 2 5 K | 4 - 1 | | | |
| | person (other than a governmental unit | The second of th | - N | | | 3.3 | |
| | or publicly supported organization) | | | | - the transfer of the transfer | (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | |
| | included on line 1 that exceeds 2% | from 15 m | (当是) | Try State | the staff in the staff of the | | |
| | of the amount shown on line 11, | | | 1 3 th 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (1) | | |
| | column (f) | (文章、宋 八十) 实现 | ない。 | | META COMPANY | 7 | |
| 6 | Public support. Subtract line 5 from line 4 | 自身。在连续 | 4.5 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 0 |
| | ion B. Total Support | | т | γ · · · · · · · · · · · · · · · · · · · | , | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | 0 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business is | | 1 | | | | |
| | regularly carried on | | | | | ļ | 0 |
| 10 | Other income Do not include gain or | | 1 | ŀ | | | |
| | loss from the sale of capital assets | | | İ | | | |
| | (Explain in Part IV) | | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | [A , | <u>-</u> | <u> </u> | , , | 10 | 0 |
| 12 | Gross receipts from related activities, etc. (s | | | | F.1 | 12 | \(\alpha\) |
| 13 | First five years. If the Form 990 is for the o | _ | irst, second, th | ird, fourth, or fi | πn tax year as | a section 501(c | ·)(3) |
| | organization, check this box and stop here | | | | | | ▶ |
| Sect | ion C. Computation of Public Support | | | | | | |
| 14 | Public support percentage for 2012 (line 6, | | | column (f)) | | 14 | 0 00% |
| 15 | Public support percentage from 2011 Sche | | | | | 15 | 0 00% |
| 16a | 33 1/3% support test—2012. If the organize | | | | line 14 is 33 1/ | 3% or more, ch | |
| | and stop here. The organization qualifies a | | | | | | |
| b | 33 1/3% support test—2011. If the organize | | | | and line 15 is | 33 1/3% or mor | e, check this |
| | box and stop here. The organization qualif | ies as a publicl | y supported or | ganization | • | | ▶ [] |
| 17a | 10%-facts-and-circumstances test—2012 | 2. If the organiz | ation did not c | heck a box on | line 13, 16a, o | r 16b, and line | 14 |
| | is 10% or more, and if the organization mee | ets the "facts-a | nd-circumstan | ces" test, chec | k this box and | stop here. Exp | laın ın |
| | Part IV how the organization meets the "fac | cts-and-circums | stances" test 1 | he organizatio | on qualifies as a | a publicly suppo | orted |
| | organization . | | | | | | ▶ |
| b | 10%-facts-and-circumstances test—201 | | | | | | |
| | 15 is 10% or more, and if the organization is | | | | | | Explain in |
| | Part IV how the organization meets the "fac | cts-and-circum | stances" test 1 | The organization | on qualifies as | a publicly | |
| | supported organization | | | | | | ▶∐ |
| 18 | Private foundation. If the organization did | not check a bo | ox on line 13, 1 | 6a, 16b, 17a, d | or 17b, check t | his box and see | |
| | instructions | | | | | | > |

Support Schedule for Organizations Described in Section 509(a)(2)

| oupport continues and | · // / |
|---|---|
| (Complete only if you checked the box on line 9 | of Part I or if the organization failed to qualify under Part I |
| If the organization fails to qualify under the test | |

| Sect | tion A. Public Support | | | . <u> </u> | | | |
|-----------|--|-----------------------|--------------------|---------------------|-------------------|--------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 479,288 | 520,444 | 503,905 | 489,685 | 536,574 | 2,529,896 |
| 2 | 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 | 82,871 | 49,451 | 35,767 | 33,429 | 33,899 | 235,417 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 52,0 | | | | | 0 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0_ |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | 562,159 | 569,895 | 539,672 | 523,114 | 570,473 | 2,765,313 |
| 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 | | | | | | 0 |
| С | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 2,765,313 |
| | tion B. Total Support | | | () 2242 | (1) 0044 | 4-1.0040 | (D. T. (-) |
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | 562,159 | 569,895 | 539,672 | 523,114 | 570,473 | 2,765,313 |
| 10a | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar sources | -96,320 | 14,568 | 69,643 | -2,357 | 51,980 | 37,514 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| С | Add lines 10a and 10b | -96,320 | 14,568 | 69,643 | -2,357 | 51,980 | 37,514 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | · | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 465,839 | | | | | 2,802,827 |
| 14 | First five years. If the Form 990 is for the organiz organization, check this box and stop here | ation's first, seco | nd, third, fourth, | or fifth tax year a | s a section 501(| c)(3) | ▶ □ |
| Sec | tion C. Computation of Public Support | Percentage | | | | | <u></u> |
| 15 | Public support percentage for 2012 (line 8, column | n (f) divided by lin | ne 13, column (f) |) | | 15 | 98 66% |
| 16 Sec | Public support percentage from 2011 Schedule A. tion D. Computation of Investment Inc. | | age | | | 16 | 99 50% |
| 17 | Investment income percentage for 2012 (line 10c, | | | umn (f)) | | 17 | 1 34% |
| 18 | Investment income percentage from 2011 Schedu | ile A, Part III, line | : 17 | | | 18 | 0 50% |
| 19a b | 33 1/3% support tests—2012. If the organization not more than 33 1/3%, check this box and stop h 33 1/3% support tests—2011. If the organization | nere. The organiz | ation qualifies a | s a publicly supp | orted organizatio | on | ► X |
| 20 | line 18 is not more than 33 1/3%, check this box a | and stop here Ti | ne organization o | qualifies as a pub | licly supported o | organization | > |

