Department of the

DLN: 93493306017736

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Treasu		► Information about Form 990 and it ue Service	s instructions is at <u>www</u>	IRS gov/form990		Inspection
A Fo	r the	2015 calendar year, or tax year beginning 07-01-2015	, and ending 06-30-2016			
Add	lress ch					
Init	me char ıal retur	B 1				
Am	ended r		ered to street address) Room	/suite		
		City or town, state or province, country, and ZIP of Tempe, AZ 852824508	r foreign postal code			
D En	nployer	identification number E Telephone number				
86	-0184	(480) 377-8500	G Gross receipts s	5 4,482,572	_	
		F Name and address of principal officer		H(a) 7 - 4h		
		Katherine Kemmeries Cecala		H(a) Is this a group subordinates?		or □Yes √ No
		636 West Southern Avenue Tempe, AZ 852824508		H(b) Are all subord		Yes No
		16111pc, AZ 032024300		ıncluded?		
I Tax	-exem	ot status	947(a)(1) or 527	·	•	see instructions)
J W	ebsite	► www.jaaz.org	947(a)(1) 01 327	H(c) Group exemp	tion num	ber▶ 1116
K Form	of ora	anization 🗸 Corporation Trust Association		L Year of formation 19	963 M S	tate of legal domicile
Other 1		anization Corporation Trust Association			l l	
Pai	rt I	Summary				
Governance	T o fin-	efly describe the organization's mission or most signific inspire and prepare young people to succeed in a globa ancial literacy, work readiness and entrepreneurship edu	l economy Through our ucation			
	2 (heck this box ▶ ┌─ if the organization discontinued its o	perations or disposed of	more than 25% of its	s net ass	ets
Activities &	3 N	umber of voting members of the governing body (Part V $^{ m I}$, line 1a)		3	10
ıtıe	4 N	umber of independent voting members of the governing	oody (Part VI, line 1b)		4	10
tıv	5 T	otal number of individuals employed in calendar year 20	15 (Part V, line 2a) .		5	54
ĕ	6 T	otal number of volunteers (estimate if necessary)			6	10,041
		otal unrelated business revenue from Part VIII, column	• • •		7a	0
	b Ne	t unrelated business taxable income from Form 990-T,	line 34	· · · ·	7b	
				Prior Year		Current Year
Qı	8	Contributions and grants (Part VIII, line 1h)		3,089,		2,694,60
Ravenue	9	Program service revenue (Part VIII, line 2g)		335,		376,50
ĄċŁ	10	Investment income (Part VIII, column (A), lines 3, 4,			972	28,72
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		-177,	.794	-163,22
	12	Total revenue—add lines 8 through 11 (must equal Pai 12)	t VIII, column (A), line	3,266,	227	2,936,60
	13	Grants and similar amounts paid (Part IX, column (A),	lines 1-3)	26,	725	24,82
	14	Benefits paid to or for members (Part IX, column (A), I	ne 4)		0	
શ્	15	Salaries, other compensation, employee benefits (Part $5-10$)	IX, column (A), lines	2,119,	948	2,034,31
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	e11e)	46,	500	50,40
S.	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 665,46				
_	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	1,223,	689	1,154,97
	18	Total expenses Add lines 13-17 (must equal Part IX,	column (A), line 25)	3,416,	862	3,264,50
	19	Revenue less expenses Subtract line 18 from line 12		-150,	635	-327,90
Net Assets or Fund Balances				Beginning of Current	Year	End of Year
Sse Bak	20	Total assets (Part X, line 16)		4,424,	587	4,048,68
₹ E	21	Total liabilities (Part X, line 26)		802,		776,50
	22	Net assets or fund balances Subtract line 21 from line	20	3,622,	202	3,272,18
my kn	penal owled	Signature Block ties of perjury, I declare that I have examined this retui ge and belief, it is true, correct, and complete Declarati s any knowledge		-		•
		<u> </u>		2015 1: 5:		

6:		Signature of officer			2016-11-01 Date	
Sign Here	l."	Sherrie Cantrell CFO				
		Type or print name and title				
Paid		Print/Type preparer's name	Preparer's signature	Date	Check If self-employed	IN
Prepare	r	Firm's name ►	Firm's EIN ▶			
Use Onl		Firm's address ▶	Phone no			
May the IR:	S dı	scuss this return with the prepa	rer shown above? (see instructio	ns)		. Yes No

Forr	m 990 (2015)					Page 2
Pa	rt IIII Statemer	nt of Program Serv	ice Accomp	olishments		
				to any line in this Pa	art III	
1	•	e organization's missior				
mak thei	ce smart academic, c	areer and economic cho Together with our 9578	ices Ourhand	ls-on, age-appropri	ey need to manage their mon ate programs are designed to dents learn in the classroom	
2	Did the organizatio	n undertake any signific	ant program s	ervices during the y	ear which were not listed on	
	the prior Form 990 If "Yes," describe	or 990-EZ? these new services on S	 chedule O			
3	services?	3,		-	t conducts, any program	
4	expenses Section		l) organızatıon	is are required to re	s three largest program servi port the amount of grants and	
4a	(Code) (Expenses \$	1,368,522	including grants of \$	24,825) (Revenue	\$ 0)
	age-appropriate prog mileage to deliver the through our volunteei program expense rati and skills focusing on Achievement have a	rams were delivered by 3,666 e in-classroom programs. This delivery model Including the o to 87% which more accurat financial literacy, work readir better understanding of how t	o corporate and or volunteer donati e volunteer donati ely reflects the enters and entrepre the real work ope	ommunity volunteer me on is not reflected in the cion for both our K-12 cl fficiency with which we ineurship Over 95% per trates Furthermore, eler	ntors Volunteers donated [an estin expenses of Part IX but is noted h assroom and experiential learning p	e Junior Achievement programs
4b	(Code) (Expenses \$	851,189	including grants of \$	0) (Revenue	\$ 309,002)
75	Junior Achievement o instruction where the explore careers The This year, 22,260 stu experienced an overa BizTown indicated tha volunteers who delive	f Arizona's JA BizTown is a tea y work together to create bus program culminates when the dents from 252 schools partic ill 31% percent knowledge ga it they would unanimously re- ered the JA BizTown program,	echer-led experie iness plans, calcu by visit our JA Bizī ipated in the JA B iin (on average) i commend the JA donating \$1,474	ntial program that requil late operating costs, des Fown learning facilities a bizTown program Upon of in financial literacy and w BizTown program to fello ,376 of their time and m	res 4-6th grade students to participa sign a marketing campaign, apply f	ate in 14 hours of classroom for jobs, vote for city officials, and , as both the workers and consumers is who participated in JA BizTown ose students participated in JA 4 business, parent and teacher
	/C I-	\ /F	442.224		0.772	
4 c	learn important perso are required to create empowered to mana showed a 45% perce	nal money management skill: and maintain a balanced per ge their money in the future a nt financial literacy knowledge	s They then appl sonal budget 3,7 and navigate final a gain JA partner	nich requires middle and ly those newly acquired 750 students from 38 scl nical complexities in their red with 500 business, p	0) (Revenue high school students to participate skills in a simulation where they an nools received the JA Finance Park r future Upon completion of the parent and teacher volunteers who colunteers in our expenses increases	in 14 in-class lessons where they e given a fictional life scenario and curriculum this year and were ogram, JA Finance Park students

reflecting the efficiency gained by leveraging the expertise of these volunteers

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$ 0)(Revenue\$ 0)

