Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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 www.irs.gov/form990.

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<u>A</u>		2015 calendar year, or tax year beginning 07/01 , 2015, and en	ding (6/30	, 20 16			
В		applicable: C Name of organization JUNIOR ACHIEVEMENT OF ARIZONA INC		D Employ	er identification number			
Ш	Address	change Doing business as			86-0184349			
	Name c	nange Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone number				
	Initial re	turn 636 West Southern Avenue			480-377-8500			
	Final retu	rn/terminated City or town, state or province, country, and ZIP or foreign postal code						
	Amende	d return Tempe, AZ, 85282-4508		G Gross re	eceipts \$ 4,482,572			
	Applicat	ion pending F Name and address of principal officer: Katherine Kemmeries Cecala	H(a) Is this a	group return for	subordinates? Yes Vo			
		636 West Southern Avenue, Tempe, AZ 85282-4508	H(b) Are a	subordinate	s included? Yes No			
1	Tax-exe	mpt status:			ee instructions)			
J	Website		100 Sept 240 SA 60	p exemption	number ▶ 1116			
K	Form of	organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for	mation: 1963	M State	of legal domicile: AZ			
Р	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: To	inspire and pro	epare vour	na people to succeed			
ė		in a global economy. Through our 9,578 volunteers, we equip students, K-12, with						
Governance		entrepreneurship education.						
ern	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	d of more tha	n 25% of	its net assets			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	10			
જ	4	Number of independent voting members of the governing body (Part VI, line 1)		4	10			
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	54			
Viti	6	Total number of volunteers (estimate if necessary)		6	10,041			
Activities &	7a			. 7a				
1	b				0			
-	Ь	Net unrelated business taxable income from Form 990-T, line 34	Prior \	. 7b	Current Year			
ne		One believe the second and the secon	Pilor		90. AVA 70.17			
	8	Contributions and grants (Part VIII, line 1h)	3,089,241	2,694,607				
Revenue	9	Program service revenue (Part VIII, line 2g)	335,808	376,502				
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,972	28,720			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-177,794	-163,229			
_	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,266,227	2,936,600			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		26,725	24,825			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,119,948	2,034,311			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		46,500	50,400			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) ► 665,469						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,223,689	1,154,971			
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,416,862	3,264,507			
_	19	Revenue less expenses. Subtract line 18 from line 12		-150,635	-327,907			
ets or lances			Beginning of C	urrent Year	End of Year			
sets	20	Total assets (Part X, line 16)		4,424,587	4,048,684			
Net Asse Fund Balt	21	Total liabilities (Part X, line 26)		802,385	776,501			
		Net assets or fund balances. Subtract line 21 from line 20		3,622,202	3,272,183			
Pa	art II	Signature Block						
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to	the best of i	my knowledge and belief, it is			
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knov	vledge.				
Siç	jn	Signature of officer		ate				
He	re	Sherrie Cantrell, CFO						
		Type or print name and title						
Pa	id	Print/Type preparer's name Preparer's signature	Date	Chaol	PTIN			
				Check self-em				
	epare		E:-	m's EIN ▶				
US	e On	Y Firm's address ►		one no.				
Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)	1.50	orie no.	Yes No			

*** Form 990 Online Filers: Please fax completed and signed form to 866-699-3916 or email a scanned PDF copy of the signed form to SignatureForms@Form990.org 3-E0 Exempt Organization Declaration and Signature for Electronic Filing

Form **8453-E0**

			For calendar year 20	15, or tax year I	beginning	07/01 , 20	15, and ending	06/30	, 20	16 2	015
Department	of the Tre	easury	For u	se with Forr	ns 990, 99	0-EZ, 990-PF	F, 1120-POL	, and 8868			
Internal Rev Name of ex-			n						Employ	er identification	number
JUNIOR A	ACHIEV	EMEN	T OF ARIZONA INC							86-01843	349
Part I			Return and Ret								
check the	e box c	on line	e type of return be 1a, 2a, 3a, 4a, or 4b, or 5b, whichew Do not complete	[.] 5a below ar ⁄er is applica	nd the amo ble, blank	ount on that li (do not enter	ne of the ret	urn being ti	led wit	h this form w	as blank, then
1a For 2a For 3a For 4a For	m 990 m 990- m 1120 m 990-	check -EZ ch D-POL -PF ch	there ▶ ✓ b neck here ▶ □ check here ▶ neck here ▶ □	Total rever b Total re l b Tota b Tax bas	nue, if any evenue, if a al tax (Form sed on inv	(Form 990, Pany (Form 990, m 1120-POL, restment inco)-EZ, line 9) line 22) . . ome (Form 9!	 90-PF, Part	 VI, line	. 2b . 3b . 5) 4b	2,936,600
Part II	De	clara	tion of Officer		-						
	withdra organiz I must date. I informa	wal (cation's contac also a ation n	ne U.S. Treasury ardirect debit) entry to see federal taxes owe to the U.S. Treasury authorize the financiecessary to answer	to the financi d on this retu r Financial Ag ial institutions inquiries and	lal institution, and the ent at 1-88 involved in tessolve issued.	on account in financial instit 8-353-4537 no n the processiones related to	dicated in the ution to debit or later than 2 ing of the electhe payment	e tax prepa t the entry to business da ctronic payr	ration this ac ays price ment of	software for ecount. To rev or to the paym taxes to rece	payment of the voke a payment, nent (settlement) eive confidential
	execute	ed the	his return is being f electronic disclosu ically identified in Pa	ire consent co	ontained wi	thin this return	allowing disc	part of the If closure by th	RS Fed. ne IRS	/State prograr of this Form 9	m, I certify that I 90/990-EZ/990-
organizat correct, a return. I o to the IR	tion's 20 and cor consent S and t	015 ele mplete t to all to rece	erjury, I declare the ectronic return and a control of the control	accompanyin that the amou e service prov n) an acknowl	g schedule unt in Part rider, transi edgement	s and stateme I above is the mitter, or elect of receipt or re	nts, and to the amount sho ronic return o	e best of my wn on the o originator (EF	knowl copy of RO) to	edge and beli the organiza send the orga	ef, they are true, tion's electronic nization's return
			0.00	0		and I					
Sign Here	Sig	nature	of officer			Date	<u> </u>	Sherrie Can Title	trell, Cl	FO	
Part III	De	eclara	ation of Electror	nic Return (Originato	r (ERO) and	l Paid Prep	arer (see i	nstruc	etions)	
my know on the re informati IRS e-file organiza	vledge. I eturn. T ion to be Providention's re	If I am The org e filed ders fo	eviewed the above only a collector, I a ganization officer w with the IRS, and h r Business Returns and accompanying reparer declaration	im not respon vill have signe nave followed i. If I am also schedules an	sible for re ed this forn all other re the Paid P ad statemen	viewing the rel n before I sub quirements in reparer, under nts, and to the	turn and only omit the retur Pub. 4163, M penalties of best of my	declare that n. I will give lodernized e perjury I dec knowledge a	this for the of File (M clare th	rm accurately fficer a copy leF) Informatio at I have exar	reflects the data of all forms and on for Authorized mined the above
ERO's	ERO's signatur	re			Date	,	Check if also paid preparer	Check if self-employed	ER	O's SSN or PTIN	
Use	Firm's n	self-emp							EIN	2.00	
Only Under pe	address enalties of	of mariu	P code ry, I declare that I hav , correct, and comple	ve examined th	e above ret	urn and accomp	panying schedu	ules and state	ments.	and to the bes	t of my knowledge
Paid			ype preparer's name	to. postaranon	Preparer's			Date	*a(3)654)	Check if self- employed	PTIN
Prepa		Firm's	name ►							Firm's EiN ►	
Use O	nly		address►							Phone no.	

OMB No. 1545-1879

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Junior Achievement of Arizona teaches K-12 students the knowledge and skills they need to manage their money, plan for their
	future, and make smart academic, career and economic choices. Our hands-on, age-appropriate programs are designed to
	empower students to own their economic success. Together with our 9578 volunteers, we connect what students learn in the classroom to the real world, empowering them to be successful in college and career.
2	Did the organization undertake any significant program services during the year which were not listed on the
~	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,368,522 including grants of \$ 24,825) (Revenue \$ 0)
	Through our in-classroom programs, Junior Achievement of Arizona empowered 67,852 students, K-12, from 175 schools to own
	their future success. Our hands-on, age-appropriate programs were delivered by 3,666 corporate and community volunteer
	mentors. Volunteers donated [an estimated] \$1,955,259 of their time and mileage to deliver the in-classroom programs. This
	volunteer donation is not reflected in the expenses of Part IX but is noted here to reflect the efficiencies gained through our
	volunteer delivery model. Including the volunteer donation for both our K-12 classroom and experiential learning programs noted
	below increases our program expense ratio to 87% which more accurately reflects the efficiency with which we deliver our
	programs, These programs teach students critical knowledge and skills focusing on financial literacy, work readiness and
	entrepreneurship. Over 95% percent of teachers report that students who participated in Junior Achievement have a better understanding of how the real work operates. Furthermore, elementary school students who receive Junior Achievement programs
	demonstrate significantly higher (34% higher) critical thinking and problem solving skills than their counterparts. (63% versus 47%).
	demonstrate significantly higher (34% higher) chitcal trilliking and problem solving skins than their counterparts. (63% versus 47%).
4b	(Code:) (Expenses \$
	Junior Achievement of Arizona's JA BizTown is a teacher-led experiential program that requires 4-6th grade students to participate
	in 14 hours of classroom instruction where they work together to create business plans, calculate operating costs, design a
	marketing campaign, apply for jobs, vote for city officials, and explore careers. The program culminates when they visit our JA
	BizTown learning facilities and operate the "Town" for the day, as both the workers and consumers. This year, 22,260 students
	from 252 schools participated in the JA BizTown program. Upon completion of the program, students who participated in JA
	BizTown experienced an overall 31% percent knowledge gain (on average) in financial literacy and work readiness skills.
	Educators whose students participated in JA BizTown indicated that they would unanimously recommend the JA BizTown program
	to fellow teachers. JA partnered with 5404 business, parent and teacher volunteers who delivered the JA BizTown program,
	donating \$1,474,376 of their time and mileage. Including the value of all program volunteers in our expenses increases our
	program expense ratio to 87% reflecting the efficiency gained by leveraging the expertise of these volunteers.
4c	(Code:) (Expenses \$143,394 including grants of \$0) (Revenue \$67,500)
	Our second experiential program for students is JA Finance Park, which requires middle and high school students to participate in
	14 in-class lessons where they learn important personal money management skills. They then apply those newly acquired skills in
	a simulation where they are given a fictional life scenario and are required to create and maintain a balanced personal budget. 3, 750 students from 38 schools received the JA Finance Park curriculum this year and were empowered to manage their money in
	the future and navigate financial complexities in their future. Upon completion of the program, JA Finance Park students showed a
	45% percent financial literacy knowledge gain. JA partnered with 500 business, parent and teacher volunteers who delivered the
	JA Finance Park program, donating \$128,234 of their time and mileage. Including the value of all program volunteers in our
	expenses increases our program expense ratio to 87% reflecting the efficiency gained by leveraging the expertise of these
	volunteers.
	VUILITICEI 5.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ▶ 2,363,105
_	A CONTRACT OF THE PROPERTY OF

Part				age C
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<i>'</i>
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	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	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	

Part	V Checklist of Required Schedules (continued)			_
-			Yes	No
_	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? 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	1	
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	1	
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?	24c		
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," complete Schedule L, Part I	25a		1
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?			١,
	If "Yes," complete Schedule L, Part I	25b		✓
26	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? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		Ť
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	300	Ť	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		For	m 99 0	(2015)

art				
	Check if Schedule O contains a response or note to any line in this Part V	94 94		V
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13		1 1920	1.55
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			6.0
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	H.	N/III	i u a
	reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		20	100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 54	2b	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	_	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		_	
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country:			100
-	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		,	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.	1	
_	gifts were not tax deductible?	6b	V	
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			
а	and services provided to the payor?	7a	1	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	√	-
b b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0	<u> </u>	
·	required to file Form 8282?	7c		1
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
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		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			1
ь 11	Section 501(c)(12) organizations. Enter:	11 1		
a	Gross income from members or shareholders		. ×	
b	Gross income from other sources (Do not net amounts due or paid to other sources	163		
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	l Ei	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		51	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	44		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O. See	ins:	tructi	ons.			
Secti	Check if Schedule O contains a response or note to any line in this Part VI	8 6 7			✓			
		74		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10	100					
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship wany other officer, director, trustee, or key employee?		2		1			
3	Did the organization delegate control over management duties customarily performed by or under the dir supervision of officers, directors, or trustees, or key employees to a management company or other person?	- 1	3		✓			
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appead one or more members of the governing body?	oint	4 5 6		√ √ √			
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?	ers,	7a 7b		✓ ✓			
a b 9	b Each committee with authority to act on behalf of the governing body?							
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. On B. Policies (This Section B requests information about policies not required by the Internal Re		9 C	ode.)	✓			
		100		Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	ers,	0a	√				
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	_	0b	V				
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990.	n? 1	1a	✓				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	1	2a	✓	_			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic		2b	1				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye describe in Schedule O how this was done	es,"	2c	1				
13	Did the organization have a written whistleblower policy?	_	13	✓				
14 15	Did the organization have a written document retention and destruction policy?	by	14	✓	= =			
а	The organization's CEO, Executive Director, or top management official		5a	1				
b	Other officers or key employees of the organization		5b	√				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem with a taxable entity during the year?		6a		1			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard organization's exempt status with respect to such arrangements?	its the	6b	-				
Secti	ion C. Disclosure		00					
17 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se available for public inspection. Indicate how you made these available. Check all that apply.	ection 5	501(c)(3)s	only)			
19	✓ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	of inter	est p	oolicy	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books at Sherrie Cantrell , (480)377-8500	nd reco	rds:	>				

Form 990 (2015)

