

JA WORLDWIDE
FORM 990
TAX YEAR 2009

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization JA WORLDWIDE	D Employer identification number 84-1267604
		Doing Business As	E Telephone number (719) 540-6235
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE EDUCATION WAY	G Gross receipts \$ 41,484,802.
		City or town, state or country, and ZIP + 4 COLORADO SPRINGS, CO 80906	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: SEAN RUSH ONE EDUCATION WAY COLORADO SPRINGS, CO 80906		H(c) Group exemption number ▶ 1116	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.JA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992 M State of legal domicile: CO	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	54	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	53	
	5	Total number of employees (Part V, line 2a)	5	101	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	22,321,320.	22,132,445.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,427,645.	4,340,891.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	281,100.	78,736.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,018,649.	7,255,321.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	34,048,714.	33,807,393.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	9,343,965.	11,860,810.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
16 a		Professional fundraising fees (Part IX, column (A), line 11e)	10,094,716.	9,610,697.	
b		Total fundraising expenses, Part IX, column (D), line 25 ▶ 1,409,921.	0.	0.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	16,587,874.	16,253,890.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,026,555.	37,725,397.	
	19	Revenue less expenses. Subtract line 18 from line 12	-1,977,841.	-3,918,004.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
21		Total liabilities (Part X, line 26)	28,239,583.	24,817,339.	
22		Net assets or fund balances. Subtract line 21 from line 20	8,787,289.	8,761,526.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00290681
	Firm's name (or yours if self-employed) address, and ZIP + 4 ▶ BKD, LLP 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848	EIN ▶ 44-0160260	Phone no. ▶ 719 471-4290	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
JUNIOR ACHIEVEMENT EDUCATES AND INSPIRES YOUNG PEOPLE IN THE UNITED STATES AND AROUND THE WORLD TO VALUE FREE ENTERPRISE, BUSINESS, AND ECONOMICS TO IMPROVE THE QUALITY OF THEIR LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 31,189,597. including grants of \$ 11,860,810.) (Revenue \$ 11,596,212.)
THE ORGANIZATION ASSISTED ITS US MEMBERS AND INTERNATIONAL MEMBERS AROUND THE WORLD IN SETTING UP AND/OR MAINTAINING THEIR OWN ORGANIZATION TO ADMINISTER JUNIOR ACHIEVEMENT PROGRAMS. JA'S MEMBERS REACHED APPROXIMATELY 9.9 MILLION ELEMENTARY THROUGH POST SECONDARY STUDENTS FOR THE YEAR ENDED 6/30/2010.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

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

4e Total program service expenses ▶ 31,189,597.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their completion status (Yes/No/X).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other organizational activities.

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a-7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (54), 1b Enter the number of voting members that are independent (53), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JA WORLDWIDE ONE EDUCATION WAY COLORADO SPRINGS, CO 80906 719-540-6235

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

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AINAR D AIJALA JR CHAIR	2.00	X		X				0.	0.	0.
ALEJANDRO LUIS BOTTAN DIRECTOR	2.00	X						0.	0.	0.
MICHAEL BRAY DIRECTOR	2.00	X						0.	0.	0.
CATHERINE S BRUNE DIRECTOR	2.00	X						0.	0.	0.
SUSAN B BUTLER DIRECTOR	2.00	X						0.	0.	0.
N JUSTIN CHINYANTA DIRECTOR	2.00	X						0.	0.	0.
PAUL C CHOU DIRECTOR	2.00	X						0.	0.	0.
JORGEN M CLAUSEN DIRECTOR	2.00	X						0.	0.	0.
GERALD M CZARNECKI DIRECTOR	2.00	X						0.	0.	0.
CHARLES H DANA DIRECTOR	2.00	X						0.	0.	0.
RALPH DE LA VEGA CHAIR/CO-CHAIR	2.00	X		X				0.	0.	0.
MICHEL DE WOLF SECRETARY	2.00	X		X				0.	0.	0.
SAMUEL A DIPIAZZA JR DIRECTOR	2.00	X						0.	0.	0.
MICHAEL L DUCKER DIRECTOR	2.00	X						0.	0.	0.
EDWARD G GALANTE DIRECTOR	2.00	X						0.	0.	0.
PETER GBEDEMAH DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BENGT GUNNARSSON DIRECTOR	2.00	X						0.	0.	0.
ELWOOD D HOWSE JR DIRECTOR	2.00	X						0.	0.	0.
DON HUMPHREYS TREASURER	2.00	X		X				0.	0.	0.
CHARITY JINYA DIRECTOR	2.00	X						0.	0.	0.
CLYDE D KEATON DIRECTOR	2.00	X						0.	0.	0.
LARRY LEVA DIRECTOR	2.00	X						0.	0.	0.
ARTHUR D LITTLE DIRECTOR	2.00	X						0.	0.	0.
WALTER LOEWENSTERN DIRECTOR	2.00	X						0.	0.	0.
DANA MANCIAGLI DIRECTOR	2.00	X						0.	0.	0.
SIMON MARTIN DIRECTOR	2.00	X						0.	0.	0.
PER MOLLER DIRECTOR	2.00	X						0.	0.	0.
KRISTIAN P MOOR DIRECTOR	2.00	X						0.	0.	0.
BRUCE P NOLOP DIRECTOR	2.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								2,548,383.	0.	725,659.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **20**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **16**