Total program service expenses ▶ 2,363,105 4e Form **990** (2015)

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,	10	Yes	

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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 🕏

b 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 foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 🛂 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 为

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

17

3

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Nο

Νo

11a

11b

11c

11d

11e

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12b

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20a

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Νo

Νo

Νo

Form 990 (2015)

Νo

Νo

instructions for applicable filing thresholds, conditions, and exceptions)

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Page 4

Nο

21	Did the organization report more than $\$5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Νo

Νo Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

25a

25b

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28a

28b

28c

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35a

35b

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37

38

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

orm	990 (2015)			Page !
Par				
	Check if Schedule O contains a response or note to any line in this Part V			. 🔽
	Enterthe number assessed in Day 2 of Entert 1000 Entert 0 of extraordiscible 1.4-1	\vdash	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 2	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
b	by this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
_	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club]		
	facilities Section 501(c)(12) organizations. Enter			I
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states	13a		
	ın which the organization is licensed to issue qualified health plans]		I

 \boldsymbol{c} . Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

14a

14b

year by the following The governing body? .

Section C. Disclosure

Part '

00 (2015)	
Governance, Management, and Disclosure	

describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

Yes No 1a 10

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 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

Enter the number of voting members included in line 1a, above, who are

1 h

10 2 3

Νo Νo Νo

Νo Νo

Νo Νo

Yes Yes

Nο

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Form 990 (2015)

12h

12c

13

14

15a

15b

16a

16b

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **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 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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?

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

 ${f b}$ Other officers or key employees of the organization

List the States with which a copy of this Form 990 is required to be filed▶

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

► Sherrie Cantrell 636 West Southern Avenue Tempe, AZ 852824508 (480) 377-8500

10a Did the organization have local chapters, branches, or affiliates? .

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

- 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, if any 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, or 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

compensated employees, and former such person. Check this box if neither the organization noi		ganıza	ition	com	pen	sated	any	current officer, c	lirector, or truste	e
(A) Name and Title	(B) Average hours per week (list any hours	more pers and	than son is	n one s bot	not e box th ar	t check x, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Alan Augenstein	5			х		<u> </u>			0	
Chair	0 25	X		X		'		0	"	0
(2) Leo Dembinski	0 63						\Box	<u> </u>		
Secretary/Treasurer	1	×		X		'	!	0	0	0
(3) Karen Czack	2			+	\vdash	 	\vdash			
Member	0	X				!		0	0	0
(4) Val Iwinski	1 5	х						0	0	0
Member (5) Newsysh Factors	0 0 8	<u> </u>	-	+-'	₩	 '	igspace	ļ'	ļ	<u> </u>
(5) Jeremiah Foster Member		x						0	0	0
(6) Jason Robinson	2	\vdash		+	\vdash	 	\vdash			
Member	0	×				'		0	0	0
(7) Frank Marino Member	2 5	x						0	0	0
(8) Joseph Gelinas Member	0 8	x						0	0	0
(9) Norman Klein	0 8									
Member	0	×				'		0	0	0
(10) Marcia Wepfer Member	1 5	x						0	0	0
(11) Sam Alpert SR VP Developement	50	x						122,718	3 0	12,548
	0 55	 	_	+-	\vdash	 	\vdash	-	-	
(12) Katherine K Cecala President				x		'		32,950	0	395
	0 5 50	 	├	+-	\vdash	 	\vdash			
(13) Joyce Richards President	1			×		_ !	х	180,255	0	13,979
(14) Sherrie Cantrell Chief Financial Officer	44			х				94,883	0	6,269
							\Box			
				\vdash			H			

Part VII Section A. Officers, Directors,	Trustees, Key E	Employees, and Highest	Compensated I	Employees (cor	ntınued)
(A)	(B)	(C)	(D)	(E)	(F)

(A) Name and Title	A verage hours per week (list any hours for related organizations	unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,		and related organizations
(15) Joss Francheterre SR VP Special Events	40					×		117,099	0	12,274
Sk vr Special Events	0									
1b Sub-Total				▶│						
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	I, Section A .			*			5-	47,905	0	45,465
2 Total number of individuals (including but r \$100,000 of reportable compensation from	not limited to tho	se list		bove	≘) w	ho red	eiv	ed more than	•	

\$100,000 of reportable compensation from the organization ▶ 3	,	

	\$100,000 of reportable compensation from the organization ► 3
,	Did the organization list any former officer, director or trustee, key employee, or highest compensated

lotal (add lines 1b and 1c)			45,40
Total number of individuals (including but not limited to those listed above) who received more than $$100,\!000$ of reportable compensation from the organization \blacktriangleright 3			
		Yes	No
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
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			
undividual	1 A	1 V a a 1	

4	Complete this table for your five highest
Se	tion B. Independent Contractor
	services rendered to the organization? If

		Yes	No
oyee			
•	3	Yes	
	I .		

				ch	r suc	J foi	dule	che	ete S	mpl	," cc	"Yes	İf	0007	50,0	1 \$ 1	thai	ter	grea	ons (
4		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	for	dual	dıvı	rın	on c	ızatı	ganı	d or	late	unre	any	om	on fr	atio	pens	com	rue	acc	or	eive
5									on	per	such	for:	ıle J	hedu	e Sc	iplet	con	es,"	f "Y	on?I

·	organization and related organizations greater than \$150,000? If "Yes," complete Schedule I f individual	or such	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organiza	tion or individual for		163	
	services rendered to the organization? If "Yes," complete Schedule J for such person	[5		Νo
_	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received compensation from the organization. Report compensation for the calendar year ending with c			ax year	
	(A) Name and business address	(B) Description of services		(C Compen	

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) $$100,000$ of compensation from the organization \blacktriangleright 0	who received more than	