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

Check if Schedule O contains a response or note to any line in this Part VII

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the orga	Inzation not any related	orgi	CII II Z		2)	Onipo	1104	lea any carron	l omoor, an ootor	, or tradeour
(A) Name and Title	(B) Average hours per	box,	unles	Pos eck s pe	ition more	e than o is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Alan Augenstein	5									
Chair	0.25	1		1				0	0	
Leo Dembinski	0.63									
Secretary/Treasurer	1	✓		1				0	0	0
Karen Czack	2									
Member	0	✓	ll					0	0	
Val Iwinski	1.5									
Member	0	✓						0	0	0
Jeremiah Foster	0.8									
Member	0	✓						0	0	
Jason Robinson	2									
Member	0	✓						0	0	(
Frank Marino	2.5									
Member	0	✓						0	0	(
Joseph Gelinas	0.8									
Member	0	✓						0	0	
Norman Klein	0.8									
Member		✓						0	0	
Marcia Wepfer	1.5									
Member	0.5	✓						0	0	
Sam Alpert	50									
SR VP Developement	0	✓						122,718	0	12,548
Katherine K Cecala	55									
President	0.5			1				32,950	0	39
Joyce Richards	50									
President	1			✓			✓	180,255	0	13,979
Sherrie Cantrell	44									
Chief Financial Officer	1			1				94,883	0	6,269

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (d	continu	ıed)		
					•	C)								
	(A)	(B)	Average box, unless person is both						(D)	(E) Reportable			(F)	
	Name and title	Average							Reportable			Esti	mated	
		hours per					or/trus		compensation	compensation	from		ount of	
		week (list any hours for	익핅	l is	오	₩ ₩	₽.E	5	from the	related organizatio	ns		ther ensatic	n
		related	dire	₹	Officer	y en	ploy	Former	organization	(W-2/1099-M		fro	m the	
		organizations below dotted	당교) joji		Key employee	8 8	¬	(W-2/1099-MISC)				nizatior related	
		line)	Individual trustee or director	=		yee	mp						ization	
			8	Institutional trustee			Highest compensated employee							
				Ľ			eg.							
	rancheterre	40												
SR VP	Special Events	0					1		117,099		0		1	2,274
20022														
				_	_	_		╙			_			
				_	_	Н		-			\rightarrow			
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1b	Sub-total			9	*				547,905		0		4	5,465
C	Total from continuation sheets to Part			•	•	8	8				_		- 29	A Million
d	Total (add lines 1b and 1c)							<u> </u>	547,905	-	0		4	5,465
2	Total number of individuals (including but			ose	e lis	ted	abov	e) w	ho received m	ore than \$10	00,000	of of		
	reportable compensation from the organ	zation > 3	2			_								
3	Did the organization list any former of	ficor direc	tor (ar ti	ruet	00	kov i	omr	alovoo or bigh	oct compo	neator	1	Yes	No
3	employee on line 1a? If "Yes," complete							-		-		3	1	
4	For any individual listed on line 1a, is the												<u> </u>	-0-5
7	organization and related organizations	areater th	an \$	150.	.000)? /	f "Ye	s."	complete Sch	nedule J fo	r such	5		
	individual											4	1	
5	Did any person listed on line 1a receive of									zation or ind	lividua		,	
	for services rendered to the organization											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	0,000 of		
	compensation from the organization. Rep	ort compe	nsati	on f	or tl	he c	alenc	lar y	year ending wit	th or within t	the org	ganizati	on's t	ax
	year.													
	(A)								(B)			(C)		
	Name and business add	fress							Description of s	services		Compens	sation	
None														
-														
-	Total number of independent accesses	vo (incl	na L.			line!	ا لمما	1	agga lietad -L	aua) wha		-	11 1	
2	Total number of independent contractor received more than \$100.000 of compens		-					יוו כ	nose listed ab	Ove) WIIO				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (D) Revenue excluded from tax (C) Unrelated business (A) Total revenue exempt function revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . 1a 0 Membership dues 1b 0 **c** Fundraising events 1,020,443 1c d Related organizations . . . 1d 29,759 Government grants (contributions) 1e 35,035 All other contributions, gifts, grants, and similar amounts not included above 1f 1,609,370 Noncash contributions included in lines 1a-1f: \$ 250,001 Total. Add lines 1a-1f . . . 2,694,607 Program Service Revenue **Business Code** 2a **Experiental Programs** 611600 376,502 376,502 0 All other program service revenue. Total. Add lines 2a-2f 376,502 Investment income (including dividends, interest, and other similar amounts) ▶ 33,077 0 33,077 4 Income from investment of tax-exempt bond proceeds ▶ 0 0 0 0 5 Royalties 0 0 0 0 (ii) Personal (i) Real 0 6a Gross rents . . 0 **b** Less: rental expenses 0 0 0 **c** Rental income or (loss) d Net rental income or (loss) n O 0 0 (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 0 1,122,743 **b** Less: cost or other basis and sales expenses . 1,127,100 0 c Gain or (loss) . . -4,357 0 d Net gain or (loss) -4,357 0 -4,357 Other Revenue 8a Gross income from fundraising events (not including \$ 1,020,443 of contributions reported on line 1c). See Part IV, line 18 a 213,286 **b** Less: direct expenses 406.453 c Net income or (loss) from fundraising events -193,167 -193,167 9a Gross income from gaming activities. See Part IV, line 19 20.706 **b** Less: direct expenses b 12,419 c Net income or (loss) from gaming activities . . . 8,287 8,287 0 10a Gross sales of inventory, less returns and allowances . . . **b** Less: cost of goods sold . . . b 0 Net income or (loss) from sales of inventory . 0 0 0 0 Miscellaneous Revenue **Business Code** Board Activities 11a 16,800 900099 16,800 0 0 Volunteer Snack Provisions b 900099 2,382 2,382 0 0 Life Insurance Cash Surrender Value 900099 1,265 0 0 1,265 All other revenue 1,204 0 0 1,204 e Total. Add lines 11a-11d . . . 21,651 Total revenue. See instructions. -153,691 2,936,600 395,684 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Chock if Schedule O contains a response or note to any line in this Part IX	

	Check if Schedule O contains a response include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21	2,300	2,300		
2	Grants and other assistance to domestic				9 10 10
_	individuals. See Part IV, line 22	22,525	22,525		
3	Grants and other assistance to foreign			100	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	325,061	187,646	36,552	100,863
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,442,167	950,253	161,805	330,109
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	56,881	39,606	745	16,530
9	Other employee benefits	74,586	53,055	483	21,048
10	Payroll taxes	135,616	108,802	2,833	23,981
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	24,862	14,372	3,266	7,224
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	50,400			50,400
f	Investment management fees	9,019	5,204	1,157	2,658
g	Other. (If line 11g amount exceeds 10% of line 25, column				1974 974
	(A) amount, list line 11g expenses on Schedule O.)	42,801	24,566	4,168	14,067
12	Advertising and promotion	0	0	0	0
13	Office expenses	108,616	74,971	8,013	25,632
14	Information technology	38,024	23,420	2,224	12,380
15	Royalties	0	0	0	0 473
16	Occupancy	63,679		1,918	6,173
17	Travel	21,348	16,772	771	3,805
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	2,959
19	Conferences, conventions, and meetings .	4,878		523	
20	Interest	25,048	13,616	4,061	7,371
21	Payments to affiliates	101,473	101,473 183,476	7,832	15,208
22	Depreciation, depletion, and amortization .	206,516 39,785		832	2,873
23	Insurance	39,785	30,080	032	2,073
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	S. Samuel and	20 75275		
	(A) amount, list line 24e expenses on Schedule O.)				
-	Program materials and freight	363,085	363,085	0	(
a b	Gift In Kind	65,679			513
C	Business Meetings and Meals	14,634		847	4,865
d	Subscriptions and Dues	7,387	4,099	208	3,080
e	All other expenses	18,137		-3,745	13,730
25	Total functional expenses. Add lines 1 through 24e	3,264,507			665,469
26	Joint costs. Complete this line only if the	3,207,307	2,000,100	200,000	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and	1	I	1	
	fundraising solicitation. Check here		1		

Form **990** (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 345,808 43,205 1 17,324 2 30,997 2 3 818,995 786,730 3 5,813 4 5,663 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 0 0 7 0 0 32,883 8 12,934 8 9 98,295 118,536 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,206,837 2,392,892 10c Less: accumulated depreciation 10b 1,974,425 2,232,412 b Investments—publicly traded securities 967,636 11 507,276 11 0 12 0 Investments—other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 0 13 0 13 0 14 0 14 27,303 15 28,569 15 Total assets. Add lines 1 through 15 (must equal line 34) . . 4,424,587 16 4,048,684 16 170,265 17 167,827 17 0 18 0 18 18.976 19 16,705 19 20 0 0 20 0 21 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 97,198 23 76,023 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 0 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 515,946 515,946 25 802,385 26 776,501 26 Organizations that follow SFAS 117 (ASC 958), check here Vand Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 2,478,889 2,856,139 27 766,063 28 793,294 28 29 0 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds a 32 32 33 3,272,183 3,622,202 33 34 4,048,684 4,424,587 Total liabilities and net assets/fund balances

Page	12	
rage	-	

runn 99	0 (2013)				
Part	XI Reconciliation of Net Assets				2000
	Check if Schedule O contains a response or note to any line in this Part XI	90	10		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,936	6,600
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,264	1,507
3	Revenue less expenses. Subtract line 2 from line 1	3		-327	,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			3,622	2,202
5					2,112
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	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		3,272	2,183
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	0 00 00 0	90.90	70 9	
				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," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		82		
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:			17	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			_
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	n 99 0	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number Name of the organization 86-0184349 JUNIOR ACHIEVEMENT OF ARIZONA INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . g Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization listed in your governing other support (see (described on lines 1-9 support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

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.)

Section A. Public Support								
Calend	lar 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	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
3	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 from line 4.						13,555,585	
	on B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4	2,389,434	2,868,767	2,788,504	3,089,241	2,694,608	13,830,554	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,814	42,254	31,916	41,856	33,077	191,917	
9	Net income from unrelated business activities, whether or not the business						_	
10	is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0		0	
11 12 13	(Explain in Part VI.)	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax y	12		
Secti	on C. Computation of Public Support							
14 15	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))							
17a	check this box and stop here. The organization qualifies as a publicly supported organization							
	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 organization							
b	15 is 10% or more, and if the organization in Part VI how the organization is supported organization	tion meets the neets the "fact 	e "facts-and-c s-and-circums 	ircumstances" stances" test. 1	test, check the organization	his box and st on qualifies as a	op here. a publicly ► □	
18	Private foundation. If the organization dinstructions							

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 tests listed below, please complete Part II.)

	II tilo organization land to quality	anaor ano to	oto notou bon	or, produce oc	or or or or or	.,	
	on A. Public Support						
Calen	dar 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	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 paid						
	to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						-
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
N	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				Reserved to	1 N 2 N	
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts 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						
С	Add lines 10a and 10b						
11	Net income from unrelated 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, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secor	id, third, fourth	n, or fifth tax y	ear as a sectic	n 501(c)(3)
	organization, check this box and stop here						
Secti	on C. Computation of Public Suppor						**
15	Public support percentage for 2015 (line 8						%_
16	Public support percentage from 2014 Sch					16	%
	on D. Computation of Investment In					T -= 1	
17	Investment income percentage for 2015 (%
18	Investment income percentage from 2014					18	%
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box		_				
b	331/3% support tests—2014. If the organiz						
	line 18 is not more than 331/3%, check this						1,75,770
20	Private foundation. If the organization di	a not check a	I DOX ON line 14	. 198 or 19h	Check this box	and see instru	CHORS

Yes No

Supporting Organizations Part IV

Section A. All Supporting Organizations

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

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		
3а	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		
С	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.	3с	7	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		i	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 organization was used exclusively for section 170(c)(2)(B)	ı,		
	purposes.	4c		

- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

Part I	V Supporting Organizations (continued)			
	<u> </u>		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		11 75
	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?	11c		
	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.	110		
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		_	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations		-	
1 a b	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. 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 (
				_
2	Activities Test. Answer (a) and (b) below.		res	No
а	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 "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.	2a		
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 engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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.	3b	1	II .

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must con	mple	ete Sections A through E	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a 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):			1423
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	lly-ir	ntegrated Type III suppor	ting organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organia	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
C				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	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 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 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.)
Schedule A	, Part II, Line 10 - \$16,800 Board Activities, \$2,382 Volunteer Provisions, \$1,265 Life Insurance Cash Surrender Value, \$1,204
	ous, \$8,287 Gaming Net.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

JUNIOR ACHIEVEMENT OF ARIZONA INC

990-PF) ► Attach to Form 990

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Employer identification number

86-0184349

Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

JUNIOR ACHIEVEMENT OF ARIZONA INC

Employer identification number 86-0184349

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$153,557_	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$ 98,359	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$63,000	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization JUNIOR ACHIEVEMENT OF ARIZONA INC Page 2 of 2 of Part I
Employer identification number 86-0184349

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 56,058	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
*******		\$	Person

Employer identification number

86-0184349

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
1	Program materials to be used in experiential simulation	\$1,057_	6/1/2016		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
2	Program materials to be used in experiential simulation	\$17,196	6/2/2016		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
5	Program materials to be used in experiential simulation	\$3,913_	1/22/2016		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
*******		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

JUNIO	R ACHIEVEMENT OF ARIZONA INC		86-0184349
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene	and donor advisors in writing that gra	nt funds can be used
	conferring impermissible private benefit?		
Dar	Conservation Easements.		
I ai	Complete if the organization answered	"Yes" on Form 990 Part IV. line 7.	3
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea	-	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easemer	nts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
			2d
3	Number of conservation easements modified, trans	nsferred, released, extinguished, or ter	minated by the organization during the
	tax year >		
4	Number of states where property subject to cons		
5	Does the organization have a written policy reviolations, and enforcement of the conservation e		
^	Staff and volunteer hours devoted to monitoring, inspe		
6	Starr and volunteer nours devoted to monitoring, insper	cting, nandling of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ing handling of violations, and enforcing	conservation easements during the year
'	S	ing, harding of violations, and emoroting	conservation outsiments during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
•			
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Part	Organizations Maintaining Collection	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar public capital provide the following amounts role		ducation, or research in furtherance of
	public service, provide the following amounts rela		
	(i) Revenue included on Form 990, Part VIII, line	1	* * * * * * * * * * * * * * * * * * * *
_	(ii) Assets included in Form 990, Part X	t historical transpures or other similar	r appets for financial gain provide the
2	If the organization received or held works of ar following amounts required to be reported under		
a	Revenue included on Form 990, Part VIII, line 1		