Part VIII Statement of Revenue

84-1267604

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	1,166,160.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	20,966,285.				
	g Noncash contributions included in lines 1a-1f: \$		447,573.				
	h Total. Add lines 1a-1f			22,132,445.			
Program Service Revenue		Business Code					
	2a AREA LICENSE FEES		611710	4,340,891.	4,340,891.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			4,340,891.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	ATTACHMENT 4		222,245.			222,245.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	2,206,379.	16,467.				
	b Less: cost or other basis and sales expenses	2,286,355.	80,000.				
	c Gain or (loss)	-79,976.	-63,533.				
	d Net gain or (loss)			-143,509.			-143,509.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events			0.				
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a	12,357,893.					
b Less: cost of goods sold	b	5,311,054.					
c Net income or (loss) from sales of inventory	ATCH. 9		7,046,839.	7,046,839.			
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS		900099	208,482.	208,482.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			208,482.				
12 Total Revenue. See instructions			33,807,393.	11,596,212.		78,736.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	5,135,413.	5,135,413.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	6,725,397.	6,725,397.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,690,206.	1,856,242.	511,139.	322,825.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	4,923,814.	3,508,661.	1,193,581.	221,572.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	584,368.	416,414.	141,657.	26,297.
9 Other employee benefits	968,841.	690,386.	234,857.	43,598.
10 Payroll taxes	443,468.	316,011.	107,501.	19,956.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	285,268.	71,317.	213,951.	
c Accounting	119,656.	29,914.	89,742.	
d Lobbying	173,324.	155,992.	17,332.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	903,510.	647,907.	157,572.	98,031.
12 Advertising and promotion	1,910,564.	1,392,827.	429,224.	88,513.
13 Office expenses	749,877.	600,678.	112,103.	37,096.
14 Information technology	3,513,811.	2,971,194.	454,716.	87,901.
15 Royalties	0.			
16 Occupancy	470,015.	308,330.	138,983.	22,702.
17 Travel	994,275.	743,356.	221,831.	29,088.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	831,785.	673,746.	133,086.	24,953.
20 Interest	41,910.		41,910.	
21 Payments to affiliates	916,599.	916,599.		
22 Depreciation, depletion, and amortization . . .	2,610,754.	1,984,173.	561,312.	65,269.
23 Insurance	36,000.	23,616.	10,645.	1,739.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a R & D -----	2,376,161.	2,021,424.	354,737.	0.
b FUNDRAISING EXPENSE -----	320,381.	0.	0.	320,381.
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	37,725,397.	31,189,597.	5,125,879.	1,409,921.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	260,921.	1	3,993,921.
	2 Savings and temporary cash investments	675,757.	2	619,628.
	3 Pledges and grants receivable, net	5,021,985.	3	2,566,514.
	4 Accounts receivable, net	1,648,263.	4	1,574,012.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,009,012.	8	4,676,082.
	9 Prepaid expenses and deferred charges	753,047.	9	203,412.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,580,806.		
	b Less: accumulated depreciation	10b 8,719,643.	7,551,917.	10c 4,861,163.
	11 Investments - publicly traded securities	ATCH . 6	6,318,681.	11 6,322,607.
	12 Investments - other securities. See Part IV, line 11			12
	13 Investments - program-related. See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11			15
16 Total assets. Add lines 1 through 15 (must equal line 34)		28,239,583.	16 24,817,339.	
Liabilities	17 Accounts payable and accrued expenses	4,100,086.	17	4,034,890.
	18 Grants payable		18	
	19 Deferred revenue	ATCH . 7	503.	19 87,399.
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,034,537.	21	4,083,942.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	ATCH . 8	652,163.	23 555,295.
	24 Unsecured notes and loans payable to unrelated third parties			24
25 Other liabilities. Complete Part X of Schedule D			25	
26 Total liabilities. Add lines 17 through 25		8,787,289.	26 8,761,526.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,977,293.	27	7,469,150.
	28 Temporarily restricted net assets	11,475,001.	28	8,586,663.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		19,452,294.	33 16,055,813.	
34 Total liabilities and net assets/fund balances		28,239,583.	34 24,817,339.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization JA WORLDWIDE	Employer identification number 84-1267604
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied; 3 Value of services or facilities; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description and Percentage. Rows include: 14 Public support percentage for 2009 (77.40%); 15 Public support percentage from 2008 Schedule A (82.99%); 16a 33 1/3 % support test - 2009 (checked); 16b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 15, 16. Rows include: 15 Public support percentage for 2009; 16 Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 17, 18. Rows include: 17 Investment income percentage for 2009; 18 Investment income percentage from 2008 Schedule A, Part III, line 17.

19 a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Schedule of Contributors

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

2009

Name of the organization

JA WORLDWIDE

Employer identification number

84-1267604

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year ▶ \$ _____

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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization JA WORLDWIDE

Employer identification number

84-1267604

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 2,844,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 825,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 658,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,504,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 963,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 2,587,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization JA WORLDWIDE

Employer identification number

84-1267604

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 1,252,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,692,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 930,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization JA WORLDWIDE	Employer identification number 84-1267604
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	173,324.													
c	Total lobbying expenditures (add lines 1a and 1b)	173,324.													
d	Other exempt purpose expenditures	37,552,073.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	37,725,397.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	221,941.	210,905.	169,890.	173,324.	776,060.
d Grassroots nontaxable amount	0.	0.	0.	0.	0.
e Grassroots ceiling amount (150% of line 2d, column (e))					0.
f Grassroots lobbying expenditures	0.	0.	0.	0.	0.

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

JA WORLDWIDE

Employer identification number

84-1267604

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,475,001.	12,708,495.			
b Contributions	6,823,776.	7,806,932.			
c Net investment earnings, gains, and losses	70,295.	-13,701.			
d Grants or scholarships					
e Other expenditures for facilities and programs	9,782,409.	9,026,725.			
f Administrative expenses					
g End of year balance	8,586,663.	11,475,001.			