| | n 990 or 990-EZ) 2012 NATIONAL ASSN OF JUNIOR AUXILIARIES INC | 64-0362384 Page 4 |
|----------|--|---|
| Part IV | Supplemental Information. Complete this part to provide the explanat Part II, line 17a or 17b, and Part III, line 12 Also complete this part for a instructions) | ions required by Part II, line 10, any additional information (See |
| , | instructions) | |
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SCHEDULE D (Form 990)

Complete if the organ

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

2012
Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 64-0362384 NATIONAL ASSN OF JUNIOR AUXILIARIES INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year 2<u>a</u> Total number of conservation easements 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 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 In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items ▶ \$ Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| | | OF JUNIOR AUXI | | | | . | 64-03623 | | | Page 2 |
|------|--|-----------------------|-------------------|---------------|--------------------|-----------------|---------------------------------------|--------------|-----------|--------|
| Part | | | | | | | | | ued)_ | |
| 3 | Using the organization's acquisition, | | er records, che | eck an | y of the following | g tha | t are a significar | nt | | |
| • | use of its collection items (check all Public exhibition | тат арріу) | d \square L | oan o | r exchange prog | rams | | | | |
| a | | | = | | exchange prog | Tarric | , | | | |
| þ | Scholarly research | | e c | Other | | - | | | | |
| С | Preservation for future genera | | | | | | | | | |
| 4 | Provide a description of the organization of t | | • | · | _ | | | pose II | 1 | |
| 5 | During the year, did the organization assets to be sold to raise funds rath | | | | | | | Ye | es 🔲 | No |
| Part | Escrow and Custodial Ar IV, line 9, or reported an ar | | | | zation answere | d "Y | es" to Form 99 | 0, Pa | rt | |
| 1a | Is the organization an agent, trustee | e, custodian or other | r intermediary f | or con | tributions or oth | er as | sets not | | | |
| | ıncluded on Form 990, Part X? | | | | | | | Ye | es | No |
| b | If "Yes," explain the arrangement in | Part XIII and compl | ete the following | ig tabl | e _ | | T | | | |
| | | | | | - | _ | Ar | nount | | |
| C | Beginning balance | | | | - | <u>1c</u> 1d | | | | |
| d | Additions during the year | | | | <u> </u> | 1 <u>a</u> | | | | |
| e | Distributions during the year Ending balance | | | | <u> </u> | 1f | | | | 0 |
| f | <u> </u> | | | | L | | L | | | |
| 2a | Did the organization include an amo | | | | | | 5 | ¥• | es 🔀 | No |
| b | If "Yes," explain the arrangement in | | | | | | | | | |
| Part | V Endowment Funds. Comp | plete if the organiz | ation answer | <u>ed "Y</u> | | \neg | | | | |
| | | (a) Current year | (b) Prior yea | r | (c) Two years back | (0 | i) Three years back | (e) Fo | our years | back |
| 1a | Beginning of year balance | | | + | | _ | | | | |
| b | Contributions | | ļ | | | _ | | | | |
| С | Net investment earnings, gains, | | | - | | ľ | | | | |
| | and losses | | | | | + | · · · · · · · · · · · · · · · · · · · | - | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | <u> </u> | | \dashv | | | | | | |
| f | Administrative expenses | | | | | _ | | } | | |
| g | End of year balance | | 0 | 0 | | 0 | 0 | <u> </u> | | |
| 2 | Provide the estimated percentage o | | | e 1g, c | column (a)) neid | as | | | | |
| a | Board designated or quasi-endowm | | % | | | | | | | |
| þ | Permanent endowment | % | , | | | | | | | |
| С | Temporarily restricted endowment | d 2a aboutd agual 1 | • | | | | | | | |
| 2- | The percentages in lines 2a, 2b, and | | | that a | ro hold and adm | inict | ared for the | | | |
| 3a | Are there endowment funds not in the | ne possession of th | e organization | uial di | e neiu anu aum | mst | sted for tile | | Yes | No |
| | organization by (i) unrelated organizations | | | | | | | 3a(i) | 163 | ''' |
| | (i) unrelated organizations | | | | | | | <u> </u> | | |