Part	III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):		ner record	ds, chec	k any of the	follow	ring that are a si	gnificant	use	of its
а	☐ Public exhibition		d [Loan	or exchange	progr	ams			
b	☐ Scholarly research		e [Other	100000000000000000000000000000000000000					
С	☐ Preservation for future generations									
4	Provide a description of the organiza XIII.								se in	Part
5	During the year, did the organization	solicit or receive	donations	of art, I	historical tre	asures	s, or other simila	r		
	assets to be sold to raise funds rather	r than to be mainta	ined as p	art of the	e organizatio	n's co	llection?	☐ Ye	s 🗌	No
Part	IV Escrow and Custodial Arra	angements.								
	Complete if the organization 990, Part X, line 21.								Forr	n
1a	Is the organization an agent, trustee included on Form 990, Part X?								s [] No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the foll	lowing ta	able:					
							Ar	nount		
С	Beginning balance			* * :		1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	stodial	account liability	? 🔲 Y e	s [No
b	If "Yes," explain the arrangement in P									
Par	tV Endowment Funds.									
	Complete if the organization	answered "Yes"	on Forn	n 990, F	Part IV, line	10.				
-	100 100 100 100 100 100 100 100 100 100	(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Four	years I	back
1a	Beginning of year balance	991,667	1	,012,872	89	1,639	808,541		836	6,084
b	Contributions	5,000		5,000		5,000	5,000			0
С	Net investment earnings, gains, and									
	losses	-9,114		18,405	16	31,583	106,492	2		913
d	Grants or scholarships	7,233		7,787		6,846	5,833			5,340
е	Other expenditures for facilities and									
	programs	24,299		30,359		32,636	16,779		18	8,241
f	Administrative expenses	6,135		6,464	-	5,868	5,782	2		4,875
g	End of year balance	949,886		991,667		12,872	891,639		808	8,541
2	Provide the estimated percentage of		d balance	e (line 1g	, column (a)	held a				
а	Board designated or quasi-endowme		%	, -						
b	Permanent endowment ▶	31 %								
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and		00%.							
За	Are there endowment funds not in th			ation tha	at are held a	ınd adı	ministered for th	е		
	organization by:	•							Yes	No
	(i) unrelated organizations							3a(i)		✓
	(ii) related organizations							3a(ii)	1	
b	If "Yes" on line 3a(ii), are the related of							3b	1	
4	Describe in Part XIII the intended use									
Part										
- Alleria	Complete if the organization		on Forr	n 990. F	Part IV. line	11a. S	See Form 990.	Part X. I	ine 1	10.
-	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Boo		
	Section 5, property	(investm			ther)		epreciation	,.,		
1a	Land	. 1	0		457,700	277			45	7,700
b	Buildings	0.1	0		2,717,175		1,190,491			6,684
C	Leasehold improvements	'	0		425,241		326,675			8,566
d	Equipment		0		417,142		278,885			8,257
a e	Other	*	0		189,579		178,374			1,205
	Add lines 1a through 1e (Column (d))	must equal Form 0		Column		2)	170,374			2.412

	nvestments—Other Securities. Complete if the organization answe	ered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meth	nod of valuation: of-year market value
(1) Financial de	rivatives	* * * * * *			
	d equity interests				
(3) Other		36 17 41 41 00 00			
(A)					
(B)					
(C)					
(D)	***************************************				
(E)					
(F)					
(G)					
(H)					
	ust equal Form 990, Part X, col. (B) line 12.)				
	nvestments—Program Related. Complete if the organization answ		m 990, Part IV, lin	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation: -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
	Other Assets. Complete if the organization answ (a)	ered "Yes" on Fo	rm 990, Part IV, lir	ne 11d. See Form	990, Part X, line 15.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	#1	(D) line 45)			
TALLE CONT. OF THE PARTY	(b) must equal Form 990, Part X, col	(D) IIIIe 15.)	* * * * * * * *		
	Other Liabilities. Complete if the organization answ ne 25.	ered "Yes" on Fo	rm 990, Part IV, Iir	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal inco	me taxes		0		
	Foundation for JA of Arizona	5	15,946		
(3)					
(4)					
(5)					
(6)			100-11		
(7)					
(8)					
(9)	nust equal Form 990, Part X, col. (B) line 25.) ▶		15,946		

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

ited financial statements 0, Part VIII, line 12: 2a	Part		Return.
2a	-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 000 000
2a	1	Total revenue, gains, and other support per audited financial statements	2,990,883
2b	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	
2c	a		
2d 36,320 2e 54,283 3 2,936,600 2, but not on line 1: 4a 0 4b 0 4c 0 qual Form 990, Part I, line 12.) 5 2,936,600 dited Financial Statements With Expenses per Return. ad "Yes" on Form 990, Part IV, line 12a. statements 2a 40,075 2b 0 2c 0 2d 83,559 2e 123,634 3 3,264,507 but not on line 1: 0, Part VIII, line 7b 4a 0 4b 0 4c 0 4c 0 5 3,388,141	b		
2e 54,283 3 2,936,600 2, but not on line 1: 4a 0 4b 0 4c 0 qual Form 990, Part I, line 12.) 5 2,936,600 dited Financial Statements With Expenses per Return. ed "Yes" on Form 990, Part IV, line 12a. statements 2a 40,075 2b 0 2c 0 2d 83,559 2e 123,634 3 3,264,507 but not on line 1: 0, Part VIII, line 7b 4a 0 4b 0 4c 0 equal Form 990, Part I, line 18.) 5 3,264,507	c d		
2, but not on line 1: 4a 0 4b 0 4c 0 gual Form 990, Part I, line 12.) 5 2,936,600 dited Financial Statements With Expenses per Return. 6d "Yes" on Form 990, Part IV, line 12a. statements 1 3,388,141 0, Part IX, line 25: 2a 40,075 2b 0 2c 0 2d 83,559 2e 123,634 3 3,264,507 but not on line 1: 0, Part VIII, line 7b 4a 0 4b 0 equal Form 990, Part I, line 18.) 5 3,264,507	e	Add lines 2a through 2d	2e 54,283
2, but not on line 1: 4a 0 4b 0 4c 0 gual Form 990, Part I, line 12.) dited Financial Statements With Expenses per Return. ed "Yes" on Form 990, Part IV, line 12a. statements D, Part IX, line 25: 2a 40,075 2b 0 2c 0 2d 83,559 2e 123,634 3 3,264,507 but not on line 1: D, Part VIII, line 7b 4a 0 4c 0 equal Form 990, Part I, line 18.) 4a 0 4b 0 5 3,264,507	3	Subtract line 2e from line 1	
4a 0 4b 0 4c 0 6 7c 1, line 12.) 4c 0 6 7c 1, line 12.) 5 7c 1, line 12.	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
4b 0 4c 0 0 0 0 0 0 0 0 0	а		
Statements Sta	b		
dited Financial Statements With Expenses per Return. ed "Yes" on Form 990, Part IV, line 12a. statements 1 0, Part IX, line 25: 2a 2b 0 2c 0 2d 83,559 2e 123,634 3 3,264,507 but not on line 1: 4a 0 0, Part VIII, line 7b 4a 0 4b 0 4c 0 6c 0 6c 0 7c 0 8c 0 9c 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 <	С	Add lines 4a and 4b	4c 0
ed "Yes" on Form 990, Part IV, line 12a. statements	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	110001000
statements 1 3,388,141 D, Part IX, line 25: 2a 40,075 2b 0 0 2c 0 0 2d 83,559 2e 123,634 3 3,264,507 but not on line 1: 4a 0 0, Part VIII, line 7b 4a 0 4b 0 4c 0 equal Form 990, Part I, line 18.) 5 3,264,507	Part		r Return.
2a		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
2a 40,075 2b 0 2c 0 2c 0 2d 83,559 2e 123,634 3 3,264,507 but not on line 1: 0, Part VIII, line 7b 4a 0 4b 0 equal Form 990, Part I, line 18.) 5 3,264,507	1	Total expenses and losses per audited financial statements	1 3,388,141
2b 0 2c 0 2d 83,559 2e 123,634 3 3,264,507 but not on line 1: 0, Part VIII, line 7b 4a 0 4b 0 equal Form 990, Part I, line 18.) 5 3,264,507	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
2c 0 2d 83,559 2e 123,634 3 3,264,507 but not on line 1: 0, Part VIII, line 7b 4a 0 4b 0 equal Form 990, Part I, line 18.) 5 3,264,507	a		0.1
2d 83,559 2e 123,634 3 3,264,507 but not on line 1: 0, Part VIII, line 7b 4a 0 4b 0 equal Form 990, Part I, line 18.) 5 3,264,507	b	The year daycoments	
2e 123,634 3 3,264,507 but not on line 1: b, Part VIII, line 7b 4a 0 4b 0 4c 0 equal Form 990, Part I, line 18.) 5 3,264,507	C		
3 3,264,507 but not on line 1: 7, Part VIII, line 7b 4a 0 4b 4c 0 equal Form 990, Part I, line 18.) 5 3,264,507	d		20 122 624
, but not on line 1:), Part VIII, line 7b	е 3	Add lines 2a through 2d	
1, Part VIII, line 7b 4a 0 4b 0 4c 0 6equal Form 990, Part I, line 18.) 5 3,264,507	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3,204,307
	a		
equal Form 990, Part I, line 18.)	b		
equal Form 990, Part I, line 18.)	c	Add lines 4a and 4b	4c 0
	5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 3,264,507
	Part	XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·
and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
o. Also complete this part to provide any additional information.	2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	ormation.
	Sched	lule D, Part V, Line 4 - The Endowment Funds are to be used to support the programs of Junior Achievemen	t of Arizona, Inc
be used to support the programs of Junior Achievement of Arizona, Inc			
rom federal and state income taxes under Section 501(c)(3) of the Internal			
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any	net in	come that is derived from a trade or business, regularly carried on and not in furtherance of the purpose for	which it was granted
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted			
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process			
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rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the Income tax returns and positions expected to be taken in the June 30, 2016			
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the D15 income tax returns and positions expected to be taken in the June 30, 2016 ctivities or take uncertain tax positions that would jeopardize its tax-exempt status,			
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ASC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the 015 income tax returns and positions expected to be taken in the June 30, 2016 ctivities or take uncertain tax positions that would jeopardize its tax-exempt status, subject to taxation. In the event the Organization is assessed interest or penalties			
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ASC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the 015 income tax returns and positions expected to be taken in the June 30, 2016 ctivities or take uncertain tax positions that would jeopardize its tax-exempt status, subject to taxation. In the event the Organization is assessed interest or penalties sion for income taxes in the combined financial statements. The Organization's		authorities. The taxing authorities generally have a period of three years after the returns were filed to exam	
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ASC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the 2015 income tax returns and positions expected to be taken in the June 30, 2016 ctivities or take uncertain tax positions that would jeopardize its tax-exempt status, subject to taxation. In the event the Organization is assessed interest or penalties ion for income taxes in the combined financial statements. The Organization's June 30, 2013 through 2016 are subject to possible examination by the related			
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rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the companient of the citivities or take uncertain tax positions expected to be taken in the June 30, 2016 citivities or take uncertain tax positions that would jeopardize its tax-exempt status, subject to taxation. In the event the Organization is assessed interest or penalties sion for income taxes in the combined financial statements. The Organization's June 30, 2013 through 2016 are subject to possible examination by the related a period of three years after the returns were filed to examine them.		nse. (\$124,890) Gift-in-kind inventory used in Special Events, \$12,419 Gaming Expenses (\$213,286) Direct Co	
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the D15 income tax returns and positions expected to be taken in the June 30, 2016 citivities or take uncertain tax positions that would jeopardize its tax-exempt status, subject to taxation. In the event the Organization is assessed interest or penalties is ion for income taxes in the combined financial statements. The Organization's June 30, 2013 through 2016 are subject to possible examination by the related a period of three years after the returns were filed to examine them.		s netted against revenues in the audited financial statements and (\$3) of accumulated rounding.	
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the D15 income tax returns and positions expected to be taken in the June 30, 2016 citivities or take uncertain tax positions that would jeopardize its tax-exempt status, subject to taxation. In the event the Organization is assessed interest or penalties is ion for income taxes in the combined financial statements. The Organization's June 30, 2013 through 2016 are subject to possible examination by the related a period of three years after the returns were filed to examine them. Internal interna			
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rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the 2015 income tax returns and positions expected to be taken in the June 30, 2016 citivities or take uncertain tax positions that would jeopardize its tax-exempt status, subject to taxation. In the event the Organization is assessed interest or penalties ion for income taxes in the combined financial statements. The Organization's June 30, 2013 through 2016 are subject to possible examination by the related a period of three years after the returns were filed to examine them. In the related organizations, net of eliminations. \$406,453 Special Events are related to the statements and (\$3) of accumulated rounding.	(\$124	890) Gift-in-kind inventory used in Special Events, \$12,419 Gaming Expenses and (\$213,286) Direct Costs of	
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the composition taken or expected to be taken in the June 30, 2016 citivities or take uncertain tax positions expected to be taken in the June 30, 2016 citivities or take uncertain tax positions that would jeopardize its tax-exempt status, subject to taxation. In the event the Organization is assessed interest or penalties sion for income taxes in the combined financial statements. The Organization's June 30, 2013 through 2016 are subject to possible examination by the related a period of three years after the returns were filed to examine them. Inch related organizations, net of eliminations. \$406,453 Special Events at Events, \$12,419 Gaming Expenses (\$213,286) Direct Costs of Benefits to examine the related organizations, net of eliminations. \$406,453 Special Events Expense.	netted	against revenues in the audited financial statements and (\$8) of accumulated rounding.	
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the company of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process at tax position taken or expected to be taken in the seed on the company of the purpose of the			***************************************
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the composition taken or expected to be taken in the June 30, 2016 citivities or take uncertain tax positions expected to be taken in the June 30, 2016 citivities or take uncertain tax positions that would jeopardize its tax-exempt status, subject to taxation. In the event the Organization is assessed interest or penalties sion for income taxes in the combined financial statements. The Organization's June 30, 2013 through 2016 are subject to possible examination by the related a period of three years after the returns were filed to examine them. Inch related organizations, net of eliminations. \$406,453 Special Events at Events, \$12,419 Gaming Expenses (\$213,286) Direct Costs of Benefits to examine the related organizations, net of eliminations. \$406,453 Special Events Expense.			**************************
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o. Also complete this part to provide any additional information.	Scheo Scheo Rever net in exem	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infolute D, Part V, Line 4 - The Endowment Funds are to be used to support the programs of Junior Achievement fulle D, Part X, Line 2 - The Organization is exempt from federal and state income taxes under Section 501(c) (nue Code and Section 43-1201(4) of the Arizona Revised Statutes. However, the Organization remains subject come that is derived from a trade or business, regularly carried on and not in furtherance of the purpose for botion. The Organization utilizes the provisions of FASC 740-10, which prescribes a recognition threshold and ancial statement recognition and measurement of a tax position taken or expected to be taken in a tax returns.	ormation. t of Arizona, Inc (3) of the Internal of the income taxes which it was grain dimeasurement properties.
b. Also complete this part to provide any additional information.	2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	ormation.
	Sched	lule D, Part V, Line 4 - The Endowment Funds are to be used to support the programs of Junior Achievemen	t of Arizona, Inc
	Sched	lule D, Part V, Line 4 - The Endowment Funds are to be used to support the programs of Junior Achievemen	t of Arizona, Inc
	Sched	lule D, Part V, Line 4 - The Endowment Funds are to be used to support the programs of Junior Achievemen	t of Arizona, Inc
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	Sched	lule D, Part V, Line 4 - The Endowment Funds are to be used to support the programs of Junior Achievemen	t of Arizona, Inc
be used to support the programs of Junior Achievement of Arizona, Inc		***************************************	
be used to support the programs of Junior Achievement of Arizona, Inc		Lib D. Dank V. Ling 2. The Operation is account from Endored and atota incompatives under Caption E01(a)	(2) of the Internal
rom federal and state income taxes under Section 501(c)(3) of the Internal			
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any	net in	come that is derived from a trade or business, regularly carried on and not in furtherance of the purpose for	which it was granted
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any	exem	otion. The Organization utilizes the provisions of FASC 740-10, which prescribes a recognition threshold and	d measurement process
rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted			
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rom federal and state income taxes under Section 501(c)(3) of the Internal ised Statutes. However, the Organization remains subject to income taxes on any larly carried on and not in furtherance of the purpose for which it was granted ISC 740-10, which prescribes a recognition threshold and measurement process a tax position taken or expected to be taken in a tax return. Based on the D15 income tax returns and positions expected to be taken in the June 30, 2016 ctivities or take uncertain tax positions that would jeopardize its tax-exempt status,			
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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury

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.