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

- a Board designated or quasi-endowment ▶ 0.0000 %
- b Permanent endowment ▶ 0.0000 %
- c Term endowment ▶ 100.0000 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,260,730.		1,260,730.
b Buildings		4,120,471.	3,043,079.	1,077,392.
c Leasehold improvements				
d Equipment		1,307,555.	759,421.	548,134.
e Other		6,892,050.	4,917,143.	1,974,907.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,861,163.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	33,807,393.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	37,725,397.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,918,004.
4	Net unrealized gains (losses) on investments	4	521,523.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	521,523.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-3,396,481.

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

1	Total revenue, gains, and other support per audited financial statements	1	28,777,210.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	521,523.
b	Donated services and use of facilities	2b	998,050.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	5,311,054.
e	Add lines 2a through 2d	2e	6,830,627.
3	Subtract line 2e from line 1	3	21,946,583.
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	
b	Other (Describe in Part XIV.)	4b	11,860,810.
c	Add lines 4a and 4b	4c	11,860,810.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	33,807,393.

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

1	Total expenses and losses per audited financial statements	1	32,173,691.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	998,050.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	5,311,054.
e	Add lines 2a through 2d	2e	6,309,104.
3	Subtract line 2e from line 1	3	25,864,587.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	11,860,810.
c	Add lines 4a and 4b	4c	11,860,810.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,725,397.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART XII, LINE 2D

OTHER REVENUE ON BOOKS NOT ON RETURN

COST OF GOODS SOLD RECLASSIFIED FROM EXPENSE AND NETTED

AGAINST REVENUE	5,311,054
-----------------	-----------

PART XIII, LINE 2D

OTHER EXPENSE ON BOOKS NOT ON RETURN

COST OF GOODS SOLD RECLASSIFIED FROM EXPENSE AND NETTED

AGAINST REVENUE	5,311,054
-----------------	-----------

PART V, QUESTION 4

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

TEMPORARILY RESTRICTED FUNDING AND GRANTS HAVE BEEN DONOR RESTRICTED FOR SPECIFIC PURPOSES OR SPECIFIED TIME FRAMES. RESTRICTIONS ARE FOR THE DEVELOPMENT OF VARIOUS TYPES OF CURRICULUM: AFTER SCHOOL, ONLINE PROGRAMS, ETHICS CURRICULUM, AND PERSONAL FINANCIAL LITERACY PROGRAMS. GRANTS PROVIDE LEADERSHIP, MARKETING AND AWARENESS, AND SCHOLARSHIP AWARDS.

PART IV, QUESTION 2B

TRUST, ESCROW, AND CUSTODIAL ARRANGEMENTS

THE ORGANIZATION ASSISTS ITS INTERNATIONAL MEMBERS AROUND THE WORLD IN SETTING UP THEIR OWN ORGANIZATIONS TO ADMINISTER JUNIOR ACHIEVEMENT PROGRAMS. THE ORGANIZATION HOLDS FUNDS ON BEHALF OF CERTAIN INTERNATIONAL MEMBERS FOR THEIR U.S. EXPENSES. THESE ARE INCLUDED IN CASH AND CASH EQUIVALENTS AND INVESTMENTS ON THE STATEMENTS OF FINANCIAL

Part XIV Supplemental Information (continued)

POSITION AND TOTAL \$3,029,812 AND \$3,630,718 AS OF JUNE 30, 2010 AND
2009, RESPECTIVELY.

PART XII, LINE 4B

OTHER REVENUE ON RETURN NOT ON BOOKS

DESIGNATED CONTRIBUTIONS TO US JA OFFICES AND MEMBER

NATIONS TREATED AS AGENCY TRANSACTIONS FOR FINANCIAL

STATEMENT PURPOSES

11,860,810

PART XIII, LINE 4B

OTHER EXPENSE ON RETURN NOT ON BOOKS

DESIGNATED CONTRIBUTIONS TO US JA OFFICES AND MEMBER

NATIONS TREATED AS AGENCY TRANSACTIONS FOR FINANCIAL

STATEMENT PURPOSES

11,860,810

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

JA WORLDWIDE

Employer identification number

84-1267604

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the 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? **Yes** **No**

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		714,349.
EAST ASIA AND THE PACIFIC			GRANTMAKING		985,464.
EUROPE			GRANTMAKING		1,676,916.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		890,508.
NORTH AMERICA			GRANTMAKING		753,006.
RUSSIA/INDEPENDENT STATES			GRANTMAKING		214,366.
SOUTH AMERICA			GRANTMAKING		772,966.
SOUTH ASIA			GRANTMAKING		79,965.
SUB-SAHARAN AFRICA			GRANTMAKING		637,857.
SUB-SAHARAN AFRICA			FUNDRAISING		0.
EUROPE			FUNDRAISING		0.
CENTRAL AMERICA/CARIBBEAN			FUNDRAISING		0.
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	ECONOMIC EDUCATION PRG	59,341.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	ECONOMIC EDUCATION PRG	639,727.
RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	ECONOMIC EDUCATION PRG	128,530.
Totals ▶					7,552,995.

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

Schedule F (Form 990) 2009

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	10,000.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	18,000.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	212,018.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	30,778.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	15,426.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	17,446.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	303,300.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	22,400.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	8,000.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	8,000.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	453,379.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	91,400.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	51,500.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	43,000.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	40,000.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	32,500.	WIRE TRNSFR			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 82

3 Enter total number of other organizations or entities 0

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

FORM 990, SCH F., PART I, QUESTION 2

GRANTS ARE TO JA MEMBER NATIONS ONLY. MOST OF THE FUNDING FOR THE GRANTS

ARE PROVIDED BY DONORS WHO PLACE RESTRICTIONS ON THE USE OF THE MONIES.

GRANT USAGE REQUIREMENTS VARIES BY DONOR. THE REPORTING REQUIRED IS

SUBMITTED TO THE ORGANIZATIONS GRANT STEWARD OR DIRECTLY TO THE DONOR.