Form 99								Page 9
Part V		Statement o						
		Check If Sched	ule O contains a respon	ise or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a	0				
ant	ь	Membership du	es 1b	0				
. Gr	c	Fundraising eve	ents 1c	1,020,443				
Gifts, Grants iilar Amounts	d	Related organiz	ations 1d	29,759				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants	s (contributions) 1e	35,035				
tion r Si	f	All other contribution	ons, gifts, grants, and 1f	1,609,370				
Contributions, and Other Sim	g		ons included in lines	250,001				
ontr ed C		1a-1f \$			2,694,607			
<u>2</u> <u>F</u>	h	Total. Add lines	s la-lf		2,694,607			
	2a	Experiental Prograi	ms	Business Code 611600	376,502	376,502	0	0
i A	ь			011000	370,302	370,302		0
E S	c							
Ę.	d							
S	e							
Program Service Revenue	f	All other progra	ım service revenue		0	0	0	0
<u>~</u>	g	Total. Add lines	s 2a – 2f		376,502			
	3		ome (including dividend ar amounts)		33,077	0	0	33,077
	4		tment of tax-exempt bond p		0	0	0	0
	5	Royalties		•	0	0	0	0
	6a	Gross rents	(i) Real 0	(II) Personal 0				
			0	0				
	b	Less rental expenses	0	0				
	C	Rental income or (loss)		0	0	0	0	0
	d	Net rental inco	me or (loss) (i) Securities	▶ (II) O ther	0	0	0	0
	7a	Gross amount from sales of assets other than inventory	1,122,743	0				
	b	Less cost or other basis and	1,127,100	0				
		sales expenses Gain or (loss)	-4,357	0				
	d d		s)		-4,357	0	0	-4,357
<u>ə</u>		Gross income f events (not inc	rom fundraising	<u> </u>				
Other Revenue		s1,020 of contributions See Part IV , lin	reported on line 1c)					
her	b	Less directex	a penses b	213,286 406,453				
ō	l		loss) from fundraising e	· ·	-193,167		0	-193,167
	9a	Gross income f See Part IV, lin						
	Ь	less director	a penses b	20,706				
	l		loss) from gaming activ	12,419 vities	8,287	0	0	8,287
	10a	Gross sales of	inventory, less	•				
		returns and allo	wances .	0				
	Ь	Less cost of a	a pods sold b	0				
	l		loss) from sales of inve		0	0	0	0
		Miscellaneous	s Revenue	Business Code				
	11a	Board Activitie		900099	16,800	16,800		0
		Volunteer Snac		900099	2,382 1,265	2,382	0	1,265
	C	Life Insurance Value	Casn Surrenger	300099				
		All other reven	L		1,204	0	0	1,204
	е	Total. Add lines		•	21,651			
	12	Total revenue.	See Instructions	• • • •	2,936,600	395,684	0	
								Form 990 (2015)

Part IX Statement of Functional Expenses

Grants and other assistance to domestic individuals See Part IV, line 22

and 16

described in section 4958(c)(3)(B) .

key employees . .

Other salaries and wages

Payroll taxes

Legal . .

Accounting

Lobbying .

. . . .

Management .

10

d

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

Other employee benefits . .

Fees for services (non-employees)

Investment management fees . . .

.

state, or local public officials

Conferences, conventions, and meetings .

Depreciation, depletion, and amortization .

Advertising and promotion .

Office expenses .

Royalties . .

Occupancy .

Schedule O)

Gift In Kind

Information technology

Interest

Payments to affiliates . . .

Program materials and freight

Business Meetings and Meals

Subscrpitions and Dues

All other expenses

Benefits paid to or for members

and 403(b) employer contributions)

Professional fundraising services See Part IV, line 17

Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . .

Payments of travel or entertainment expenses for any federal,

Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21

Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15

Compensation of current officers, directors, trustees, and

Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons

Pension plan accruals and contributions (include section 401(k)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Part IX			
(A)	(B) Program service	(C) Management and	(D) Fundraising
		(A) (B)	(A) Program service Management and

2,300

22,525

0

0

325,061

1,442,167

56.881

74.586

135,616

0

n

n

24,862

50,400

9.019

42.801

108,616

38,024

63,679

21,348

4.878

25,048

101,473

206,516

39,785

363,085

65,679

14,634

7,387

18,137

3,264,507

O

0

n

22,525

187,646

950,253

39.606

53,055

108,802

0

0

n

14,372

5,204

24,566

74,971

23,420

55,588

16,772

1,396

13.616

101,473

183,476

36,080

363,085

63,726

8,922

4,099

8,152

2,363,105

n

0

0

- 7b, 8b, 9b, and 10b of Part VIII.

- Do not

100,863

330,109

16.530

21,048

23,981

0

0

0

7,224

50,400

2,658

14,067

25,632

12,380

6,173

3,805

2.959

7,371

15,208

2,873

0

0

513

4,865

3,080

13,730

665,469

Form 990 (2015)

0

0

0

0

2,300

36,552

161,805

0

745

483

2,833

0

n

Ω

3,266

1,157

4,168

8,013

2.224

1.918

771

n

0

523

4.061

7,832

832

0

1,440

847

208

-3,745

235,933

n

0

e Sheet

Part X	Balance Sheet
	Check if Schedule O contains a response or note to any line in this Part \boldsymbol{X} .
1	Cash-non-interest-bearing
2	Savings and temporary cash investments
3	Pledges and grants receivable, net
4	Accounts receivable, net
5	Loans and other receivables from current and former officers, directors, truste key employees, and highest compensated employees Complete Part II of Schedule L
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

Assets

7

8

9

10a

b

11

12

13

14

15

16

17

18

19

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21

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24

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31

32

33

34

Net Assets or Fund Balances

	Check if Schedule O contains a response or note to any line in this Part X $$. $$.	
1	Cash-non-interest-bearing	
2	Savings and temporary cash investments	Γ

II of Schedule L

Grants payable

Deferred revenue .

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Complete Part X of Schedule D

st-bearing									
norary cash investments							_		

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets . . .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Investments—publicly traded securities . .