OMB No. 1545-0047

Internal Revenue Service Employer identification number Name of the organization JUNIOR ACHIEVEMENT OF ARIZONA INC 86-0184349 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e 🗹 Solicitation of non-government grants ✓ Mail solicitations f Solicitation of government grants Internet and email solicitations g Special fundraising events d ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes □ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts custody or control of contributions? (ii) Activity from activity or entity (fundraiser) organization Yes No 1 See Schedule G, Part IV, Statement 2 3 4 5 6 7 8 9 10 355,500 50,400 305,100 Total 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. **All States**

Cat. No. 50083H

Page 2 Schedule G (Form 990 or 990-EZ) 2015 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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) Other events (d) Total events (add col. (a) through col. (c)) JA Open Stock Market Challenge 5 (total number) (event type) (event type) Revenue 1,233,729 157,059 615,813 460,857 Gross receipts ... 1,020,443 139,809 514,977 Less: Contributions . . 365,657 2 Gross income (line 1 minus 3 100,836 213,286 17,250 line 2) 95,200 4,303 0 4,303 4 Cash prizes 0 96,643 48,848 47,036 759 5 Noncash prizes enses 500 56,707 73,936 16,729 Rent/facility costs . . .

Exp	7	Food and beverages	37,604	18,567	8,429	64,600
Direct Exp	8	Entertainment	950	0	1,000	1,950
	9	Other direct expenses	79,234	13,226	72,561	165,021
	10	Direct expense summary. Ac	ld lines 4 through 9 in co	olumn (d)		406,453
	11	Net income summary, Subtra	act line 10 from line 3, co	olumn (d)		-193,167
Pa	rt II		e organization answer	ed "Yes" on Form 99	00, Part IV, line 19, or	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue	0	0	20,706	20,706
es	2	Cash prizes	0	0	4,303	4,303
Direct Expenses	3	Noncash prizes	0	0	7,797	7,797
irect E	4	Rent/facility costs	0	0	0	C
	5	Other direct expenses .	0	0	319	319
	6		☐ Yes% ☑ No	☐ Yes% ☑ No	☐ Yes % ☑ No	N P I I I I
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		12,419
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)	<u> </u>	8,287
ę	a b	Enter the state(s) in which the or is the organization licensed to colf "No," explain: As an exempt Raffle is the only gaming activity	onduct gaming activitie organization, per Arizona conducted.	s in each of these state a Revised Statute, we are	e not required to register	to conduct raffles.
10		Were any of the organization's of "Yes," explain:	gaming licenses revoked		ated during the tax year	
_						

Schedu	ıle G (Form 990 or 990-EZ) 2015	F	age 3
11 12	Does the organization conduct gaming activities with nonmembers?		No No
13	Indicate the percentage of gaming activity conducted in:	- <u>-</u>	
а	The organization's facility		0 %
b	An outside facility	10	0 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► Sherrie Cantrell	******	******
	Address ► 636 W Southern Avenue Tempe, AZ 85282		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	′es ☑] No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
_	amount of gaming revenue retained by the third party ► \$		
С	in res, enter name and address of the third party.		
	Name ►	******	*****
	Address►		
16	Gaming manager information:		
	Name ► Sherrie Cantrell	******	******
	Gaming manager compensation ► \$		
	Description of services provided ► Recordkeeping, money counting.		*****
	☑ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	′es	l No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	es <u>v</u>	JINU
	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v. Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information instructions).); and on (se	e

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Schedule G, Part IV, Statement 1

Form: Schedule G

Page: 1

Line Number: Part I Line 2b

JUNIOR ACHIEVEMENT OF ARIZONA INC 86-0184349

Fundraiser Activity Information

Name and Address	Activity	C1	Gross	C2	C3
			Receipts		
Kim Joyce and Associates LLC	Grant writing	No	355,500	50,400	305,100
PO Box 30606					
Phoenix, AZ 85046					
Total:			355,500	50,400	305,100

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part II

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

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OMB No. 1545-0047

% □ Open to Publi Inspection 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 that received more than \$5,000. Part II can be duplicated if additional space is needed. Employer identification number ✓ Yes 86-0184349 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance JUNIOR ACHIEVEMENT OF ARIZONA INC

	and and and a		(Company of the Compan	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(Δ)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	vernment organiza	tions listed in the li	ine 1 table			

Schedule I (Form 990) (2015)

Cat. No. 50055P

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

Schedule I (Fo	Schedule I (Form 990) (2015)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed	ils. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See Sc	1 See Schedule I, Part IV, Statement 1					
2						
က						
4						
ည						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, lin	e 2, Part III, columi	ו (b), and any other addit	ional information.
program s	scredule I, Part I, Line 2 - Stipends are not paid until program completion is verified, trained, started the Junior Achievement program and/or completed the program. All 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 panemork is cross referenced with that of the volunteers. Once program completion is verified, the stipend is then paid.	gram completion is which volunteers ha s. Once program coi	vernieu, reachers, wr ive been recruited, tra mpletion is verified, th	ined, started the Junio e stipend is then paid.	r Achievement program and/	or completed the program. All
# # # # # # # # # # # # # # # # # # #						
						(2000) (2000) (2004)
						Schedule 1 (Form 330) (2013)

Schedule I, Part IV, Statement 1

Form: Schedule I

Page: 2

Line Number: Part III

JUNIOR ACHIEVEMENT OF ARIZONA INC 86-0184349

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non cash asst
Type of grant	See Schedule I, Part IV, Statement 1	59	22,525	(
Method of valuation	book			
Desc. of Non-Cash Asst.	The amount of stipends paid to individuals on Schedule I, Part III, Line 1			
	represents only cash payments to teachers, while the grants expense list	ed		
	on Form 990, Part III, Line 4a includes payments to schools as well as			
	accrued expenses for stipends not yet paid at the end of the fiscal year.			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

JUNIOR ACHIEVEMENT OF ARIZONA INC

Part I Questions Regarding Compensation

Employer identification number Name of the organization

86-0184349

			Yes	No
1a	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			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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 Approval by the board or compensation committee			
4	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: Receive a severance payment or change-of-control payment?	4a	8 1	1
a b c	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4b 4c	√	· /
5	Only section 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 compensation contingent on the revenues of:			
a b	The organization?	5a 5b		1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		١.	
a b	The organization?	6a 6b		1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation	200	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Betirement and		(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Joyce Richards, President	(1)	180,255	0		10,024	3,955	194,234	0
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14	(E)							
	(3)							***************************************
15	<u>(ii)</u>							
	(1)			1				
16	(ii)							
							Sch	Schedule J (Form 990) 2015

Page 3 Schedule J (Form 990) 2015

Part III Supplemental Information
≝
or any additional information.
schedule J, Part I, Line 3 - The State Board of Directors has a compensation sub-committee that reviews compensation of the President and the CFO. Junior Achievement USA provides
juidance 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
he 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
inancial Officer and in October 2015 for the President.
scredule J, Part I, Line 4 - The Organization has a 45 (b) retirement plan. This plan allows highly compensated employees to deter additional compensation on a pre-tax basis. The
Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

Inspection Employer identification number

JUNIO	R ACHIEVEMENT OF ARIZONA INC					86	-0184349	9		
Part	Types of Property			1000						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contamounts report Form 990, Part V	orted on		ethod of ash contr		-	•
1	Art—Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household									
	goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities-Publicly traded									
10	Securities-Closely held stock									
11	Securities - Partnership, LLC,									
	or trust interests									
12	Securities-Miscellaneous									
13	Qualified conservation									
	contribution—Historic									
	structures									
14	Qualified conservation									
	contribution—Other									
15	Real estate—Residential									
16	Real estate—Commercial						(#			
17	Real estate—Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies . 4									
21	Taxidermy									
22	Historical artifacts									_
23	Scientific specimens									
24	Archeological artifacts		07.4		400.000	0	- 5 15			
25	Other (Fundraising Items)	/	274		132,009		of items			
26	Other ► (Program materials) Other ► (Administrative)	✓	18				of items			
27 28	Other (Furniture and Equip)		24				of items			
29	Number of Forms 8283 received			l ear for contrib		CUST	DI ILEIIIS			
	which the organization completed					29				0
				- 12					Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in	Part I, lines	1 thr	ough [
	28, that it must hold for at least the								1.3	
	to be used for exempt purposes	for the enti	re holding period?				. [30a		1
b	If "Yes," describe the arrangemen	it in Part II.					İ			
31	Does the organization have a		tance policy that require	s the review	of any no	n-star	ndard			
	contributions?	•			_			31	1	
32a	Does the organization hire or us	e third pan	ties or related organization	s to solicit, pro	cess, or se	ell nor	ncash			
	contributions?							32a	1	
b	If "Yes," describe in Part II.									
33	If the organization did not report a	n amount ir	o column (c) for a type of pro	perty for which	column (a)	is che	cked,			
	describe in Part II.									1111

Schedule M (Form 990) (2015)

Part II	the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Schedule M	, Part I, Line 32b - The organization solicits non-cash contributions through the volunteer members of its special events
	. Some of these committee members may also be members of the governing board or a district board. Items solicited are
primarily us	sed for fundraising auctions at special events.
	,

******	***************************************

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization

JUNIOR ACHIEVEMENT OF ARIZONA INC

86-0184349

Form 990, Part I, Line 6 - The total number of volunteers listed in Part I, Line 6 includes volunteers who helped with our special event fundraisers, performed general administrative tasks and program delivery. The volunteers who helped with our special event fundraisers and performed general administrative tasks are not included in the number of volunteers who delivered our programs as stated on Part I, Line 1.

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: 89% believe the skills they learned through the program will help them get a good job; 87% feel that the program connects what they learned in the classroom to real life; and 71% gained an increased interest in STEM-related careers

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 knowledge 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.

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.

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.

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.

Form 990, Part VI, Section B, Line 11b - 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.

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 board members are referred to the President and the Board Chair. Compliance issues regarding Board Chair or any unresolved issues are referred to Junior Achievement USA Vice President of Employment and Employee Relations or his/her designee.

Form 990, Part VI, Section B, Line 15 - The State Board of Directors has a Compensation Subcommittee that reviews 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

Schedule O (Form 990) 2015

Supplemental Information (Continued)

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.
Form 990, Part VI, 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.
Form 990, Part IX, Line 24e - The (\$3,745) in the column C is due to vendor discounts taken for early payment on invoices.
Total 330, Fait IA, Line 240 The (93)740 In the obtaining 15 days to 15 days
Form 990, Part IX, Line 25 - 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.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization JUNIOR ACHIEVEMENT OF ARIZONA INC

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37,

Open to Public 2015

OMB No. 1545-0047

Employer identification number

86-0184349

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

▶ Attach to Form 990.