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	17,500.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	15,000.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	84,525.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	60,500.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	20,000.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	10,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	59,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	6,500.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	72,895.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	30,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	15,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	16,400.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	33,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	145,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	82,500.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	107,817.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	462,437.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	6,500.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	10,000.	WIRE TRNSFR			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	10,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	40,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	50,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	35,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	172,500.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	7,500.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	50,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	15,000.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	188,200.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	48,500.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	119,750.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	6,000.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	68,500.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	6,000.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	26,000.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	38,000.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	55,000.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	10,000.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	191,000.	WIRE TRNSFR			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	273,163.	WIRE TRNSFR			
			NORTH AMERICA	EDUCATION PROGRAMS	198,588.	WIRE TRNSFR			
			NORTH AMERICA	EDUCATION PROGRAMS	538,720.	WIRE TRNSFR			
			RUSSIA	EDUCATION PROGRAMS	8,640.	WIRE TRNSFR			
			RUSSIA	EDUCATION PROGRAMS	14,000.	WIRE TRNSFR			
			RUSSIA	EDUCATION PROGRAMS	29,500.	WIRE TRNSFR			
			RUSSIA	EDUCATION PROGRAMS	115,001.	WIRE TRNSFR			
			SOUTH AMERICA	EDUCATION PROGRAMS	121,784.	WIRE TRNSFR			
			SOUTH AMERICA	EDUCATION PROGRAMS	315,500.	WIRE TRNSFR			
			SOUTH AMERICA	EDUCATION PROGRAMS	15,000.	WIRE TRNSFR			
			SOUTH AMERICA	EDUCATION PROGRAMS	115,420.	WIRE TRNSFR			
			SOUTH AMERICA	EDUCATION PROGRAMS	11,000.	WIRE TRNSFR			
			SOUTH AMERICA	EDUCATION PROGRAMS	12,500.	WIRE TRNSFR			
			SOUTH AMERICA	EDUCATION PROGRAMS	35,500.	WIRE TRNSFR			
			SOUTH AMERICA	EDUCATION PROGRAMS	50,000.	WIRE TRNSFR			
			SOUTH ASIA	EDUCATION PROGRAMS	49,500.	WIRE TRNSFR			
			SOUTH ASIA	EDUCATION PROGRAMS	20,000.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	63,000.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	125,798.	WIRE TRNSFR			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	12,500.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	25,000.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	88,500.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	37,500.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	82,000.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	58,000.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	43,000.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	37,000.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	53,000.	WIRE TRNSFR			
			CENT. AMERICA/CARIBBEAN	EDUCATION PROGRAMS	52,327.	WIRE TRNSFR			
			EAST ASIA/PACIFIC	EDUCATION PROGRAMS	66,160.	WIRE TRNSFR			
			EUROPE/ICELAND/GREENLAND	EDUCATION PROGRAMS	60,176.	WIRE TRNSFR			
			MIDDLE EAST/NORTH AFRICA	EDUCATION PROGRAMS	47,095.	WIRE TRNSFR			
			NORTH AMERICA	EDUCATION PROGRAMS	15,698.	WIRE TRNSFR			
			RUSSIA	EDUCATION PROGRAMS	47,225.	WIRE TRNSFR			
			SOUTH AMERICA	EDUCATION PROGRAMS	86,262.	WIRE TRNSFR			
			SOUTH ASIA	EDUCATION PROGRAMS	10,465.	WIRE TRNSFR			
			SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	12,559.	WIRE TRNSFR			

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

JA WORLDWIDE

Employer identification number

84-1267604

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the 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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) 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
	JA OF NORTH CENTRAL OHIO, INC. 1200 FIRESTONE PKY 2ND FL AKRON, OH 44317	34-0940986	501(C)(3)	18,190.				SUPPORT MISSION
	JUNIOR ACHIEVEMENT OF NEW MEXICO, INC. 3601 PAN AMER FWY NE ALBUQUERQUE, NM 87107	85-0416889	501(C)(3)	29,700.				SUPPORT MISSION
	JUNIOR ACHIEVEMENT OF GEORGIA, INC. 460 ABERNATHY ROAD NE ATLANTA, GA 30328	58-0598050	501(C)(3)	251,532.				SUPPORT MISSION
	JUNIOR ACHIEVEMENT OF CENTRAL TEXAS, INC. 6001 WESTCREEK DR., UNIT G AUSTIN, TX 78749	74-1688335	501(C)(3)	51,266.				SUPPORT MISSION
	JA OF GREATER BATON ROUGE & ACADIANA 7809 JEFFERSON HWY D4 BATON ROUGE, LA 70809	72-0485727	501(C)(3)	64,014.				SUPPORT MISSION
	JA OF SOUTHWEST MICHIGAN, INC. 15189 HELMER ROAD S. BATTLE CREEK, MI 49015	38-1515420	501(C)(3)	17,944.				SUPPORT MISSION
	JA OF GREATER BIRMINGHAM, INC. 216 AQUARIUS DR #319 BIRMINGHAM, AL 35209	63-0340866	501(C)(3)	78,426.				SUPPORT MISSION
	JA OF NORTHERN NEW ENGLAND, INC. 400 FIFTH AVENUE STE 300 WALTHAM, MA 02451	04-2127020	501(C)(3)	92,126.				SUPPORT MISSION
	JA OF SOUTH CENTRAL KENTUCKY, INC. 440-1/2 E MAIN AVE BOWLING GREEN, KY 42101	61-0997385	501(C)(3)	17,130.				SUPPORT MISSION
	JA OF WESTERN CONNECTICUT, INC. 835 MAIN STREET BRIDGEPORT, CT 06604	06-0644315	501(C)(3)	25,000.				SUPPORT MISSION
	JA OF WESTERN NEW YORK, INC. 275 OAK STREET, SUITE 222 BUFFALO, NY 14203	16-0821488	501(C)(3)	91,850.				SUPPORT MISSION
	JA OF EAST CENTRAL OHIO, INC. 4353 EXECUTIVE CIRCLE NW CANTON, OH 44718	34-0757173	501(C)(3)	6,500.				SUPPORT MISSION