Page	1

Page	1

Page	

(A)

Beginning of year

43,205

17,324

818,995

5,813

0 5

0

0

32,883

118,536

2,392,892

967,636

0

n

0 14

0 18

0 20

0 21

27,303

4,424,587

170,265

18,976

97.198

515 946

802,385

2,856,139

3,622,202

4,424,587

766,063

0 29

Ω 24

4,206,837

1,974,425

10a

10b

6

7

8

q

10c

11

12

13

15

16

17

19

22

23

25

26

27

28

30

31

32

33

1

2

3

4

Page	•

Page	1
· ·	

- (B)

End of year

345,808

30,997

786,730

5,663

C

С

12,934

98,295

2,232,412

507,276

C

С

С

С

С

С

28,569

4,048,684

167,827

16,705

76.023

515.946

776,501

2,478,889

3,272,183

4.048.684

Form 990 (2015)

793.294

С

1	Total revenue (must equal Part VIII, column (A), line 12)	
2	Total expenses (must equal Part IX, column (A), line 25)	

3 Revenue less expenses Subtract line 2 from line 1

6 Donated services and use of facilities

8 Prior period adjustments

4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

-327,907 3,622,202

1

2

3

4

5

6

7

Page **12**

2,936,600

3,264,507

-22,112

0

0

	Thorperiod adjustificities	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,2	272,183
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	ו ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepabasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
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?	ie	3a		No
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		3b		
			F	orm 99 0	(2015

efi	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS As Filed Da	ta -		DLN: 93	3493306017736
(Fo	rm (DEZ)		•	Complete if the	Public Charity Status and Public Support mplete 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. formation about Schedule A (Form 990 or 990-EZ) and its instructions is at w.irs.gov/form990.				
Intern	al Reve	enue Service						1	
		he organizat IEVEMENT OF <i>A</i>						Employer identifica	ation number
								86-0184349	
Pa	rt I	Reason	for Publi	c Charity S	tatus (All organiza	itions must c	omplete this	part.) See instruction	ons.
The	organı	zation is not	a private fo	oundation beca	ause it is (For lines 1	through 11, c	heck only one l	box)	
1		A church,	convention	of churches, o	r association of churc	hes described	ın section 170	(b)(1)(A)(i).	
2	Ė	A school d	escribed in	section 170(b)(1)(A)(ii).(Attach S	chedule E (For	m 990 or 990-	EZ))	
3	Ė	A hospital	or a cooper	atıve hospıtal	service organization	described in s e	ection 170(b)(1	L)(A)(iii).	
4	H	A medical	research or	ganızatıon ope	rated in conjunction i	with a hospital	described in s e	ection 170(b)(1)(A)(iii	i). Enter the
	•	hospital's	name, city,	and state					<u> </u>
5						niversity owned	d or operated by	y a governmental unit o	described in section
6	_			omplete Part I	I) : or governmental unit	decembed in	rection 170/b)/	(1\/A\/\/)	
7	L			=	=			nental unit or from the o	aneral nublic
•	✓				i). (Complete Part II		iroin a governii	iental ant of from the g	general public
8	Г				ion 170(b)(1)(A)(vi)		art II)		
9	F	receipts fr from gross	om activitie investmer	es related to it it income and i	s exempt functions—s	subject to cert xable income (ain exceptions (less section 5	ributions, membership , and (2) no more than 11 tax) from businesse	331/3% of its support
10		Anorganiz	atıon organ	ızed and opera	ted exclusively to tes	t for public sa	fety Śee secti o	on 509(a)(4).	
11	<u></u>	one or mor the box in	e publicly s lines 11a th	upported orga rrough 11d tha	nizations described in It describes the type (section 509(a of supporting c	a)(1) or section organization and	nctions of, or to carry on 509(a)(2) See sectio d complete lines 11e, 1	on 509(a)(3). Check 11f, and 11g
а	l	supported	organizatio	n(s) the power		r elect a majo		organization(s), typica tors or trustees of the	
b		Type II. A manageme	supporting nt of the su	organization s	upervised or controlled in the	ed in connectio		orted organization(s), I manage the supported	
С		Type III f	unctionally	integrated. A s				h, and functionally inter), and E.	grated with, its
d	Г	not functio	nally integr	ated The orga		st satisfy a dis	stribution requi	n with its supported org rement and an attentiv	
e	_	•		-	·			ıs a Type I, Type II, T	ype III functionally
	ı			_	ally integrated suppor			, , , , , , , , , , , , , , , , , , , ,	
f	Ente	r the numbe	r of support	ed organızatıo	ns			· · · · · · ·	
g		Provide the	e following i	nformation abo	out the supported orga	anızatıon(s)			
Nar	ne of s	(i) supported or	ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv Is the organisted in you docum	anızatıon r governıng	A mount of monetary support (see instructions)	(vi) A mount of other support (see Instructions)
						Yes	No		
Tota	<u> </u>								
For F	aperv	vork Reducti	on Act Not	ice, see the In	structions for Form 9	90 or 990EZ.	Cat No 11		1 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 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 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.)

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,389,434	2,868,767	2,788,504	3,089,241	2,694,608	13,830,554
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	2,389,434	2,868,767	2,788,504	3,089,241	2,694,608	13,830,554
5 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)						274,969
6 Public support. Subtract line 5						13 555 585

Section B. Total Support Calendar year

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly

Other income Do not include gain or loss from the sale of

capital assets (Explain in Part

11 Total support. Add lines 7

supported organization

instructions

from line 4

carried on

through 10

VI)

12

 :\	_	

(or fiscal year beginning in) ▶

7 Amounts from line 4

Gross income from interest,

Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

dividends, payments received on

2,389,434

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and **stop here.** The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

(a)2011

42,814

12,917

17a 10%-facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

42,254

2,868,767

29,102

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

(b)2012

(c)2013

27,179

31,916

2,788,504

(d)2014

3,089,241

41,856

25,626

15

(e)2015

2,694,608

33,077

29,938

Schedule A (Form 990 or 990-EZ) 2015

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14

95 818 % 94 74 %

▶ 🗸

▶┌

13,830,554

191,917

124,762

14,147,233

(f)Total

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 or if the organization failed to qualify under Part

	II. If the organization	fails to qualify	under the tes	ts listed below,	please comple	ete Part II.)	
Se	ction A. Public Support			•		•	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
(or f	iscal year beginning in) 🟲	(a)2011	(0)2012	(6)2013	(4)2014	(6)2013	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
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						
3	Gross receipts from activities						
	that are not an unrelated trade or						
_	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
5	paid to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ction B. Total Support						
	Calendar year						
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
C	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first socsad	third fourth as	fifth tay year as a	coction FO1/cV	2 \ organization
14		or the organizatio	m s mst, secona	, cilia, iourcii, or i	muntax year as a	Section 501(C)(.	· -
	check this box and stop here	lie Cuppert D					▶ □
	ction C. Computation of Pub			101 (0)			
15	Public support percentage for 2015			13, column (f))		15	
16	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for	2015 (line 10c, co	olumn (f) dıvıded	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A . Part III . line 1	17		18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I.