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

| Par | Describe in Part XIII the intended uses of the VI Land, Buildings, and Equipment | | | | | | |
|------|--|---|------------------------------------|------------------------------|----------------|--|--|
| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | |
| 1a | Land | 0 | 0 | | 0 | | |
| b | Buildings | 0 | 0 | 0 | 0 | | |
| С | Leasehold improvements . | 0 | 0 | 0 | 0 | | |
| d | Equipment . | 0 | 61,394 | 54,783 | 6,61 <u>1</u> | | |
| е | Other | 0 | o | 0 | 0 | | |
| Tota | Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 6,611 | | | | | | |

Page 3

| (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (I) Total (Column (b) must equal Form 990 Part X, col (B) line 12) | Part VII Investments—Other Securit | t ies. See Form 990, Part X, | line 12 | |
|---|--|--|--|--|
| (1) Financial derivatives | | (b) Book value | | |
| (2) Closely-held equity interests 0 0 | | | Cost of end-of-year fi | larket value |
| (3) Other (A) (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | | | |
| (B) (C) | | | | |
| (S) (C) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P | | - T- | | |
| (C) (F) | | | | |
| (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | | | | |
| (5) (9) (1) | (D) | | | |
| (C) (H) (I) (I) (I) (II) (II) (II) (III) | (Ē) | _ | | |
| (1) Total (Column (b) most equal Form 990 Part X cot (B) line 12) | | - | | |
| (a) Description of investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation (cost or end-of-year market value (i) Book value (c) Method of valuation (cost or end-of-year market value (ii) Cost or end-of-year market value (iii) Cost or end-of-year market value (iv) Book value (iv) Book value (iv) Book value (iv) Book value (iv) Cost or end-of-year market value (iv) Book value (iv) Cost or end-of-year market value (iv) Book value (iv) Cost or end-of-year market value (iv) Cost or end-of-year market value (iv) Cost or end-of-year market value (iv) Book value (iv) Cost or end-of-year market | | | | |
| Total (**Column (b) must equal Form 990, Part X, col (B) line 12) Part X** Other Assets. See Form 990, Part X, line 15 | | - | | |
| Investments—Program Related. See Form 990, Part X, line 13 | | <u> </u> | · · · · · · · · · · · · · · · · · · · | THE STATE OF |
| (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form \$90 Part x cor (B) ine 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (2) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | · | 3-1-1-1 |
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| 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability | The state of the s | | 7-3- | anization's liability |

| Sched | ule D (Form 990) 2012 NATIONAL ASSN OF JUNIOR AUXILIARIES INC | | | 64-036238 | 4 Page 4 |
|------------|--|----------|---------------------------------------|----------------|-------------------|
| Par | Reconciliation of Revenue per Audited Financial Statemer | nts Wi | th Revenue pe | r Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | SSe T. | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | |]` | |
| d | Other (Describe in Part XIII) | 2d | | 7., 1 | |
| е | Add lines 2a through 2d. | - | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | - 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | | 7, | |
| С | Add lines 4a and 4b | | | 4c | , 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) |) | | 5 | 0 |
| Par | Reconciliation of Expenses per Audited Financial Stateme | | /ith Expenses | per Return | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities | 2a | | 250 | |
| b | Prior year adjustments | 2b | | 7 | |
| C | Other losses | 2c | | 7] | |
| d | Other (Describe in Part XIII) | 2d | | | |
| e | Add lines 2a through 2d | | · · · · · · · · · · · · · · · · · · · | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | Ì | ĺ | 147 74 - | <u>-</u> <u>-</u> |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | |] :, ; | |
| c | Add lines 4a and 4b | | L | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | 3) | | 5 | 0 |
| | XIII Supplemental Information | -/ | | | <u>~</u> |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F | Part III | lines 1a and 4 P | art IV lines | Ih and 2h |
| | V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b | | | | |
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| Schedule D (Forr | n 990) 2012 | NATIONAL | ASSN OF JU | NIOR AUXILIA | ARIES INC | | • | 64-0362384 | Page 5 |
|------------------|---|---------------------------------------|---|--------------|-----------|-----------|-------------|--------------|---|
| Part XIII | Supple | mental Info | rmation (co. | ntınued) | | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

| Name of the organization | Employer identification number |
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| NATIONAL ASSN OF JUNIOR AUXILIARIES INC | 64-0362384 |
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| PART VI, LINE 11 | |
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| THE ORGANIZATION'S EXECUTIVE DIRECTOR PROVIDES OF THE 330 TO THE FINANCE | |
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| Schedule O (Form 990 or 990-EZ) (2012)' | Page 2 |
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National Association of Junior Auxiliaries, Inc. Officers and Directors 2013-2014

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Sug Portwood

Director/CSC Rep

D: 10000 D

Ruth Cummins

Director/CSC Rep
Director/CSC Rep

Kristi Davis

Board

Cindy Galey

Board

Darlene Carey

Board

Terri Jackson

Amy Pinkston

Board

No salaries to any officer or board members