2 Enter total number of section 501(c)(3) and government organizations ▶ 94

3 Enter total number of other organizations ▶ 0

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

Schedule I (Form 990) 2009

JSA

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

 FORM 990, SCH I., PART I, QUESTION 2

 GRANTS ARE TO US JA OFFICES ONLY. MOST OF THE FUNDING FOR THE GRANTS ARE

 PROVIDED BY DONORS WHO PLACE RESTRICTIONS ON THE USE OF THE MONIES.

 GRANT USAGE REQUIREMENTS VARIES BY DONOR. THE REPORTING REQUIRED IS

 SUBMITTED TO THE ORGANIZATIONS GRANT STEWARD OR DIRECTLY TO THE DONOR.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Name of the organization

JA WORLDWIDE

Employer identification number

84-1267604

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) 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
JUNIOR ACHIEVEMENT OF EASTERN IOWA, INC. --- 315 3RD AVE SE # 209 CEDAR RAPIDS, IA 52401	42-0919209	501 (C) (3)	16,000.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF WEST VIRGINIA, INC. --- 1700 MACCORKLE AVE SE CHARLESTON, WV 25314	55-0524771	501 (C) (3)	5,548.				SUPPORT MISSION
JA OF CENTRAL CAROLINAS, INC. ----- 201 S TRYON ST #LL 100 CHARLOTTE, NC 28202	56-0672085	501 (C) (3)	104,444.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF DELAWARE VALLEY, INC. --- 419 AVENUE OF THE STATES CHESTER, PA 19013	23-1386172	501 (C) (3)	23,390.				SUPPORT MISSION
JA OF MISSISSIPPI VALLEY, INC. ----- 17339 N OUTER 40 RD CHESTERFIELD, MO 63005	43-0652112	501 (C) (3)	143,020.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF CHICAGO ----- 651 W WASHINGTON ST # 404 CHICAGO, IL 60661	36-2170141	501 (C) (3)	459,388.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF OKI PARTNERS, INC. --- 644 LINN ST STE 1024 CINCINNATI, OH 45203	32-0014307	501 (C) (3)	36,852.				SUPPORT MISSION
JA OF WEST CENTRAL FLORIDA, INC. ----- 13805 58TH ST N #2-140 CLEARWATER, FL 33760	59-1098499	501 (C) (3)	87,898.				SUPPORT MISSION
JA OF GREATER CLEVELAND, INC. ----- 1422 EUCLID AVE STE 525 CLEVELAND, OH 44115	34-0733164	501 (C) (3)	42,340.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. --- 1130 COCONUT CRK BLVD COCONUT CRK, FL 33066	59-0871446	501 (C) (3)	10,440.				SUPPORT MISSION
JA OF CENTRAL SOUTH CAROLINA, INC. ----- 301 GREYSTONE BOULEVARD COLUMBIA, SC 29210	57-0511131	501 (C) (3)	28,176.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF CENTRAL OHIO, INC. --- 68 E 2ND AVENUE COLUMBUS, OH 43201	31-4385042	501 (C) (3)	29,206.				SUPPORT MISSION
JA OF EAST CENTRAL ILLINOIS, INC. ----- 250 N. WATER, SUITE 370 DECATUR, IL 62523	37-0762052	501 (C) (3)	7,386.				SUPPORT MISSION
JUNIOR ACHIEVEMENT - ROCKY MOUNTAIN, INC. --- 1445 MARKET, SUITE 200 DENVER, CO 80202	84-0430495	501 (C) (3)	56,444.				SUPPORT MISSION
JA OF SOUTHEASTERN MICHIGAN, INC. ----- 577 E. LARNED, SUITE 200 DETROIT, MI 48226	38-1348535	501 (C) (3)	87,561.				SUPPORT MISSION