	It of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you I, complete Sections A and D, and complete Part V)	u cnec	ked 11	a or Pai
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4-	Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
U	supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
5 2	organization was used exclusively for section 170(c)(2)(B) purposes Did the organization add, substitute, or remove any supported organizations during the tax year?	I		
Ja	If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by	50		
	one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

No

Pailiv	supporting organizations (continued)
Section	B. Type I Supporting Organizations

o regularly tax year? colled the powers to conditions or organization(s)	1		
organization(s)			l
zation(s) that	2		
_		Yes	No
	directors or	e same persons	

	that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant			

3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3	
S	ection E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below	e instru	ıctions)

- The organization is the parent of each of its supported organizations. Complete line 3 below

- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see
- instructions)

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2	Activities Test	Answer (a) and (b) below.		Yes	
а	Did substantiall	ly all of the organization's activities during the tax year directly further the exempt purpos	es of the		T

<u> </u>	_
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	Γ
supported organization(s) to which the organization was responsive?	l
If "Ves " then in Part VI identify those supported organizations and explain how these activities directly	ı

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		
supported organization(s) to which the organization was responsive?		
If "Voc " then in Boat VI identify these supported erganizations and explain how these activities directly	,	

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	4	ı
	supported organization(s) to which the organization was responsive?		l
	If "Yes," then in Part VI identify those supported organizations and explain how these activities directly		l
	furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the		l
	organization determined that these activities constituted substantially all of its activities	2a	ı

	supported organization(s) to which the organization was responsive?	
	If "Yes," then in Part VI identify those supported organizations and explain how these activities directly	
	furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	

If "Yes," then in Part VI identify those supp	ported organizations and explain how these activities directly
furthered their exempt purposes, how the organ	ization was responsive to those supported organizations, and how the
organization determined that these activities co	nstituted substantially all of its activities
b Did the activities described in (a) constitute	activities that, but for the organization's involvement, one or more of

furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?	

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

2b

3a

3b

instructions)

Page **6**

	Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete			Г
			,	•
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
ŀ	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
5	Portion of operating expenses paid or incurred for production or collection or gross income or for management, conservation, or maintenance of property held for production of income (see instructions)			
,	Other expenses (see instructions)	7		
3	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
L	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
}	Subtract line 2 from line 1d	3		
ŀ	Cash deemed held for exempt use Enter $1 ext{-}1/2\%$ of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by 035	6		
,	Recoveries of prior-year distributions	7		
}	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
L	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
}	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
,	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
5	Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
	emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally	6		

Section D - Distributions	Current Year		
A mounts paid to supported organizations to accom			
2 Amounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anizations	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to	o which the organization is re	esponsive (provide	
details in Part VI) See instructions 9 Distributable amount for 2015 from Section C, line	6		
·	0		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see			
instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schedule A	(Form 990 or 990-EZ) (2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Schedule A (Form 990 or 990-EZ) 2015								
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).									
	Facts And Circumstances Test								
Return Reference Explanation									
Schedule A,	Part II, Line 10	\$16,800 Board Activities, \$2,382 Volunteer Provisions, \$1,265 Life Insurance Cash Surrendo Value, \$1,204 Miscellaneous, \$8,287 Gaming Net	er						
·	Schedule A (Form 990 or 990-EZ) 2015								

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DLN: 93493306017736 OMB No 1545-0047

2015

Supplemental Financial Statements

(Form 990)

▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

reas	rtment of the sury nal Revenue Service	► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 . Inspection							
Na	me of the organia				'	oyer identification number			
Pa		zations Maintaining Donor				or Accounts.			
		<u> </u>	(a) Donor advised fund		(b)	Funds and other accounts			
1	Total numbe	r at end of year							
2	Aggregate va year)	alue of contributions to (during							
3	Aggregate va	alue of grants from (during year)							
4	Aggregate va	alue at end of year							
5		ation inform all donors and donor a rganization's property, subject to t	_		r advis	ed Yes	┌ No		
6	used only for ch	ation inform all grantees, donors, a naritable purposes and not for the irmissible private benefit?				purpos e Yes	☐ No		
Pa	rt III Consei	rvation Easements. Comple	ete if the organization	answered "Yes" or	<u>Forn</u>	n 990, Part IV, line 7.			
1	Purpose(s) of c	onservation easements held by th	e organization (check all	l that apply)					
	Preservation education)	on of land for public use (e g , recr	eation or F	Preservation of an	histor	ically important land area			
	_ ′	of natural habitat	, 	_		d historic structure			
	<u>-</u>	on of open space	·						
2	Complete lines	2a through 2d if the organization le last day of the tax year	held a qualified conserva	ation contribution in th	ie form	of a conservation			
						Held at the End of the	Year		
а		f conservation easements			2a				
b	•	restricted by conservation easeme			2b				
C		servation easements on a certified		` <i>'</i>	2 c				
d -	historic structu	servation easements included in (our listed in the National Register			2d				
3		servation easements modified, trai	nsferred, released, exting	guished, or terminated	by the	e organization during the			
	tax year ►								
4	Number of state	es where property subject to cons	ervation easement is loc	ated ▶	_				
5		ization have a written policy regar enforcement of the conservation e	· .	ring, inspection, hand	ling of	☐ Yes ☐ No			
6	Staff and volunt year	teer hours devoted to monitoring,	inspecting, handling of vi	iolations, and enforcir	ig cons	ervation easements during	j the		
	>								
7	A mount of expe ► \$	enses incurred in monitoring, inspe	ecting, handling of violati	ons, and enforcing co	nserva	tion easements during the	year		
8		servation easement reported on lii on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	e requirements of sect	ion 17	0(h)(4)			
9	balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to the org			· · · · · · · · · · · · · · · · · · ·			
Par		zations Maintaining Collect ete if the organization answere			r Oth	er Similar Assets.			
1a	works of art, his	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							
b	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) _{Revenue inclu}	ded on Form 990, Part VIII, line 1	ı		> \$				
(i	ii) Assets include	ed in Form 990, Part X		•					
2	If the organizat	ion received or held works of art, h nts required to be reported under S							

Revenue included on Form 990, Part VIII, line 1

0

4,875

808,541

Sche	dule D (Form 990) 2015	
Part	Organizations Maintaining Collection (continued)	ns of Art, Historical Treasures, or Other Similar Assets
3	/	other records, check any of the following that are a significant use of its
а	Public exhibition	d Loan or exchange programs
b	Scholarly research	e Cother
c	Preservation for future generations	

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in

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 **Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990,

Part X, line 21.