Schedule R (Form 990) 2015 (g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ž 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. Yes > (f)
Direct controlling
entity (e) End-of-year assets 11A N/A 11A N/A (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(C)3 501(C)3 (c)
Legal domicile (state or foreign country) Cat. No. 50135Y (c)
Legal domicile (state or foreign country) (b) Primary activity AZ AZ Administration of funds for benefit of JA Administration of funds for benefit of JA (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (2) Steven G Mihaylo Junior Achievement Foundation (94-2868929) (1) Foundation for Junior Achievement of Arizona Inc (94-2823694) (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 636 W Southern Ave, Tempe, AZ 85282 636 W Southern Ave, Tempe, AZ 85282 Part Part II 9 9 ල 4 (2) 9 E Ξ (2) 3 4

Schedule R (Form 990) 2015

(i) Section 512(b)(13) controlled Schedule R (Form 990) 2015 (k) Percentage ownership ž entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if 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. Yes 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. (i) General or ŝ managing partner? (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h) Disproportionate ŝ allocations? (f) Share of total income Yes (g) Share of end-ofyear assets (C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) (state or foreign country) (c) Legal domicile (d)
(Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV (2) (2) Ξ (2) 3 4 9 0 Ξ 8 3 4 (9) E

Schedule R (Form 990) 2015

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note Countries of the second of based of Dodge II III on IV of the Colonback			Yes	No.
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of unis scriedure. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	n one or more related orgar	izations listed in Part		
			•5: •5:	>
b Gift, grant, or capital contribution to related organization(s)			1p	`
c Gift, grant, or capital contribution from related organization(s)				
d Loans or loan guarantees to or for related organization(s)			pt	`
f Dividends from related organization(s)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		100 100 100 100 100 100 100 100 100 100	>
a Sale of assets to related organization(s)				>
			1h	`
				>
j Lease of facilities, equipment, or other assets to related organization(s)			7	>
				i i
k Lease of facilities, equipment, or other assets from related organization(s)			÷	>
I Performance of services or membership or fundraising solicitations for related organization(s)	ion(s)			>
 m Performance of services or membership or fundraising solicitations by related organization(s) 	ion(s) (s)uoi		E I	>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			7 ut s s s s s	
o Sharing of paid employees with related organization(s)				
			11 ,	ľ
p Reimbursement paid to related organization(s) for expenses			dL	>
q Reimbursement paid by related organization(s) for expenses				
			> 7	
,			odocyth acitococcut	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	rust complete this line, incl	uding covered relation	covered relationships and transaction unresilonds.	ilds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved
See Schedule R, Part VII, Statement 1				
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
			Schedule R (Form 990) 2015	0) 2015

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

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

(a) (b) (c) (d) (e) (f) (f) (f) (f) (g) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b)	(c)	(p)	(9)	(i)		£)	(0)		(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	income (related, unrelated, excluded	Are all partners section 501(c)(3)	Share of total income	_	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										ě
(2)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	edule R (For	Schedule R (Form 990) 2015

Page 5

Schedule R (F	orm 990) 2015	Page 3
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
*********		******

SISSESSESSES		********

Schedule R, Part VII, Statement 1

Form: Schedule R

Page: 3

Line Number: Part V Line 2

Description of Covered Relationships and Transaction Thresholds

	Description of Covered Helationships and Transaction Timesholds	
		Amt. involved
Name	Foundation for Junior Achievement of Arizona Inc	20,515
Transaction type	C	
Method of determining amt. involved	Cash receipts	
	Steven G Mihaylo Junior Achievement Foundation	9,269
Fransaction type	C	
Method of determining amt. involved	Cash receipts	
Name	Foundation for Junior Achievement of Arizona Inc	515,946
Transaction type	е	
Method of determining amt. involved	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.	
Name	Foundation for Junior Achievement of Arizona Inc	C
Fransaction type	n	
Method of determining amt. involved	Junior Achievement of Arizona, Inc. provides a conference room for the board of	
	trustees meetings. No value is assigned as amounts are not significant.	
Name	Steven G Mihaylo Junior Achievement Foundation	C
Transaction type	n	
Method of determining amt. involved	Junior Achievement of Arizona, Inc. provides a conference room for the board of	
-	trustees meetings. No value is assigned as amounts are not significant.	
Name	Foundation for Junior Achievement of Arizona Inc	(
Transaction type	0	
Method of determining amt. involved	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.	
Name	Steven G Mihaylo Junior Achievement Foundation	(
Transaction type	0	
Method of determining amt. involved	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.	
Name	Foundation for Junior Achievement of Arizona Inc	295
Transaction type	q	
Method of determining amt. involved	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.	
Name	Steven G Mihaylo Junior Achievement Foundation	10
Transaction type	q	
Method of determining amt. involved	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.	
Name	Foundation for Junior Achievement of Arizona Inc	10,500
Transaction type	r	
Method of determining amt. involved	5% annual interest rate on outstanding balance of the operating loan, paid monthly,	
Name	Foundation for Junior Achievement of Arizona Inc	7,20
Transaction type	\$	
Method of determining amt. involved	Earnings on restricted funds from The Foundation for Junior Achievement of Arizona,	
=		

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20 16 D Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2015 calendar year, or tax year beginning

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 www.irs.gov/form990.

2015, and ending

06/30

07/01

В	Check if	ck if applicable: C Name of organization JUNIOR ACHIEVEMENT OF ARIZONA INC D Employer identification number					
	Address	change	Doing business as			86-018434	9
	Name ch	nange	Number and street (or P _a O _a box if mail is not delivered to street address) Room/su	iite	E Teleph	one number	
	Initial ret	urn	636 West Southern Avenue			480-377-85	00
	Final retur	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende	d return	Tempe, AZ, 85282-4508		G Gross	receipts \$	4,482,572
	Applicati	ion pending	F Name and address of principal officer: Katherine Kemmeries Cecala			or subordinates?	
			636 West Southern Avenue, Tempe, AZ 85282-4508			tes included? 🗌	
ı	Tax-exe	mpt status:	√ 501(c)(3) √ (insert no.) √ 4947(a)(1) or √ 527	If "No," at	ach a list.	(see instructions	3)
J	Website	: • ww	w.jaaz.org	H(c) Grou	-	n number 🕨	1116
K	Form of	organization;	✓ Corporation Trust Association Other LYear of forma	tion: 1963	M Sta	te of legal domic	cile: AZ
P	art I	Summ					
	1		escribe the organization's mission or most significant activities: To in				
Se		in a glob	al economy. Through our 9,578 volunteers, we equip students, K-12, with f	nancial liter	cy, worl	k readiness a	nd
Activities & Governance		entrepre	neurship education.				
Veri	2		is box ▶☐ if the organization discontinued its operations or disposed		n 25% c	of its net asse	ets.
Ĝ	3		of voting members of the governing body (Part VI, line 1a) \ldots . \ldots		. 3		10
∞	4		of independent voting members of the governing body (Part VI, line 1b				10
ij	5		, , , ,		. 5		54
ξį	6		nber of volunteers (estimate if necessary)		. 6		10,041
Ă	7a		elated business revenue from Part VIII, column (C), line 12		. 7a		0
_	b	Net unre	ated business taxable income from Form 990-T, line 34		. 7b		0
				Prior \			ent Year
Revenue	8						2,694,607
	9	_	service revenue (Part VIII, line 2g)		335,80		376,502
	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		18,97		28,720
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-177,79		-163,229
_	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,266,22		2,936,600
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		26,72		24,825
	14		paid to or for members (Part IX, column (A), line 4)			0	0
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,119,94		2,034,311
ens	16a		onal fundraising fees (Part IX, column (A), line 11e)		46,50	0	50,400
Expenses	_b		draising expenses (Part IX, column (D), line 25) ► 665,469				
ш	117		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,223,68		1,154,971
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,416,86		3,264,507
_	19	Revenue	less expenses. Subtract line 18 from line 12	Beginning of C	-150,63		-327,907 of Year
SOF	20 21 22	-	ata (Dast V. Bas 40)	Deginning of C			100 A 1 Y - 1 D B 4 C
Sset	20		sets (Part X, line 16)		4,424,58		4,048,684
e e	21		vilities (Part X, line 26)		802,38		776,501
20	22		ts or fund balances. Subtract line 21 from line 20		3,622,20	Z	3,272,183
	art II		ture Block	monto and to	the best o	f my knowlodge	and holiof it is
trı	nder pena ue. correc	atties of perjuit, and comp	rry, I declare that I have examined this return, including accompanying schedules and stat lete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knov	vledge.	i my knowiedye	and belief, it is
_		TX					
Si	gn	Sign	ature of officer		ate		
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M	av the II		s this return with the preparer shown above? (see instructions)	I FI	OHE HU.		Yes No
1413					20 25 25	THE AN ADDRESS OF THE PARTY OF	

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Junior Achievement of Arizona teaches K-12 students the knowledge and skills they need to manage their money, plan for their
	future, and make smart academic, career and economic choices. Our hands-on, age-appropriate programs are designed to
	empower students to own their economic success. Together with our 9578 volunteers, we connect what students learn in the
	classroom to the real world, empowering them to be successful in college and career.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,368,522 including grants of \$ 24,825) (Revenue \$ 0)
	Through our in-classroom programs, Junior Achievement of Arizona empowered 67,852 students, K-12, from 175 schools to own
	their future success. Our hands-on, age-appropriate programs were delivered by 3,666 corporate and community volunteer
	mentors. Volunteers donated [an estimated] \$1,955,259 of their time and mileage to deliver the in-classroom programs. This
	volunteer donation is not reflected in the expenses of Part IX but is noted here to reflect the efficiencies gained through our
	volunteer delivery model. Including the volunteer donation for both our K-12 classroom and experiential learning programs noted
	below increases our program expense ratio to 87% which more accurately reflects the efficiency with which we deliver our
	programs, These programs teach students critical knowledge and skills focusing on financial literacy, work readiness and
	entrepreneurship. Over 95% percent of teachers report that students who participated in Junior Achievement have a better
	understanding of how the real work operates. Furthermore, elementary school students who receive Junior Achievement programs
	demonstrate significantly higher (34% higher) critical thinking and problem solving skills than their counterparts. (63% versus 47%).
4b	(Code:) (Expenses \$ 851,189 including grants of \$ 0) (Revenue \$ 309,002)
	Junior Achievement of Arizona's JA BizTown is a teacher-led experiential program that requires 4-6th grade students to participate
	in 14 hours of classroom instruction where they work together to create business plans, calculate operating costs, design a
	marketing campaign, apply for jobs, vote for city officials, and explore careers. The program culminates when they visit our JA
	BizTown learning facilities and operate the "Town" for the day, as both the workers and consumers. This year, 22,260 students
	from 252 schools participated in the JA BizTown program. Upon completion of the program, students who participated in JA
	BizTown experienced an overall 31% percent knowledge gain (on average) in financial literacy and work readiness skills.
	Educators whose students participated in JA BizTown indicated that they would unanimously recommend the JA BizTown program
	to fellow teachers. JA partnered with 5404 business, parent and teacher volunteers who delivered the JA BizTown program,
	donating \$1,474,376 of their time and mileage. Including the value of all program volunteers in our expenses increases our
	program expense ratio to 87% reflecting the efficiency gained by leveraging the expertise of these volunteers.
4c	(Code:) (Expenses \$
	Our second experiential program for students is JA Finance Park, which requires middle and high school students to participate in
	14 in-class lessons where they learn important personal money management skills. They then apply those newly acquired skills in
	a simulation where they are given a fictional life scenario and are required to create and maintain a balanced personal budget. 3,
	750 students from 38 schools received the JA Finance Park curriculum this year and were empowered to manage their money in
	the future and navigate financial complexities in their future. Upon completion of the program, JA Finance Park students showed a
	45% percent financial literacy knowledge gain. JA partnered with 500 business, parent and teacher volunteers who delivered the
	JA Finance Park program, donating \$128,234 of their time and mileage. Including the value of all program volunteers in our
	expenses increases our program expense ratio to 87% reflecting the efficiency gained by leveraging the expertise of these
	volunteers.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ▶ 2,363,105

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
9	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Ť	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
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		1
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e 11f	1	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
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.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	

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Part	V Checklist of Required Schedules (continued)		Yes	No
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ė
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? 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	✓	_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated		/	
	employees? If "Yes," complete Schedule J	23	•	_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
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?	24c		
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," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	_	✓
26	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? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	· · · · · · · · · · · · · · · · · · ·	004		/
	Schedule L, Part IV	28b	-	+
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,
	conservation contributions? If "Yes," complete Schedule M	30		\ <u>\</u>
31	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

The Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	Part \	Statements Regarding Other IRS Filings and Tax Compliance			-
Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable 1 19 2 10 Enter the number of Forms W-26 included in line 1s. Enter -0 - if not applicable 1 19 2 2 10 did the organization comply with backup withholding upies for reportable payments to be vendors and reportable gaming (gambling) withings to prize winners? 2a Enter the number of amplyoyees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return? 3a Did the capanization in line 2a, did the organization fall encuprise (leaded employment tax returns? 3b If at least one s reported on line 2a, did the organization fall encuprise) deaded employment tax returns? 3a Did the organization fall on line 2a, did the organization fall encuprise (leaded employment tax returns? 3b Did the organization fall or organization fall encuprise) deaded in property or a signature or other authority one; a financial account or other financial accounts? 5b If "Yes," has it field a Form 99.1" for this year? If "No" to line 8b, provide an explanation in Schedulo 0. 5c If "Yes," in the during the calendary vary, did the organization shall are a some shall be proposed to the capanization and accounts? 5c If "Yes," to line 5a or 5b, did the organization file Form 114, Report of Foreign Benk and Financial Accounts (PBAP). 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did the organization shall are account, the contributions? 6d Did the organization shall are account file Form 1686-17. 6d Organization shall are account in line form 1686-17. 6d Organization shall carry accounts that were not tax deductible accounts with the contributions? 6d Did the organization that were accounts and encurry as a contribution and party for goods and services provided 2. 6d Did the organization that were accounts of the value of the goods or services provided? 6d Did the organization that shall encorry the value of the g		Check if Schedule O contains a response or note to any line in this Part V	* *	Vae	No.
b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable. C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wirners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3b It at least one is reported on line 2a, did the organization filed all required tecteral employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). Note if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). Note if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). Note if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). If "Yes," has it filed a Form 980-If for the year? If "No" to line 3b, provide an explanation in Schedule O. If "Yes," has a filed a Form 980-If for the year? If "No" to line 3b, provide an explanation in Schedule O. 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 (FiAAF). If "Yes," enter the name of the foreign country: See in the same of the foreign country of the organization as party to a prohibited tax sheller transaction at any time during the tax year? So Did any taxable party noify the organization file Form 8886-I? Did any taxable party noify the organization file Form 8886-I? Organization solid any contributions that it was or is a party to a prohibited tax sheller transactions of grifts were not tax dedicutble? Organization solid any contributions that were not tax deductible as charitable contributions or grifts were not tax dedicutble? Organization solid any contribution that the was or is a party to a prohibited tax sheller transaction? To t	4.	5 by the name beautiful Pow 2 of Form 1006 Enter 0 if not applicable		163	No
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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the caiendar year ending with or within the year covered by this return. 2	C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1111	
Statements, flied for the calendar year ending with or within the year covered by this return 2 2 54 b if at least one is reported on line 2e, difference in the comparison of lied are quinced federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross is more of \$1,000 or more during the year? 4 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; leach as a bariak account, securities account, or other financial account in a foreign country; leach as a bariak account, securities account, or other financial accounts for life grequirements 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Does the organization are 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? 6c Does the organization and the organization that the access of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If the organization sective any funds, directly or indirectly, to pay permitums on a personal benefit contract? 7d If the organization received a contribution of qualified intellectual property, did the organization file a form 10 to 10 to 10 to organization received a contribution of qualified intellectual property, did the organization file a form 10 to 10		reportable gaming (gambling) winnings to prize winners?	1c	✓	
Note. If the sum of lines is and 2 a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year. b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account?) be a line of the foreign country (such as a bank account, securities account, or other financial accounts) See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction? The policy of the organization and party to a prohibited tax shelter transaction? b Did any taxable party notify the organization file Form 8866-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization stat were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or diffs were not tax deductible? c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b If "Yes," did the organization include with every solicitation an express statement that such contributions or diffs were organization states and capitation of payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? c Did the organization receive a payment in excess of \$75 made party as a contribution of the payor? b If "Yes," indicate the number of Forms 8282 filed during the year c Did the or	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
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3a V 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>	
b If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendary 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 accounts in a foreign country. It is seen instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," or a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). a Did the organization shar may receive deductible contributions under section 170(c). b If "Yes," did the enganization notify the donnor of the value of the goods or services provided? c Did the organization shar may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization receive any funds, circetly or indirectly, to pay premiums on a personal benefit contract? f Did the organization undersection of qualified intellectual property, did the organization file Form 8899 as required? If the organization contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. b Did the sponsoring organizations m		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	32		1
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country." See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line Se or 50, did the organization file Form 8886-17? 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? b If "Yes," did the organization include deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 882e? d If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization is an except the payor of the payor of the payor of the pa	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-		_
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	-		V
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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			_
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from doner 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year b If "Yes," enter the amount of itsue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a V 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	•	sponsoring organization have excess business holdings at any time during the year?	0		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a Isla Interest the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Interest person? 15a Int		Did the energying organization make any taxable distributions under section 4966?	9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year list 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15b 16 TYes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
a Initiation fees and capital contributions included on Part VIII, line 12				10	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders		Initiation fees and capital contributions included on Part VIII, line 12		1	. 310
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		110	
b 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a V 14a V 14b	11			m	
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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			-		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due of paid to other sources against amounts due or received from them)			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100	Section 4047(a)(1) non exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a V 14b		If "Yes" enter the amount of tax-exempt interest received or accrued during the year			
a 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 in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Italia					
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Is the organization licensed to issue qualified health plans in more than one state?	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.	1		
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which			
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 . 14b	С	Elitor the difficult of received the final control of the final control	140		1
b it "Yes," has it filed a Form 720 to report these payments 11 No. provide an explanation in Schedule 0.		Did the organization receive any payments for indoor tanning services during the tax year?		_	+
Form 990 (2	b	if "Yes," has it filed a Form 720 to report these payments? If No, provide an explanation in Schedule O			0 (2015)