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Name of the organization

JA WORLDWIDE

Employer identification number

84-1267604

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) 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
JA OF CENTRAL NEW YORK, INC. 3649 ERIE BOULEVARD EAST DEWITT, NY 13214	16-0915560	501(C)(3)	49,854.				SUPPORT MISSION
JA OF THE DESERT SOUTHWEST, INC. 5782 N. MESA EL PASO, TX 79912	74-1565161	501(C)(3)	20,938.				SUPPORT MISSION
JA OF SOUTHWESTERN INDIANA, INC. 233 SE 3RD ST 2ND FLR EVANSVILLE, IN 47713	35-6048156	501(C)(3)	9,026.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF NORTHERN INDIANA, INC. 601 NOBLE DRIVE FORT WAYNE, IN 46825	35-0922731	501(C)(3)	29,650.				SUPPORT MISSION
JA OF THE CHISHOLM TRAIL, INC. 6300 RIDGLEA PL # 400 FORT WORTH, TX 76116	75-0944915	501(C)(3)	23,058.				SUPPORT MISSION
JA OF MAHONING VALLEY, INC. 1601 MOTOR INN DR, #305 GIRARD, OH 44420	34-1714400	501(C)(3)	10,990.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF CENTRAL VIRGINIA, INC. 4600 COX RD, SUITE 107 GLEN ALLEN, VA 23060	54-0803325	501(C)(3)	32,750.				SUPPORT MISSION
JA OF THE MICHIGAN GREAT LAKES, INC. 2650 E BLTLN SE STE B GRND RPDS, MI 49546	38-1557861	501(C)(3)	17,348.				SUPPORT MISSION
JA OF CENTRAL N CAROLINA, INC. 3220 NORTHLINE AVENUE GREENSBORO, NC 27408	56-0844838	501(C)(3)	21,384.				SUPPORT MISSION
JA OF UPSTATE SOUTH CAROLINA, INC. 530 HOWELL RD STE 103 GREENVILLE, SC 29615	57-0547967	501(C)(3)	10,800.				SUPPORT MISSION
JA OF SOUTHWEST NEW ENGLAND, INC. 11 ASYLUM ST STE 601 HARTFORD, CT 06103	06-0665972	501(C)(3)	27,514.				SUPPORT MISSION
JA OF SOUTHEAST TEXAS, INC. 2115 E GOVERNORS CIR HOUSTON, TX 77092	74-1153957	501(C)(3)	120,558.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF NORTH ALABAMA, INC. 2809 NEWBY RD SW #116 HUNTSVILLE, AL 35805	63-0905188	501(C)(3)	16,164.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF CENTRAL INDIANA, INC. 7435 N KEYSTONE AVE INDIANAPOLIS, IN 46240	35-1003695	501(C)(3)	24,518.				SUPPORT MISSION
JA OF THE MICHIGAN EDGE, INC. 209 E WASHINGTON STE 180 JACKSON, MI 49201	38-1402160	501(C)(3)	10,100.				SUPPORT MISSION

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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84-1267604

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) 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
JUNIOR ACHIEVEMENT OF MISSISSIPPI, INC. --- 1695 HIGH STREET JACKSON, MS 39202	64-0413021	501 (C) (3)	5,014.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC. --- 4049 WOODCOCK DR 200 JACKSONVILLE, FL 32207	59-1021800	501 (C) (3)	37,150.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF MIDDLE AMERICA, INC. --- 4049 PENNSYLVANIA AVE KANASAS CTY, MO 64111	44-0604809	501 (C) (3)	44,252.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF EAST TENNESSEE, INC. --- 2135 N CHARLES G SEIVERS CLINTON, TN 37716	62-0757847	501 (C) (3)	8,958.				SUPPORT MISSION
JA OF CENTRAL PENNSYLVANIA, INC. --- 1322 LOOP ROAD LANCASTER, PA 17601	23-1472517	501 (C) (3)	12,500.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF MID-MICHIGAN, INC. --- 600 W ST JOSEPH ST # 2-G LANSING, MI 48933	20-2734685	501 (C) (3)	18,472.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF SOUTHERN NEVADA, INC. --- 7220 S CIMMARON ST #130 LAS VEGAS, NV 89113	88-0354481	501 (C) (3)	61,268.				SUPPORT MISSION
JA OF NORTHEASTERN NEW YORK, INC. --- 8 STANLEY CIRCLE LATHAM, NY 12110	14-1429763	501 (C) (3)	51,780.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF THE BLUEGRASS, INC. --- 1092 DUVAL ST STE 240 LEXINGTON, KY 40515	61-0606480	501 (C) (3)	30,050.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF ARKANSAS, INC. --- 1501 N UNIVERSITY AVE LITTLE ROCK, AR 72207	71-0658775	501 (C) (3)	70,116.				SUPPORT MISSION
JA OF SOUTHERN CALIFORNIA, INC. --- 6250 FOREST LAWN DR LOS ANGELES, CA 90068	95-1799192	501 (C) (3)	133,740.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. --- 1401 W MUHAMMED ALI LOUISVILLE, KY 40203	61-0476694	501 (C) (3)	72,463.				SUPPORT MISSION
JA OF THE UPPER MIDWEST, INC. --- 1800 WHITE BEAR AVE N MAPLEWOOD, MN 55109	41-1424988	501 (C) (3)	50,536.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF THE SPACE COAST, INC. --- 2287 W EAU GALLIE BLVD MELBOURNE, FL 32935	59-2461562	501 (C) (3)	15,500.				SUPPORT MISSION
JA OF MEMPHIS AND THE MID-SOUTH, INC. --- 307 MADISON AVENUE MEMPHIS, TN 38103	62-0549549	501 (C) (3)	35,569.				SUPPORT MISSION

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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JUNIOR ACHIEVEMENT OF IDAHO, INC. 1303 E. CENTRAL DRIVE MERIDIAN, ID 83462	82-6008991	501 (C) (3)	8,500.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF CENTRAL MICHIGAN, INC. 309 E. INDIAN STREET MIDLAND, MI 48640	38-6081685	501 (C) (3)	27,950.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF WISCONSIN, INC. 6924 N PORT WASHINGTON MILWAUKEE, WI 53217	39-0826295	501 (C) (3)	115,296.				SUPPORT MISSION
JA OF MIDDLE TENNESSEE, INC. 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501 (C) (3)	15,822.				SUPPORT MISSION
JA OF SOUTHERN MASSACHUSETTS, INC. 106 SPRING STREET NEW BEDFORD, MA 02740	04-3193575	501 (C) (3)	8,864.				SUPPORT MISSION
JA OF GREATER NEW ORLEANS, INC. 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-0469314	501 (C) (3)	72,630.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF NEW YORK, INC. 205 E 42ND ST STE 203 NEW YORK, NY 10017	13-3031828	501 (C) (3)	226,473.				SUPPORT MISSION
JA OF GREATER HAMPTON ROADS, INC. 6387 CTR DR BLDG 2 STE 3 NORFOLK, VA 23502	54-0799839	501 (C) (3)	36,800.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF GREATER MIAMI, INC. 13490 NW 7 AVENUE NORTH MIAMI, FL 33168	59-0807486	501 (C) (3)	125,396.				SUPPORT MISSION
JA OF SOUTHWEST CONNECTICUT, INC. 200 CONNECTICUT AVENUE NORWALK, CT 06854	06-0932913	501 (C) (3)	62,341.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA, INC. 2121 CAMDEN ROAD ORLANDO, FL 32803-1487	59-0972112	501 (C) (3)	33,461.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF OWENSBORO, INC. 1195 WING AVE. OWENSBORO, KY 42303	61-0564988	501 (C) (3)	7,830.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC. 10711 RED RUN BLVD OWINGS MILLS, MD 21117	52-0688275	501 (C) (3)	5,834.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF CENTRAL ILLINOIS, INC. 4450 N PROSPECT RD PEORIA HEIGHTS, IL 61616	37-0657600	501 (C) (3)	51,746.				SUPPORT MISSION
JA OF WESTERN PENNSYLVANIA, INC. ONE ALLEGHENY SQ #430 PITTSBURGH, PA 15212	25-0983059	501 (C) (3)	35,960.				SUPPORT MISSION