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not

included on Form 990, Part X? ☐ Yes ☐ No

If "Yes," explain the arrangement in Part XIII and complete the following table A mount b Beginning balance 1c

Additions during the year 1d 1e Distributions during the year

1f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Tyes ☐ No

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

(b)Prior year **b** (c)Two years back (d)Three years back (a)Current year (e)Four years back

991,667 891,639 808,541

1,012,872 Beginning of year balance

836,084 5,000 5,000 5,000 5,000

Contributions

Net investment earnings, gains, and

913 -9,114 18,405 161,583 106,492

7.233 7.787 6,846 5,833 Grants or scholarships

5,340 Other expenditures for facilities

24,299 30,359 32,636 16,779 18,241 and programs

6,135 6,464 5,868 Administrative expenses

949,886 991.667 1,012,872 End of year balance

. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

69 % Board designated or quasi-endowment >

31 % Permanent endowment

0 % Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

Land, Buildings, and Equipment.

organization by

1a

b Buildings .

c Leasehold improvements

(i) unrelated organizations

(ii) related organizations .

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

Describe in Part XIII the intended uses of the organization's endowment funds

(b)

Cost or other basis

(other)

0

0

457,700

425,241

417,142

189,579

2,717,175

3a(i)

3a(ii)

Accumulated

1,190,491

326,675

278,885

178,374

. ▶

(c)depreciation

Yes

Yes

(d)Book value

457,700

98,566

138,257

11,205

2,232,412

1,526,684

No

Νo

5,782

891,639

.Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10

Description of property											Cost or other basis (investment)					
а	Land														0	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

	(Form 990) 2015					Page
Part VII	Investments—Other Securities.	Complete if the or	rganıza	tion answered 'Y	es' on Fo	rm 990, Part IV, line 11b
	See Form 990, Part X, line 12. (a) Description of security or catego	rv	Τ ((b) Book value	1 (Method of valuation
	(including name of security)	,	<u> </u>			r end-of-year market value
	I derivatives					
	held equity interests		-			
(3) 0 ther						
			-			
			-			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
	Investments—Program Related.					
	Complete if the organization answer	ed 'Yes' on Form	990, P	art IV, line 11c.و	See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value) Method of valuation
					Costo	r end-of-year market value
					+	
					+	
			+			
	41.					
	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiza	tion answered 'Ves'	on Forr	m QQQ Part IV June		Form 990 Part V June 15
TUTCIA		scription	011 1 011	n 550,1 dic IV, iiik	t IIu See I	(b) Book value
	mn (b) must equal Form 990, Part X, col (B) lin					
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25.	rganızatıon answe	ered 'Y	es' on Form 990	, Part IV,	line 11e or 11f.
1.	(a) Description of liability	(b) Book va	alue			
	,	, ,				
Federal inc	ome taxes		0			
		-	15016			
Loan from F	oundation for JA of Arizona	51	15,946			
_						
· _						

515,946

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1

2

а b

c d

1 2

d

3

а b

c

Part XIII

information

Schedule D (Form 990) 2015

Page 4

54,283

2,936,600

2,936,600

3,388,141

123,634

3,264,507

Total revenue, gains, and other support per audited financial statements

Donated services and use of facilities . . Recoveries of prior year grants

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Other (Describe in Part XIII) Add lines 2a through 2d . . . Subtract line 2e from line 1 .

Amounts included on Form 990, Part VIII, line 12, but not on line 1

3

Donated services and use of facilities .

Other (Describe in Part XIII) . .

Prior year adjustments . . .

Other losses

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

Schedule D, Part V, Line 4

Add lines 4a and 4b . . Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

b

Investment expenses not included on Form 990, Part VIII, line 7b.

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII)

Supplemental Information

Total expenses and losses per audited financial statements

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Explanation

2a

2b

2c

2d

4a

2d

40,075

83,559

0

2e

3

-22,112

40,075

36,320

4c

2e

3

4c 3,264,507

Schedule D (Form 990) 2015

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

The Endowment Funds are to be used to support the programs of Junior Achievement of Arizona, Inc

Schedule D (Form 990) 2015

SCHEDULE G Supplemental Inf

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

JUNIOR ACHIEVEMENT OF ARIZONA INC

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Employer identification number

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

OMB No 1545-0047

DLN: 93493306017736

2015

Open to Public Inspection

	FORTH 990-EZ IIIE	ers are not require	ea to cor	ripiete ti	nis part.					
	Indicate whether the orga	anızatıon raised fund	ls through	any of th	ne following activities Ch	neck all that apply				
а	✓ Mail solicitations			e						
b	▼ Internet and email so	olicitations			f 🔽 Solicitation of go	overnment grants				
c	▼ Phone solicitations				g 🔽 Special fundrais	ing events				
d	▼ In-person solicitatio	ns								
2a	Did the organization have or key employees listed i services?						es No			
b	If "Yes," list the ten high to be compensated at le				isers) pursuant to agree	ments under which the fu	ındraiser is			
1	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(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			
		Crant writing	Yes	No						
1	Kim Joyce and Associates LLC PO Box 30606 Phoenix, AZ 85046	Grant writing		No	355,500	50,400	305,100			
2	THOCHA, AZ 03040									
3										
3										
4										
5										
6										
7										
8										
9										
. 0										
ota	al	1	ı	>	355,500	50,400	305,100			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c)O ther events	(d)
		JA Open (event type)	Stock Market Challenge (event type)	5 (total number)	Total events (add col (a) through col (c))
rkie					
Reverkie	1 Gross receipts	460,857	157,059	615,813	1,233,729
ш	2 Less Contributions	365,657	139,809	514,977	1,020,443
	3 Gross income (line 1 minus line 2)	95,200	17,250	100,836	213,286
	4 Cash prizes	0	0	4,303	4,303
	5 Noncash prizes	47,036	759	48,848	96,643
S	6 Rent/facility costs	16,729	500	56,707	73,936
Expenses	7 Food and beverages	37,604	18,567	8,429	64,600
ă	8 Entertainment	950	0	1,000	1,950
Direct I	9 Other direct expenses	79,234	13,226	72,561	165,021
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		406,453
	11 Net income summary Subtract line 1	0 from line 3, column (d)		-193,167
Paı	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Reverne		(a)Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue	0	0	20,706	20,706
ses	2 Cash prizes	0	0	4,303	4,303
Expenses	3 Noncash prizes	0	0	7,797	7,797
rect	4 Rent/facility costs	0	0	0	(
۵	5 Other direct expenses	0	0	319	319
	6 Volunteer labor	Yes		☐ Yes% ☐ No	
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)		12,419
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		8,287
9	Enter the state(s) in which the organizat	tion conducts gaming ac	tivities AZ		
а	Is the organization licensed to conduct	gaming activities in eac	h of these states?		⊤Yes √No
b	As an exempt organization, per Arizona	Revised Statute, we are	not required to register	to conduct raffles Raffle	ıs the only gamıng
10a	activity conducted Were any of the organization's gaming li		nded or terminated during		Yes √No
b	If "Yes," explain				

Mandatory distributions

Is the organization required under state law to make charitable distributions from the gaming proceeds to

retain the state gaming license? □Yes □No

Enter the amount of distributions required under state law distributed to other exempt organizations or spent

in the organization's own exempt activities during the tax year ▶ \$ 0

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any

Explanation

Schedule G (Form 990 or 990-EZ) 2015

additional information (see instructions).