Page 6

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 throug response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O contains a response or note to any line in this Part VI	Schedule O. S	ee ins	tructi	ons.
Conti	on A. Governing Body and Management	P P P P P			
Secur	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relat any other officer, director, trustee, or key employee?	ionship with	2		1
3	Did the organization delegate control over management duties customarily performed by or undesupervision of officers, directors, or trustees, or key employees to a management company or other performed by or undesupervision of officers, directors, or trustees, or key employees to a management company or other performed by or undesupervision of officers.	erson? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4	_	1
5	Did the organization become aware during the year of a significant diversion of the organization's		5		1
6 7a	Did the organization have members or stockholders?	ct or appoint	6 7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by stockholders, or persons other than the governing body?	/) members,	7b		1
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	taken during			
а	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		/_
Secti	on B. Policies (This Section B requests information about policies not required by the In	iternal Rever	ue Co		
			1.0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	✓_	_
b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt procedures are consistent with the organization of the constitution o	ourposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ing the form?	11a	√	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	/	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	se to conflicts?	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the police describe in Schedule O how this was done	cy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13	1	-
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and	approval by	14	1	
а	The organization's CEO, Executive Director, or top management official		15a	✓	
b	Other officers or key employees of the organization		15b	√	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			
	with a taxable entity during the year?		16a		/
b	participation in joint venture arrangements under applicable federal tax law, and take steps to sorganization's exempt status with respect to such arrangements?	safeguard the	16b		
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	990-T (Sectio	n 501	(c)(3)s	s only
19	Own website Another's website Upon request Other (explain in Schedule O whether (and if so, how) the organization made its governing documents financial statements available to the public during the tax year.		terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's Sherrie Cantrell, (480)377-8500	books and re	cords	s: >	

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

Check if Schedule O contains a response or note to any line in this Part VII

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organ				(C Pos	2)			(D)	(E)	(F)
(A) Name and Title	(B) Average hours per	box, i	unles	s pe	rson	than of the thick the thic	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Alan Augenstein	5									
Chair	0.25	1		1				0	0	0
Leo Dembinski	0.63									
Secretary/Treasurer	1111	1		1				0	0	0
Karen Czack	2						1			
Member	0	1					L	0	0	0
Val lwinski	1.5									
Member	0	1						0	0	0
Jeremiah Foster	0.8									
Member	0	1					L	0	0	0
Jason Robinson	2									
Member	0	1	_		_			0	0	0
Frank Marino	2.5									
Member	0	1	_					0	0	0
Joseph Gelinas	0.8						1			
Member	0	1	_		_	_	_	0	0	0
Norman Klein	0.8									
Member	0	1			_	_	_	0	0	0
Marcia Wepfer	1.5								N	
Member	0.5	1		_	_		_	0	0	0
Sam Alpert	50									
SR VP Developement	0	1		L	_		_	122,718	0	12,548
Katherine K Cecala	55									
President	0.5		1_	1	_		<u> </u>	32,950	0	395
Joyce Richards	50									
President	1			1			1	180,255	0	13,979
Sherrie Cantrell	44									
Chief Financial Officer	1	1		1				94,883	0	6,269

		hours per week (list any hours for related organizations below dotted line)					than of the state	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 and related organizations
loss F	rancheterre	40									
	Special Events	0					✓		117,099		12,274
					_						
240840-004											
_											
ncamnean											
						-					

PR 201 PR 200		March Notice (Notice)						L			
1b	Sub-total			8	8 8		15		547,905		45,46
d	Total (add lines 1b and 1c)			-	8: 1			•	547,905		45,46
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th				above	e) w		ore than \$100,0	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c					emp	oloyee, or high	nest compensa	ted Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	porta an \$	ble (150,	con 000	npei)? <i>I</i> 	nsatio f "Ye 	on a es,"	and other comp complete Sch	pensation from nedule J for su	the uch
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	
Sectio	n B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	Iress							(B) Description of s	services	(C) Compensation
None											
								\vdash			
								T			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) (B) Related or (A) Total revenue Revenue excluded from tax exempt function revenue revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 0 1b 0 **b** Membership dues c Fundraising events 1c 1,020,443 d Related organizations . . . 1d 29,759 Government grants (contributions) 1e 35,035 All other contributions, gifts, grants, and similar amounts not included above 1f 1,609,370 250,001 Noncash contributions included in lines 1a-1f: \$ 2,694,607 Total. Add lines 1a-1f. **Business Code** Program Service Revenue 611600 376,502 376,502 2a **Experiental Programs** b C d 0 n 0 f All other program service revenue. 376,502 Investment income (including dividends, interest, 33,077 33,077 0 0 Income from investment of tax-exempt bond proceeds ▶ 0 0 0 0 0 0 n n 5 Royalties . . . (ii) Personal (i) Real 6a Gross rents . . 0 0 0 0 **b** Less: rental expenses 0 c Rental income or (loss) 0 0 0 d Net rental income or (loss) 0 (ii) Other (i) Securities Gross amount from sales of assets other than inventory 0 1,122,743 **b** Less: cost or other basis and sales expenses . 1,127,100 0 -4,357 0 Gain or (loss) . . -4,357 Net gain or (loss) -4,357 Ō 0 Other Revenue 8a Gross income from fundraising events (not including \$ 1,020,443 of contributions reported on line 1c). See Part IV, line 18 a 213,286 **b** Less: direct expenses 406,453 -193,167 -193,167 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a 20,706 12,419 **b** Less: direct expenses c Net income or (loss) from gaming activities . . . > 8,287 8,287 0 10a Gross sales of inventory, less returns and allowances . . . **b** Less: cost of goods sold . . . b 0 Net income or (loss) from sales of inventory . . . 0 0 0 0 Miscellaneous Revenue **Business Code** 0 16,800 0 16,800 11a **Board Activities** 900099 0 0 900099 2,382 2,382 b Volunteer Snack Provisions 900099 1,265 0 0 1,265 Life Insurance Cash Surrender Value C 0 0 1,204 All other revenue 1,204 21,651 Total. Add lines 11a-11d . . 0 -153,691 Total revenue. See instructions. 2,936,600 395,684

Part IX Statement of Functional Expenses

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

0000	17 30 1(c)(d) drid 00 1(c)(1) organizations made comp		o in this Dort IV		
	Check if Schedule O contains a respons				(D)
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,300	2,300		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	22,525	22,525		W. 25 T. 25
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	325,061	187,646	36,552	100,863
6	Compensation not included above, to disqualified	020/001	107/010		
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,442,167	950,253	161,805	330,109
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,881	39,606	745	16,530
9	Other employee benefits	74,586	53,055	483	21,048
10	Payroll taxes	135,616	108,802	2,833	23,981
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	24,862	14,372	3,266	7,224
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	50,400			50,400
f	Investment management fees	9,019	5,204	1,157	2,658
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	42,801	24,566	4,168	14,067
12	Advertising and promotion	0	0	0	0
13	Office expenses	108,616	74,971	8,013	25,632
14	Information technology	38,024	23,420	2,224	12,380
		0	0	0	0
15	Royalties	63,679	55,588	1,918	6,173
16	Occupancy				
17 18	Payments of travel or entertainment expenses	21,348	16,772	771	3,805
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	4,878	1,396	523	2,959
20	Interest	25,048	13,616	4,061	7,371
21	Payments to affiliates	101,473	101,473	0	0
22	Depreciation, depletion, and amortization .	206,516	183,476	7,832	15,208
23	Insurance	39,785	36,080	832	2,873
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				101-21
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		13 15 15 1		
а	Program materials and freight	363,085	363,085	0	0
b	Gift In Kind	65,679	63,726	1,440	513
		14,634	8,922	847	4,865
q	Business Meetings and Meals	7,387	4,099	208	3,080
d	Subscrpitions and Dues		8,152	-3,745	13,730
e	All other expenses	18,137			
25	Total functional expenses. Add lines 1 through 24e	3,264,507	2,363,105	235,933	665,469
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ✓ if following SOP 98-2 (ASC 958-720)	0	0	0	0
-	Milotally Got to 2 (100 000 120)	U	0	U	Form 990 (2015)
					101111 300 (20

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 43,205 1 345,808 1 Cash-non-interest-bearing 2 Savings and temporary cash investments 17,324 2 30,997 818,995 3 786,730 3 4 5,813 5,663 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L....... 6 0 0 7 0 0 32,883 8 12,934 8 Inventories for sale or use 9 98,295 9 Prepaid expenses and deferred charges . . 118,536 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 4.206.837 2,392,892 10c Less: accumulated depreciation . . . 10b 2,232,412 b 1,974,425 11 Investments—publicly traded securities 967,636 11 507,276 12 Investments—other securities. See Part IV, line 11 0 12 0 0 13 Investments—program-related. See Part IV, line 11 . . . 0 13 0 14 14 0 27,303 15 28,569 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) . . 4,424,587 16 16 4,048,684 17 17 170,265 167,827 18 18 0 0 19 19 18,976 16,705 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 Secured mortgages and notes payable to unrelated third parties . . . 97,198 23 23 76,023 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 515,946 515,946 25 **Total liabilities.** Add lines 17 through 25 802,385 26 776,501 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 2.856,139 27 2,478,889 766,063 28 28 793,294 0 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 3,622,202 3,272,183 34 Total liabilities and net assets/fund balances . . 4,424,587 34 4,048,684

i Oiiii oc	00 (2010)			1 0	ige i =
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,93	6,600
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,26	4,507
3	Revenue less expenses. Subtract line 2 from line 1	3		-32	7,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,62	2,202
5	Net unrealized gains (losses) on investments	5		-2	2,112
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	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		3,27	2,183
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	\$0 \$0 B	6 16 56 5	g 1001 8	
			-	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		- 100		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	л		
	Schedule O.			[N	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				/
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r	11	0.7
	reviewed on a separate basis, consolidated basis, or both:				100
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	а	100	
	separate basis, consolidated basis, or both:				
	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 o			١	
	of the audit, review, or compilation of its financial statements and selection of an independent account			/	
	If the organization changed either its oversight process or selection process during the tax year, ex	ıplain i	n E		F 14
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?			_	✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		L
			For	rm 99 0	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization					Employer identification	number				
JUNIOR ACHIEVEMENT OF ARIZONA INC		evice proceedings and the control of the		41-1-	86-018					
Part I Reason for Public Char						ns.				
The organization is not a private foundat										
	 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 									
4 A medical research organization hospital's name, city, and state	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
5 An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a governmenta	al unit described in				
 A federal, state, or local govern An organization that normally described in section 170(b)(1)(receives a subst	tantial part of its supp	in sectio port from	n 170(b) a goverr	(1)(A)(v). nmental unit or from	the general public				
8 A community trust described in										
9 An organization that normally in receipts from activities related support from gross investment acquired by the organization at	I to its exempt t nt income and fter June 30, 197	functions—subject to unrelated business t 75. See section 509(a	certain e axable in)(2). (Con	exceptior scome (le aplete Pa	ns, and (2) no more ess section 511 tax art III.)	than 331/3% of its				
 An organization organized and An organization organized and one or more publicly supported the box in lines 11a through 11c 	operated exclusiv organizations do that describes t	vely for the benefit of, escribed in section 50 the type of supporting	to perforn)9(a)(1) or organizat	n the fun section ion and c	ctions of, or to carry 509(a)(2). See secti complete lines 11e, 1	on 509(a)(3). Check 1f, and 11g.				
a Type I. A supporting organization (s) organization. You must com	the power to re	gularly appoint or ele	led by its ct a major	supporte rity of the	ed organization(s), ty e directors or trustee	pically by giving s of the supporting				
b Type II. A supporting organize control or management of the organization(s). You must control to the organization organi	e supporting org	anization vested in th	nection wi e same p	ith its supersons th	oported organization nat control or manag	n(s), by having te the supported				
c Type III functionally integra its supported organization(s)	ted. A supporting (see instructions	ng organization operate). You must comple	ed in con te Part IV	nection v , Sectio i	with, and functionally ns A, D, and E.	y integrated with,				
d Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	ed organization(s) an attentiveness				
e Check this box if the organize functionally integrated, or Tyl	ation received a pe III non-function	written determination onally integrated supp	from the orting org	IRS that ganizatio	it is a Type I, Type I n.	I, Type III				
f Enter the number of supported of										
g Provide the following information	about the supp	orted organization(s).								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the or listed in you docun	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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.)