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Continuation Sheet for Schedule I (Form 990)

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Department of the Treasury
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) 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
JA OF OREGON AND SW WASHINGTON INC. 7830 S.E. FOSTER ROAD PORTLAND, OR 97206	93-0384007	501 (C) (3)	32,072.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF NEW JERSEY, INC. 4365 ROUTE 1 SOUTH PRINCETON, NJ 08540	22-1774147	501 (C) (3)	102,694.				SUPPORT MISSION
JA OF EASTERN NORTH CAROLINA, INC. 4900 WATERS EDGE DR #175 RALEIGH, NC 27606	56-1107715	501 (C) (3)	16,668.				SUPPORT MISSION
JA OF NORTHERN NEVADA, INC. 1005 TERMINAL WAY, STE 106 RENO, NV 89502	88-6005167	501 (C) (3)	5,198.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF DALLAS, INC. 1201 EXECUTIVE DR W RICHARDSON, TX 75081	75-0881589	501 (C) (3)	184,452.				SUPPORT MISSION
JA OF ROCHESTER, NEW YORK, INC. 259 MONROE AVE STE 108 ROCHESTER, NY 14607	16-0956147	501 (C) (3)	28,232.				SUPPORT MISSION
JA OF NORTHEAST MICHIGAN, INC. 1781 FORDNEY STREET SAGINAW, MI 48601	38-1746900	501 (C) (3)	6,946.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF UTAH, INC. 641 E S TEMPLE SALT LAKE CITY, UT 84102	87-0225875	501 (C) (3)	56,929.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF SOUTH TEXAS, INC. 403 E. RAMSEY STE 201 SAN ANTONIO, TX 78216	74-2061852	501 (C) (3)	135,989.				SUPPORT MISSION
JA OF SAN DIEGO & IMPERIAL CO., INC. 4756 MISSION GORGE PL SAN DIEGO, CA 92120	95-1727087	501 (C) (3)	85,222.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF WASHINGTON 1700 WESTLAKE AVE N #400 SEATTLE, WA 98109	91-0604913	501 (C) (3)	19,640.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF NORTH LOUISIANA, INC. 3825 GILBERT DRIVE SHREVEPORT, LA 71104	72-0595081	501 (C) (3)	11,864.				SUPPORT MISSION
JUNIOR ACHIEVEMENT OF SOUTH DAKOTA, INC. 1000 NW AVE #110 SIOUX FALLS, SD 57104-1314	46-0306352	501 (C) (3)	114,800.				SUPPORT MISSION
JA OF WESTERN MASSACHUSETTS, INC. 1500 MAIN ST STE 217 SPRINGFIELD, MA 01115	04-2088304	501 (C) (3)	11,750.				SUPPORT MISSION
JA OF THE HUDSON VALLEY, INC. 540 WHITE PLAINS RD 201 TARRYTOWN, NY 10591	13-3001065	501 (C) (3)	47,550.				SUPPORT MISSION

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

JA WORLDWIDE

Employer identification number

84-1267604

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
SEAN RUSH	(i)	467,201.	0.	3,138.	63,126.	1,188.	534,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JACK KOSAKOWSKI	(i)	293,128.	0.	8,258.	61,128.	18,874.	381,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TIMOTHY ARMIJO	(i)	130,068.	0.	1,045.	40,277.	18,479.	189,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS DEWAR	(i)	231,372.	0.	3,092.	49,140.	20,057.	303,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DON CREVLING	(i)	225,877.	0.	4,345.	40,356.	14,612.	285,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CECIL THIBODEAUX	(i)	196,084.	0.	1,522.	66,405.	14,463.	278,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CYNTHIA HOFMANN	(i)	181,462.	0.	995.	11,975.	18,976.	213,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HOWARD BARTNER	(i)	133,323.	0.	781.	49,386.	19,210.	202,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LINDA RIMER	(i)	199,443.	0.	3,869.	48,444.	10,628.	262,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVE SCHMIDT	(i)	135,510.	0.	831.	31,557.	17,265.	185,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PETE CURCIO	(i)	167,098.	0.	1,332.	53,217.	17,326.	238,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN BOX	(i)	155,658.	0.	2,951.	25,307.	14,263.	198,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART 1, QUESTION 1A

HEALTH OR SOCIAL CLUB DUES

MONTHLY CLUB MEMBERSHIP FEES FOR THE COO AND PRESIDENT OF JA USA IS PART

OF THE BENEFITS PROVIDED TO THIS POSITION. THESE FEES ARE INCLUDED AS

TAXABLE INCOME EACH YEAR ON THEIR W-2.