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493306017736 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number JUNIOR ACHIEVEMENT OF ARIZONA INC 86-0184349 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (f) Method of (b) EIN (d) A mount of cash (e) A mount of non-(a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

paid

Return Reference Explanation

Schedule I, Part I, Line 2 Stipends are not paid until program completion is verified. Teachers, who coordinate the delivery of Junior Achievement programs at their campuses, report program status on a bi-weekly basis. This report shows which volunteers have been recruited, trained, started the Junior Achievement program and/or completed the program All paperwork is cross referenced with that of the volunteers. Once program completion is verified, the stipend is then

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493306017736 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2015 **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** JUNIOR ACHIEVEMENT OF ARIZONA INC 86-0184349 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Νo Receive a severance payment or change-of-control payment? **4**a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

compensation contingent on the revenues of

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

payments not described in lines 5 and 6? If "Yes," describe in Part III

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

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

section 53 4958-6(c)?

Νo

5a

5b

6a 6b

7

8

Schedule J (Form 990) 2015

Cat No 50053T

Νo

Νo Νo

Νo

Page 2

Schedule J (Form 990) 2015

(C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation ported n prior

10.024

3.955

194.234

` '	,		` '	` '	• •	, , , , , , , , , , , , , , , , , , ,
	(11)	(111)	other deferred	benefits	(B)(ı)-(D)	column(B) repo
Base	Bonus & incentive	Other reportable	compensation			as deferred on
(1) compensation	compensation	compensation				Form 990

Schedule J (Form 990) 2015

1 Joyce RichardsPresident

180.255

The Organization has a 457(b) retirement plan. This plan allows highly compensated employees to defer additional compensation on a pre-tax basis. The Organization's former president was the only participant in this plan. The current President is eligible but does not participate in the plan at this time. The

Page 3

Schedule J (Form 990) 2015

Schedule J. Part I. Line 3

Organization does not contribute to this plan

Schedule J (Form 990) 2015

Schedule J. Part I. Line 4

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

Noncash Contributions

OMB No 1545-0047

DLN: 93493306017736

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.qov/form990

Name of the organization **Employer identification number**

JUNIOR ACHIEVEMENT OF ARIZONA INC 86-0184349 Types of Property (a) (b) (c) (d) Number of contributions Noncash contribution Method of determining Check or items contributed amounts reported on ıf noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art-Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household Cars and other vehicles 7 Boats and planes . . Intellectual property Securities-Publicly traded . Securities—Closely held stock Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation contribution-Other . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . **18** Collectibles . . . 19 Food inventory . . . 20 Drugs and medical supplies Taxidermy 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . 132,009 Cost of items 25 Other ▶ (Χ 274 Fundraising Items) **26** Other ▶ (Χ 18 48,280 Cost of items Program materials) Х 24 40,872 Cost of items 27 Other ▶ (

Administrative) 11 Χ 28,840 Cost of Items

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 30a Νo 31 Yes 32a Yes

No

Yes

28 Other ▶ (

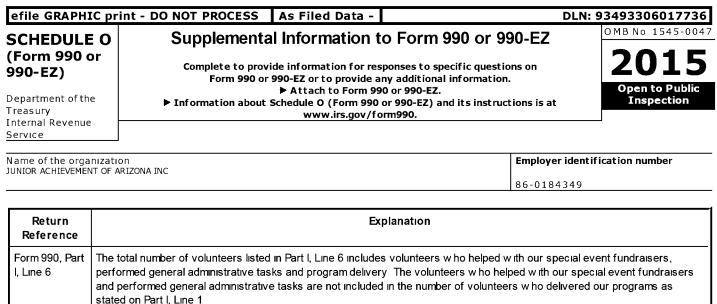
describe in Part II

for exempt purposes for the entire holding period? . b If "Yes," describe the arrangement in Part II 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 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Cat No 51227J Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015)



Reference	· ·
Form 990, Part III, Line 4a	JA You're Hired is one example of Junior Achievement's in-class programs and demonstrates the significant impact these programs have on the future of Arizona's students. JA You're Hired is an experiential learning program designed to prepare high school students to successfully enter the workforce and be contributing members of the community. Through the program, students develop vital skills such as interviewing techniques, resume writing, ethics, problem solving, working with teams and interpersonal communications. The program provides 10 in-class lessons, delivered by a volunteer mentor from the business community, which culminates in an exciting, day-long workplace skills challenge with competitions and workshops. As a result of their active engagement in the program, they now feel more in control of their futures.

real life, and 71% gained an increased interest in STEM-related careers

Explanation

through the program will help them get a good job, 87% feel that the program connects what they learned in the classroom to

Return

Return Reference	Explanation
Form 990, Part III, Line 4b	Not only did the 22,260 students who participated in JA BizTown this year experience an overall 31% percent know ledge gain (on average) in financial literacy and work readiness skills, but students indicated *87% percent believe doing well in school is important, *90% percent expect to graduate from high school, and *76% percent plan to attend at least two years of college. These students are now better prepared to manage their finances, be successful in the workplace and contribute to the economy and community.

Reference	
Form 990, Part III, Line 4e	Volunteers are an important part of Junior Achievement's success, as they enable Junior Achievement to leverage every dollar contributed to serve more students. Our volunteer mentors, in preparing for and delivering Junior Achievement programs, donated approximately \$3,557,870 of their time and mileage (based on the Independent Sector Volunteer rate specific to Arizona and applied to the estimated number of hours required for each program, and the federal mileage rate applied to the estimate number of miles driven). This gift of time and miles is not reflected in the expenses of Part IX but is worthy of note as it reflects the efficiencies gained through our volunteer program-delivery model. Taking into account the value of volunteer
	donated time and miles, our program expenses ratio would increase to 87% percent, which is a more accurate representation

of the efficiency with which we deliver our programs

Explanation

Return

Return Reference	Explanation
Form 990, Part V, Line 6b	Every solicitation includes the verbiage "Gifts are tax deductible to the full extent allowed by law." Every donor gift receives a thank you letter which specifies the fair market value of goods and services provided to the donor in exchange for their payment, and advises they seek assistance from a tax adviser.