Secti	on A. Public Support						
Calen	dar 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
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	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 from line 4.						13,555,585
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	2,389,434	2,868,767		3,089,241	2,694,608	13,830,554
8 9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,814	42,254	31,916	41,856	33,077	191,917
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,917	29,102	27,179	25,626	29,938	124,762
11	Total support. Add lines 7 through 10					40	14,147,233
12	Gross receipts from related activities, etc First five years. If the Form 990 is for the			a third fourth	or fifth toy w	12	903,244 n 501(a)(3)
13	organization, check this box and stop he					ear as a section	
Sacti	on C. Computation of Public Suppor			2 2 2 2 2			
14	Public support percentage for 2015 (line 6			11 column (fl)		14	95.82 %
15	Public support percentage for 2013 (into Control Support percentage from 2014 Sch					15	94.74 %
	331/3% support test—2015. If the organi						
	box and stop here. The organization qua						
b	331/3% support test-2014. If the organ	nization did no	t check a box	x on line 13 or	r 16a, and line	15 is 33 ¹ /3%	or more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganization .		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumsta ımstances" tes	ances" test, che st. The organiz	eck this box ar	nd stop here. E as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the neets the "facts	e "facts-and-c s-and-circums	ircumstances" stances" test. T	test, check th he organizatio	nis box and st on qualifies as a	op here.
40	supported organization						. •
18							. ▶ □

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 tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar 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	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 paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons .						1
L	Amounts included on lines 2 and 3						
b	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						
0	line 6.)	P /2 17 1					
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4) 2011	(0) 20.	(3)	(-)		
10a	Gross income from interest, dividends,						
iou	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						
С	Add lines 10a and 10b						
11	Net income from unrelated 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, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he		Q Q Q Q X				
Secti	on C. Computation of Public Suppo	rt Percentag	ge				
15	Public support percentage for 2015 (line	8, column (f) c	livided by line	13, column (f))		15	%
16	Public support percentage from 2014 Sc					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015	(line 10c, colu	mn (f) divided b	y line 13, colu	mn (f)) 🗼 🗼	17	%
18	Investment income percentage from 201	4 Schedule A,	Part III, line 17		* * * *	18	%
19a	331/3% support tests-2015. If the organ	nization did no	t check the bo	x on line 14, a	ind line 15 is r	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organizat	tion . 🕨 🗌
b	331/3% support tests-2014. If the organiz						
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

Part IV Supporting Organizations

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

Section A. Al	Supporting	Organizations
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Yes No 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 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 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below. 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. Зс Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 11a or 11b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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 organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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 5b designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) 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 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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

Part	V Supporting Organizations (continued)			
			Yes	No
11	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		
	A family member of a person described in (a) above?	11b		
С	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		
Secti	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Tes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see a The organization satisfied the Activities Test. Complete line 2 below. 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 a support of the complete line).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 "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.	2a		
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 engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	-		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		(D) 0 \ \(\)
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a 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):	111		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		THE THE	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	and the first of	
7 Check here if the current year is the organization's first as a non-functional instructions).	lly-in	tegrated Type III suppor	ting organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continued)	
Secti	on D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount		713	(:::)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a	Excess distributions ourly over, it any, to 2010.			
b				
c				
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)			
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	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 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 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.)
Schedule A	, Part II, Line 10 - \$16,800 Board Activities, \$2,382 Volunteer Provisions, \$1,265 Life Insurance Cash Surrender Value, \$1,204
	ous, \$8,287 Gaming Net.
	V
Season temperature	

•••••	

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SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Open to Public

Name	of the organization		Employer identification number
	OR ACHIEVEMENT OF ARIZONA INC		86-0184349
Pa	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	ēl
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	advisors in writing that the assets he organization's exclusive legal contr	neld in donor advised ool? Yes . No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that gra	for any other purpose
Pai	t II Conservation Easements. Complete if the organization answered	"Yes" on Form 990. Part IV. line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		of a historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Register .		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse	ervation easement is located >	ULISHESHER .
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	garding the periodic monitoring, in asements it holds?	spection, handling of
6	Staff and volunteer hours devoted to monitoring, inspec	eting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	ng handling of violations, and enforcing	conservation easements during the year
,	S	ng, nanamig or violations, and ornoroning	, 00.120.121.01. 0200.1101.110 20.1119 21.10 , 22.11
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
•			
9	In Part XIII, describe how the organization reports	conservation easements in its revenu	e and expense statement, and
J	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Pai	Organizations Maintaining Collection		r Other Similar Assets.
Called	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	3.
1a			
	works of art, historical treasures, or other simila	r assets held for public exhibition, e	education, or research in furtherance o
	public service, provide, in Part XIII, the text of the	footnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted under 5	SFAS 116 (ASC 958), to report in its	revenue statement and balance shee
	works of art, historical treasures, or other simila public service, provide the following amounts rela	r assets held for public exhibition, e	education, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line 1		, , , , > \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of an	t, historical treasures, or other simila	ar assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		• \$
h	Assets included in Form 990, Part X		> \$

	III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	ner records, che	ck any of the	followi	ing that are a si	gnificant u	se of it	3
а	☐ Public exhibition			or exchange					
b	☐ Scholarly research		e 🗌 Othe	r					
С	□ Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's collections a	and explain how	they further th	ne orga	anization's exem	pt purpos	e in Pai	t
5	During the year, did the organization assets to be sold to raise funds rather							□ No)
Part	IV Escrow and Custodial Arra								_
	Complete if the organization 990, Part X, line 21.							orm	
1a	Is the organization an agent, trustee included on Form 990, Part X?							□ No)
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following	table:					_
						Ar	nount		_
С	Beginning balance			A 50 50 50	1c				_
d					1d				_
е	Distributions during the year			5 5 5 5	1e				_
f	Ending balance		t A A B B B	5 5 5 5	1f	account liability	2 □ Voc		-
2a	If "Yes," explain the arrangement in P							H.''	,
Part		art Am. Oneck nere	on the explanation	on nas been p	TOVICE	d Offi are Affi .	• • • • • • • • • • • • • • • • • • • •		-
, and	Complete if the organization	answered "Yes"	on Form 990.	Part IV, line	10.				
-	3	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four ye	ars back	_
1a	Beginning of year balance	991,667	1,012,872	2 89	1,639	808,541		836,08	1
b	Contributions	5,000	5,000		5,000	5,000			0
С	Net investment earnings, gains, and								_
	losses	-9,114	18,40	16	1,583	106,492		91	3
	Grants or scholarships	7,233	7,78	7	6,846	5,833		5,34)
е	Other expenditures for facilities and programs	24 200	30,359		2,636	16,779		18,24	•
f	Administrative expenses	24,299 6,135	6,464		5,868	5,782		4,87	_
g	End of year balance	949,886	991,66		2,872	891,639		808,54	_
2	Provide the estimated percentage of t								_
а	Board designated or quasi-endowme		9 %						
b	Permanent endowment ▶	31 %	••						
C	Temporarily restricted endowment ▶	0 %							
	The percentages on lines 2a, 2b, and								
3а	Are there endowment funds not in the	e possession of th	ie organization th	nat are held a	nd adn	ninistered for the		1	_
	organization by:							es No	_
	(i) unrelated organizations						3a(i)	/ /	
L	(ii) related organizations			Cohodulo B2				/	-
ь 4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses						[30]		÷
Part			on o ondownion	1011001					-
1 010	Complete if the organization		" on Form 990.	Part IV. line	11a. S	See Form 990.	Part X, lir	ie 10.	
-	Description of property	(a) Cost or ot		or other basis		ccumulated	(d) Book		_
	,	(investm	ent)	(other)	de	preciation			-
1a	Land		0	457,700				457,70	0
b	Buildings		0	2,717,175		1,190,491		,526,68	4
c	Leasehold improvements		0	425,241		326,675		98,56	_
d	Equipment	,	0	417,142		278,885		138,25	_
Total	Other	nuot ocual Farm O	0 Part Y colum	189,579	. 1	178,374		11,20	_
LOTAL.	Add lines ta liftough le, (Column la) f	nust edual FUITI 9	ov. Fait A. CUIUII	11 (D), 1111 0 100				1436,41	_

Part VII	Investments – Other Securities. Complete if the organization answers		m 99	0 Part IV. line	e 11b. See For	m 990 Part X line 12.
	(a) Description of security or category (including name of security)) Book value	(c) M	lethod of valuation: nd-of-year market value
(1) Financia	derivatives	* * * * * * *				
(2) Closely-	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)		~~~~				
(E)						
(F)	********************************					
(G)	*************************************					
(H)						
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				to the later of	
Part VIII	Investments—Program Related		OO	O Dort IV lin	- 11- Coo For	m 000 Dart V line 10
-	Complete if the organization answ	wered tes on For		- "		
	(a) Description of investment		(D)) Book value		lethod of valuation: nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)				-		
(8)						
	(b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
T GITTIN	Complete if the organization answ	wered "Yes" on For	m 99	0. Part IV. line	e 11d. See For	m 990. Part X. line 15.
) Description	00	5 11 6 11111		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	# #		12 to 12 to 12	
Part X	Other Liabilities.					0
	Complete if the organization answ	wered "Yes" on For	m 99	0, Part IV, line	e 11e or 11f. S	ee Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value		* 111 9		
(1) Federal in	ncome taxes		0			
	om Foundation for JA of Arizona	51	5,946	1 () () () ()		
(3)						
(4)						
(5)						
(6)				ST 1 113		
(7)				P 1 5 1		
(8)				F 21 " F-		
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		5,946		1 1 1	
2. Liability fo	r uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to	the organizatior	n's financial stater	ments 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

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,	ents \	With Revenue per I	Returr	n.
	Total revenue, gains, and other support per audited financial statements			1	2,990,883
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,000,000
a	Net unrealized gains (losses) on investments	2a	-22,112	37	
b	Donated services and use of facilities	2b	40,075		
C	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	36,320		
e	Add lines 2a through 2d			2e	54,283
3	Subtract line 2e from line 1			3	2,936,600
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	* * * * * * *	5	2,936,600
Part		nents	With Expenses pe	r Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements	ng na	mmmmara a a	1	3,388,141
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Y .	is and		
а	Donated services and use of facilities	2a	40,075		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	83,559	- 1	
е	Add lines 2a through 2d	$\mathcal{E} = \mathcal{E}$	na na na na na na na na	2e	123,634
3	Subtract line 2e from line 1	100	per nor one one one one one	3	3,264,507
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	, localities relative to the second s			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	ne 18.)	(45_(4) (40 (40 34) 34) 34	5	3,264,507
Part	XIII Supplemental Information.	l. 4. D	Laure IV Climana de mando Ola	. David V	/ line / Dort V line
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	10 4; F	art IV, lines 1D and 2D	format	ion
Sched	lule D, Part V, Line 4 - The Endowment Funds are to be used to support the pr	ogram	s of Junior Achievemen	it of Ari	zona, inc
				(2) -£ A	
Sched	ule D, Part X, Line 2 - The Organization is exempt from federal and state inco	me tax	es under Section 501(c)	(3) 01 (ne internal
	nue Code and Section 43-1201(4) of the Arizona Revised Statutes. However, the				
	come that is derived from a trade or business, regularly carried on and not in				
exem	ption. The Organization utilizes the provisions of FASC 740-10, which prescrit	es a re	e be taken in a tay satu	n Pac	ad on the
for fir	ancial statement recognition and measurement of a tax position taken or exp	ected t	o pe taken in a tax retui	on in th	ed on the
	nization's evaluation of the June 30, 2013 through 2015 income tax returns and				
incon	ne tax returns, the Organization did not engage in activities or take uncertain t	ax pos	ho Organization is asso	ecod in	stareet or nonalties
or gei	nerate unrelated business income, which would be subject to taxation. In the ajor tax jurisdictions, it will be included in the provision for income taxes in th	evenii i	sinod financial stateme	ote The	Organization's
by ma	al and state income tax returns for the years ended June 30, 2013 through 201	e comi	ubject to possible ever	ninatio	hy the related
	a and state income tax returns for the years ended June 30, 2013 through 2011 authorities. The taxing authorities generally have a period of three years after				
taxing	authorities. The taxing authorities generally have a period of three years are	i tile i	cturing were med to exa	mino ci	Miller
Caba	dule D, Part XI, Line 2d - (\$44,373) Revenue of combined related organizations	net of	eliminations \$406.453	Specia	l Events
	use. (\$124,890) Gift-in-kind inventory used in Special Events, \$12,419 Gaming				
	rs netted against revenues in the audited financial statements and (\$3) of acc			0313 01	Deficited to
Doug	rs netted against revenues in the addited infancial statements and (\$5) of acc	umulal	ca rounding.		
Call	dule D, Part XII, Line 2d - \$2,871 Expenses of combined related organizations,	net of	eliminations \$406.452	Special	Events Expense
	sule D, Part XII, Line 2d - \$2,871 Expenses of combined related diganizations, 890) Gift-in-kind inventory used in Special Events, \$12,419 Gaming Expenses				
	against revenues in the audited financial statements and (\$8) of accumulate				
пеце					

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury 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.