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	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

	Return Reference	Explanation
ı	' '	Once a draft of the Form 990 is completed, it is reviewed by the Chief Financial Officer of the organization. It is then sent to the organization's Finance and Audit Committees and President. The Committees, President, and Chief Financial Officer
	· ·	meet to discuss and review. Upon agreement of this group, the Form 990 is sent to the State Board of Directors prior to

submission to the IRS

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The entire Junior Achievement of Arizona, Inc. staff and governing board 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 to any unresolved issues are

referred to Junior Achievement USA Vice President of Employment and Employee Relations or his/her designee

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The State Board of Directors has a Compensation Subcommittee that review's compensation for the President and CFO Junior Achievement USA provides guidance in the form of salary survey compilations that are adjusted for geographic location, size of chapter, 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 2015 for the Chief Financial Officer and in October 2015 for the President for the tax year of 2015.

Return Reference	Explanation
Section C, Line 19	Junior Achievement of Arizona, Inc. makes its combined audited financial statements, annual report and the Form 990 available on the Organization's web site, as well as making them available to the public upon request. The organization does not normally make its governing documents and conflict of interest policy available to the public

Return Reference	Explanation
Form 990, Part IX, Line 24e	The (\$3,745) in the column C is due to vendor discounts taken for early payment on invoices

Return Reference	Explanation
	The gift of volunteer time is not reflected in the expenses of Part IX. In addition to the Program Volunteers time and mileage of \$3,547,048 noted on Part III, Lines 4a and 4b, we had 443 Special Events and Administrative volunteers donate 6,245 hours of their time. The value of the their time and mileage, based on the independent Sector Volunteer rate specific to Arizona and applied to the estimated number of hours donated, and the federal mileage rate applied to the estimated number of miles driven, is \$192,120.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Polated Or

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

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Employer identification number

2015

Schedule R (Form 990) 2015

DLN: 93493306017736

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Cat No 50135Y

JUNIOR ACHIEVEMENT OF ARIZONA INC 86-0184349 Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (c) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) Foundation for Junior Achievement of Arizona Inc Administration of funds for 501(C)3 11A Yes 636 W Southern Ave benefit of JA Programs N/A Tempe, AZ 85282 94-2823694 (2)Steven G Mihaylo Junior Achievement Foundation Administration of funds for 501(C)3 11A Yes 636 W Southern Ave benefit of JA Programs N/A Tempe, AZ 85282 94-2868929

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)		(e) Predominant income(related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
	'		sections 512- 514)]`			
			311,			Yes	No		Yes	No	
										\vdash	
										Ш	
										\sqcup	
<u> </u>											
Doub TV Identification of Deleted Ourseinstiens Touchle s	 	T C					1137 11			S	T1 / Lucy -

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

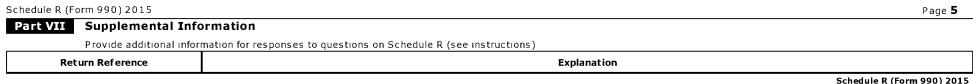
	No			
(i) Section 512 (b)(13) controlled entity?	Yes			B /Farm 96
(h) Percentage ownership				
(g) Share of end- of-year assets				
(f) Share of total Income				
(e) Type of entity (C corp, S corp, or trust)				
(d) Direct controlling entity				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

Part V Transactions With Related Organizations Complete if the	organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedu	le	Yes	No
1 During the tax year, did the organization engage in any of the following transaction	ns 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		No
b Gift, grant, or capital contribution to related organization(s)			No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)			No
f e Loans or loan guarantees by related organization(s)		Yes	
f Dividends from related organization(s)			No
g Sale of assets to related organization(s)			No
h Purchase of assets from related organization(s)			No
i Exchange of assets with related organization(s)			No
j Lease of facilities, equipment, or other assets to related organization(s)			No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s) .			No
I Performance of services or membership or fundraising solicitations for related of	rganization(s)		No
m Performance of services or membership or fundraising solicitations by related of			No
n Sharing of facilities, equipment, mailing lists, or other assets with related organ		Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses			No
q Reimbursement paid by related organization(s) for expenses		Yes	
r Other transfer of cash or property to related organization(s)		Yes	
${f s}$ Other transfer of cash or property from related organization(s)		Yes	
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of related organization	(b) (c) (d) Transaction Amount involved Method of determining amount in type (a-s)	nvolved	
ee Additional Data Table			

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
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Software ID: 15000352

Software Version: v1.00

EIN: 86-0184349

Name: JUNIOR ACHIEVEMENT OF ARIZONA INC

<u>Form</u>	990, Schedule R, Part V - Transactions With Related Organizations			
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
(1)	Foundation for Junior Achievement of Arizona Inc	С	20,515	Cash receipts
(1)	Steven G Mihaylo Junior Achievement Foundation	С	9,269	Cash receipts
(2)	Foundation for Junior Achievement of Arizona Inc	е	515,946	Balance of existing loans at year end and verified with Foundation for Junior Achievement of Arizona, Inc See Part VII Supplemental Information for loan details
(3)	Foundation for Junior Achievement of Arizona Inc	n	0	Junior Achievement of Arizona, Inc provides a conference room for the board of trustees meetings. No value is assigned as amounts are not significant
(4)	Steven G Mihaylo Junior Achievement Foundation	n	0	Junior Achievement of Arizona, Inc provides a conference room for the board of trustees meetings. No value is assigned as amounts are not significant
(5)	Foundation for Junior A chievement of Arizona Inc	o	0	The Foundation for Junior Achievement of Arizona, Inc. has no employees. All accounting and miscellaneous services are provided by employees of Junior. Achievement of Arizona, Inc. No value is assigned as amounts are not significant.
(6)	Steven G Mihaylo Junior Achievement Foundation	o	0	The Steven G Mihaylo Junior Achievement Foundation has no employees All accounting and miscellaneous services are provided by employees of Junior Achievement of Arizona, Inc. No value is assigned as amounts are not significant
(7)	Foundation for Junior A chievement of Arizona Inc	q	295	Filing Fee of Arizona Corporation Commission annual report, filing fee for the Form 990 and fee for an electronic Form 990 questionnaire is paid by Junior Achievement of Arizona, Inc , and then reimbursed by The Foundation for Junior Achievement of Arizona, Inc
(8)	Steven G Mıhaylo Junior Achievement Foundation	q	10	Filing Fee of Arizona Corporation Commission annual report is paid by Junior Achievement of Arizona, Inc , and then reimbursed by The Steven G Mihaylo Junior Achievement Foundation
(9)	Foundation for Junior Achievement of Arizona Inc	r	10,500	5% annual interest rate on outstanding balance of the operating loan, paid monthly
(10)	Foundation for Junior Achievement of Arizona Inc	S	7,208	Earnings on restricted funds from The Foundation for Junior Achievement of Arizona, Inc