OMB No. 1545-0047

JUNIOR ACHIEVEMENT OF ARIZONA IN				100		184349
Part I Fundraising Activities. Form 990-EZ filers are r				ered "Yes" on Fo	rm 990, Part IV, II	ne 17.
1 Indicate whether the organization a	n raised funds ti ns tten or oral agre	e V f V g V	of the follo Solicitation Solicitation Special f	on of non-governm on of government g undraising events dual (including office	ent grants Irants ers, directors, truste	ees ☑ Yes ☐ No
b If "Yes," list the ten highest paid compensated at least \$5,000 by	d individuals or e	ntities (fund				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have r control 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
1 See Schedule G, Part IV, Statement		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total	anization is regis	tered or lic	▶ ensed to s	355,500 solicit contributions	50,400 or has been notifie	305,100 d it is exempt from
registration or licensing. All States						

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.

		groot rootipto grouter and	40,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			JA Open	Stock Market Challenge	5	(add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	460,857	157,059	615,813	1,233,729
æ	2	Less: Contributions Gross income (line 1 minus	365,657	139,809	514,977	1,020,443
_		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
enses	6	Rent/facility costs	16,729	500	56,707	73,936
Direct Expenses	7	Food and beverages	37,604	18,567	8,429	64,600
Direc	8	Entertainment	950	0	1,000	1,950
	9	Other direct expenses	79,234	13,226	72,561	165,021
	10 11	Direct expense summary. Ad Net income summary. Subtra				406,453 -193,167
Pa	rt III					
		than \$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1_	Gross revenue	0	0	20,706	20,706
ses	2	Cash prizes	0	0	4,303	4,303
Direct Expenses	3	Noncash prizes . ", ",	0	0	7,797	7,797
Direct	4	Rent/facility costs	0	0	0	0
_	5	Other direct expenses .	0 Ves %	0	319 Yes %	319
	6	Volunteer labor	☐ Yes% ☑ No	☐ Yes% ☑ No	☐ Yes% ☑ No	
	7	Direct expense summary. Ad	dd lines 2 through 5 in c	olumn (d)		12,419
_	8	Net gaming income summary	y. Subtract line 7 from I	ine 1, column (d)		8,287
9	F	nter the state(s) in which the or	ganization conducts ga	ming activities: A7		
		s the organization licensed to co	=		 5?	☐ Yes ☑ No
				Revised Statute, we are		to conduct raffles.
	F	Raffle is the only gaming activity				
10		Vere any of the organization's g "Yes," explain:	_		ited during the tax year	? . ☐ Yes ☑ No
	1670					AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

cnedu	le G (Form 990 or 990-EZ) 2015
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ► Sherrie Cantrell
	Address ► 636 W Southern Avenue Tempe, AZ 85282
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
	Name ▶
	Address►
16	Gaming manager information:
	Name ► Sherrie Cantrell
	Gaming manager compensation ► \$0
	Description of services provided Recordkeeping, money counting.
	☑ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ 0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
•••••	

Schedule G, Part IV, Statement 1

Form: Schedule G

Page: 1

Line Number: Part I Line 2b

JUNIOR ACHIEVEMENT OF ARIZONA INC 86-0184349

Fundraiser Activity Information

Name and Address	Activity	C1	Gross	C2	C3
Name and Address	Activity		Receipts		
Kim Joyce and Associates LLC PO Box 30606	Grant writing	No	355,500	50,400	305,100
Phoenix, AZ 85046					
Total:			355,500	50,400	305,100

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

JUNIOR ACHIEVEMENT OF ARIZONA INC

Grants and Other Assistance to Organizations, 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 Inspection 2015

OMB No. 1545-0047

Employer identification number

86-0184349

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

JUNIOR ACHIEVEMENT OF ARIZONA INC						86-0184349
Part I General Information on Grants and Assistance	ts and Assistance					
1 Does the organization maintain records to substantiate th	to substantiate the amo	unt of the grants or	assistance, the o	grantees' eligibility fo	le amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criteria used to award the grants or assistance?	grants or assistance?	*	* * * *			↑ ✓ Yes □ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rocedures for monitoring	the use of grant fu	nds in the United	States.		
Part II 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 that received more than \$5,000. Part II can be duplicated if additional space is needed.	to Domestic Organi	zations and Don	nestic Governn Part II can be c	nents. Complete il Juplicated if additi	the organization answonal space is needed.	ered "Yes" on Form
1 (a) Name and address of organization or government	N (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)						
(2)						
(6)						
(4)						
(5)						
(6)						
ω						
(8)						
(6)						
(10)						
(11)						
(12)						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government organized in the line 1 tab	ations listed in the	line 1 table			3 >
2	structions for Form 990.			Cat. No. 50055P		Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)	m 990) (2015) Grants and Other Assistance to Domestic		S Complete if the	e organization answ	Individuals Complete if the organization answered "Yes" on Form 990. Part IV. line 22.	Page Part IV. line 22.
	Part III can be duplicated if additional space is needed					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See Sch	1 See Schedule I, Part IV, Statement 1					
8						
ო						
4						
ಬ						
9						
_						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information re	quired in Part I, lir	ne 2, Part III, columi	(b), and any other addit	ional information.
Schedule I, program sta	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 programs and/or completed the program. All 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 papework is cross referenced with that of the volunteers. Once program completion is verified, the stipend is then paid.	gram completion is vehich volunteers have. Once program con	verified. Teachers, w ve been recruited, tra npletion is verified, tl	impletion is verified. Teachers, who coordinate the deliviblenteers have been recruited, trained, started the Junio program completion is verified, the stipend is then paid.	ery of Junior Achievement pr r Achievement program and/	ograms at their campuses, report or completed the program. All
						ACCUMULATION OF A PARTY I STORY
						TON CERT HEIGHT BITTERS

Schedule I, Part IV, Statement 1

JUNIOR ACHIEVEMENT OF ARIZONA INC 86-0184349

Form: Schedule I Page: 2

Line Number: Part III

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non cash asst
Type of grant	See Schedule I, Part IV, Statement 1	59	22,525	(
Method of valuation	book			
Desc. of Non-Cash Asst.	The amount of stipends paid to individuals on Schedule I, Part III, represents only cash payments to teachers, while the grants expe			
	on Form 990, Part III, Line 4a includes payments to schools as we accrued expenses for stipends not yet paid at the end of the fiscal			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

JUNIO	DR ACHIEVEMENT OF ARIZONA INC 86-01843	349		
Part	Questions Regarding Compensation			
			Yes	No
1a	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		dia.	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		- 11	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	100		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	1		
	1a?	2		
3	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	150		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		l H	
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			[3]
	Form 990 of other organizations Approval by the board or compensation committee	A =1		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1 8		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	1	†
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Ť	1
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			10
	The total of the system of the			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	10 10		N.
	compensation contingent on the revenues of:			
а	The organization?	5a		V
b	Any related organization?	5b		1
	If "Yes" to line 5a or 5b, describe in Part III.	100		
		11.1	1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	6-		1
a	The organization?	6a 6b	-	1
b	Any related organization?	OD		V
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	-		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			1
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation	200	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Botisement and	oldovoteck (C)	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(G)-(J)(B)	in column (B) reported as deferred on prior Form 990
Joyce Richards, President	(3)	180.255	0	0	10,024	3,955	194,234	0
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Schedule J (Form 990) 2015 Part III Supplemental Information

equired for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par	
o, 6a, 6b, 7, and 8, and for I	
1a, 1b, 3, 4a, 4b, 4c, 5a, 5I	
or descriptions required for Part I, lines	
Provide the information, explanation, or	for any additional information.

Schedule J, Part I, Line 3 - The State Board of Directors has a compensation sub-committee that reviews compensation of the President and the 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 Criter Financial Officer and in October 2015 for the President.
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Schedule J, Part I, Line 4 - 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 Organization does not contribute	ll,							
Schedule J,	Organization	to this plan.							

Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

JUNIO	R ACHIEVEMENT OF ARIZONA INC					86-018434	9		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash con amounts repo Form 990, Part	orted on	Method o			
1	Art-Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded								
10	Securities—Closely held stock of								
11	Securities-Partnership, LLC,								
	or trust interests								
12	Securities-Miscellaneous								_
13	Qualified conservation								
	contribution — Historic								
	structures								
14	Qualified conservation contribution—Other								
15	Real estate-Residential								
16	Real estate—Commercial								
17	Real estate-Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (Fundraising Items)	✓	274			Cost of items			_
26	Other ► (Program materials)	✓	18			Cost of item		_	
27	Other ► (Administrative)	V	24			Cost of item			_
28	Other ► (Furniture and Equip) Number of Forms 8283 received	l by the or	11			Cost of item	3		
29	which the organization completed					29			0
	William the organization completed	11 01111 020	5, 1 art IV, Dones Acknowle	agement .	8 8 8	29		Yes	
00-	D the committee of the committee	*! <u></u>	hu contribution one prope	arty roported in	Dort L lines	1 through	-		110
30a	During the year, did the organiza 28, that it must hold for at least t	tion receive	from the date of the initial of	erty reported in	ran i, iiile: 1 which is n	ot required			
	to be used for exempt purposes						30a		1
_			to flording portour.				Jua		
	If "Yes," describe the arrangement Does the organization have a		otance policy that require	s the review	of any no	n-standard			
31	contributions?	•					31	1	
20-	Does the organization hire or us						31	¥	
32a	contributions?						20-		
							32a	/	
	If "Yes," describe in Part II. If the organization did not report a	n amount i	a column (a) for a tuno of pro	nnerty for which	column (a)	ie chackad	- 72	-	
33	describe in Part II.	iii aiiiouiii ii	robidinin (b) for a type of pro	operty for which	column (d)	is checked,			

Page 2 Schedule M (Form 990) (2015) Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Schedule M, Part I, Line 32b - The organization solicits non-cash contributions through the volunteer members of its special events committees. Some of these committee members may also be members of the governing board or a district board. Items solicited are primarily used for fundraising auctions at special events.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number 86-0184349

JUNIOR ACHIEVEMENT OF ARIZONA INC

Form 990, Part I, Line 6 - The total number of volunteers listed in Part I, Line 6 includes volunteers who helped with our special event fundraisers, performed general administrative tasks and program delivery. The volunteers who helped with our special event fundraisers and performed general administrative tasks are not included in the number of volunteers who delivered our programs as stated on Part I, Line 1.

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: 89% believe the skills they learned through the program will help them get a good job; 87% feel that the program connects what they learned in the classroom to real life; and 71% gained an increased interest in STEM-related careers

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 knowledge 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.

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.

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.

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.

Form 990, Part VI, Section B, Line 11b - 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.

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 board members are referred to the President and the Board Chair. Compliance issues regarding board members are referred to the President of Employment and Employee Relations or his/her designee.

Form 990, Part VI, Section B, Line 15 - The State Board of Directors has a Compensation Subcommittee that reviews 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

Schedule O (Form 990) 2015 Page 2

Supplemental Information (Continued)

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.
Form 990, Part VI, 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.
Form 990, Part IX, Line 24e - The (\$3,745) in the column C is due to vendor discounts taken for early payment on invoices.
Form 990, Part IX, Line 25 - 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.
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SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

JUNIOR ACHIEVEMENT OF ARIZONA INC

Part

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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2015	City of Cond

OMB No. 1545-0047

Employer identification number Inspection

86-0184349

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 (f)
Direct controlling
entity ŝ 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. Yes (f)
Direct controlling entity (e) End-of-year assets Z V 11A N/A 11A (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(C)3 501(C)3 (c)
Legal domicile (state
or foreign country) Cat. No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity AZ AZ Administration of funds for benefit of JA Administration of funds for benefit of JA (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) Foundation for Junior Achievement of Arizona Inc (94-2823694) (2) Steven G Mihaylo Junior Achievement Foundation (94-2868929) (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 636 W Southern Ave, Tempe, AZ 85282 636 W Southern Ave, Tempe, AZ 85282 Part II 9 ල 9 E (2) 3 4 (2) 4 (2) 8

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.

(k) Percentage ownership									Section 512(b)(13) controlled entity?	2								0) 2015
								art IV	(i) section 51 contro entit	Yes								orm 99
General or managing partner?								990, F	(h) Percentage Sownership									Schedule R (Form 990) 2015
								Form										Schedu
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								Identification of Related Organizations Taxable as a Corporation or Trust Complete if 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.	(g) Share of end-of-year assets									
(h) Disproportionate allocations?								swered										
of- Dispropol								ion an year.	(f) Share of total income									
(g) Share of end-of- year assets								organizat ig the tax	trust)									
(f) Share of total Income								e if the st durir	(e) Type of entity corp, S corp, or									
(f) Share of to income								mplete or trus										
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								Trust Co	(d) Direct controlling entity									
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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Yes No	`	>		`			>	>	>	1	,		,	,	-	>			1	`		U			nolds.		nvolved				*						Schedule R (Form 990) 2015
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. Complete line 1 if any entity is listed in Parts II, III, or IV o During the tax year, did the organization engage in any of	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)		Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Evolution of conote with voluted eventuation(c)	ישונל לישונל לישונל	Lease of Jacillites, equipment, of other assets to related organization (s)	(a) more and the contract of t	0 00	Performance of services of mermbership of fundraising solicitations to related of gainstain (s)	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)		Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses	i	Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	e ansv			nedule									
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following tr	Rec	Gift,	Gift,	Loar	Loar		Divic	Sales		2 1) i	ğ	-	בי בי בי				Sha		Rein	Rein		Oth	ğ	±			See Schedule R, Part VII, Statement 1									
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37, Part VI

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.

	Legal domicie (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all parmers section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations? Yes No	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	Percentage ownership
(1)									
(2)									
(6)									
(4)									
(5)									
(9)									
(7)									
(8)									
(6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

chedule R (F		Page \$
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	

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Schedule R, Part VII, Statement 1

Form: Schedule R

Page: 3

Line Number: Part V Line 2

Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	Foundation for Junior Achievement of Arizona Inc	20,515
Fransaction type	C	
Method of determining amt. involved	Cash receipts	
Name	Steven G Mihaylo Junior Achievement Foundation	9,269
Fransaction type	c	
Method of determining amt. involved	Cash receipts	
Name	Foundation for Junior Achievement of Arizona Inc	515,946
Transaction type	е	
Method of determining amt. involved	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.	
Name	Foundation for Junior Achievement of Arizona Inc	0
Transaction type	n	
Method of determining amt. involved	Junior Achievement of Arizona, Inc. provides a conference room for the board of	
	trustees meetings. No value is assigned as amounts are not significant.	
Name	Steven G Mihaylo Junior Achievement Foundation	C
Transaction type	n	
Method of determining amt. involved	Junior Achievement of Arizona, Inc. provides a conference room for the board of	
	trustees meetings. No value is assigned as amounts are not significant.	
Name	Foundation for Junior Achievement of Arizona Inc	C
Transaction type	0	
Method of determining amt. involved	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.	
Name	Steven G Mihaylo Junior Achievement Foundation	C
Transaction type	0	
Method of determining amt. involved	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.	
	Foundation for Junior Achievement of Arizona Inc	295
Transaction type	q	
Method of determining amt. involved	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.	
Name	Steven G Mihaylo Junior Achievement Foundation	10
Transaction type	q	
Method of determining amt. involved	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.	
Name	Foundation for Junior Achievement of Arizona Inc	10,500
Transaction type	r	
Method of determining amt. involved	5% annual interest rate on outstanding balance of the operating loan, paid monthly.	
Name	Foundation for Junior Achievement of Arizona Inc	7,208
Transaction type	S	,
Method of determining amt. involved	Eamings on restricted funds from The Foundation for Junior Achievement of Arizona,	
💆	Inc.	