SCHEDULE J, PART 1, QUESTION 7

DESCRIPTION OF NON-FIXED PAYMENTS

THERE ARE TWO KEY COMPONENTS OF THE EXECUTIVE COMPENSATION PHILOSOPHY OF

JA WORLDWIDE®:

1. REWARD FOR PERFORMANCE
 2. PROVIDE REASONABLE AND COMPETITIVE PAY PACKAGES WITH THOSE OFFERED TO
- LEADERS OF ORGANIZATIONS COMPARABLE TO JA WORLDWIDE IN TERMS OF GLOBAL
- SIZE, GLOBAL COMPLEXITY AND MISSION IMPACT.

AS PART OF THE "REWARD FOR PERFORMANCE" THE EXECUTIVE COMPENSATION

SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD OF GOVERNORS HAS ADOPTED THE

Part III Supplemental Information

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

MANAGEMENT INCENTIVE COMPENSATION PLAN (MIC). MIC IS INTENDED TO
STIMULATE AND REWARD RESULTS AND ACHIEVEMENT NECESSARY TO ACCOMPLISH THE
MULTIPLE OBJECTIVES OF JA WORLDWIDE'S STRATEGIC PLAN. THE MIC PLAN IS
DESIGNED TO:

- A) MOTIVATE GROWTH IN TOTAL REVENUE AND PROGRAM IMPACT TO ENHANCE SERVICES TO THE COMMUNITY.
- B) LINK ACCOMPLISHMENT OF THE ORGANIZATION'S MISSION AND OBJECTIVES WITH THE COMPENSATION OF THE ORGANIZATION'S MANAGERS.
- C) CONTROL COSTS BY PROVIDING VARIABLE COMPENSATION BASED ON PERFORMANCE TO ENHANCE AFFORDABILITY AND OFFERING A COMPETITIVE INCENTIVE AND TOTAL CASH COMPENSATION PROGRAM.
- D) ENHANCE THE FOCUS, MOTIVATION AND RETENTION OF KEY ORGANIZATIONAL MANAGERS.

IN SETTING THE ANNUAL INCENTIVE COMPENSATION OPPORTUNITIES FOR THE MIC FOR EACH EXECUTIVE, THE COMMITTEE TARGETS THE MEDIAN OF THE COMPARABLE MARKET DATA FOR THAT EXECUTIVE'S POSITION FOR TARGET PERFORMANCE AND THE

Part III Supplemental Information

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

UPPER QUARTILE OF THE COMPARABLE MARKET DATA FOR THAT EXECUTIVE'S
 POSITION FOR SUPERIOR PERFORMANCE. THERE IS A CAP ON THE AMOUNT OF
 INCENTIVE THAT ANY EXECUTIVE CAN EARN FROM THE MIC.

THE COMMITTEE USES DISCRETION IN DETERMINING THE LEVEL OR ACHIEVEMENT OF
 CERTAIN PERFORMANCE MEASUREMENTS.

THE COMMITTEE ALSO ANNUALLY EXAMINES THE COMPARABLE MARKET DATA FOR THESE
 POSITIONS, FOLLOWING THE THREE-STEP GOVERNANCE PROCESS DESCRIBED IN THE
 REGULATIONS TO SECTION 4958 ON INTERMEDIATE SANCTIONS TO ESTABLISH THE
 PRESUMPTION OF REASONABLE COMPENSATION.

THE GOVERNORS MAY, IN THEIR SOLE DISCRETION, AND AT ANY TIME, ELECT TO
 AMEND, SUSPEND, OR TERMINATE THE PLAN.

Continuation Sheet for Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ See the Instructions for Form 990.

Name of the Organization

JA WORLDWIDE

Employer identification number

84-1267604

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID PALENCHAR DIRECTOR	2.00	X						0.	0.	0.
JONAS PRISING DIRECTOR	2.00	X						0.	0.	0.
JAMES E RUTROUGH DIRECTOR	2.00	X						0.	0.	0.
JOHN S. SCHEID DIRECTOR	2.00	X						0.	0.	0.
JEAN-LEOPOLD SCHUYBROEK DIRECTOR	2.00	X						0.	0.	0.
VALERIE SORANNO-KEATING DIRECTOR	2.00	X						0.	0.	0.
GRAHAM B SPANIER DIRECTOR	2.00	X						0.	0.	0.
ALBERT E. SUTER DIRECTOR	2.00	X						0.	0.	0.
FRANCESCO VANNI D'ARCHIRAFI DIRECTOR	2.00	X						0.	0.	0.
CAROLE WAINAINA DIRECTOR	2.00	X						0.	0.	0.
RICHARD A WOODS DIRECTOR	2.00	X						0.	0.	0.
SEAN RUSH PRESIDENT & CEO	40.00	X		X				470,339.	0.	64,314.
MAYU AVILA DIRECTOR	2.00	X						0.	0.	0.
MARTIN BURT DIRECTOR	2.00	X						0.	0.	0.
JEAN CHAWAPINA-PAMA DIRECTOR	2.00	X						0.	0.	0.
HUBERT DANSO DIRECTOR	2.00	X						0.	0.	0.
WILLIAM DERBAN DIRECTOR	2.00	X						0.	0.	0.
JORGE LUIS DIAZ DIRECTOR	2.00	X						0.	0.	0.
RICHARD HARTZELL DIRECTOR	2.00	X						0.	0.	0.
DESI LOPEZ DIRECTOR	2.00	X						0.	0.	0.
CARLOS MORALES DIRECTOR	2.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ See the Instructions for Form 990.

Name of the Organization

JA WORLDWIDE

Employer identification number

84-1267604

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHEIKH KHALED B. ZAYED S AL NEHAYAN DIRECTOR	2.00	X					0.	0.	0.	
ROGERIO PATRUS DIRECTOR	2.00	X					0.	0.	0.	
ROB PITFIELD DIRECTOR	2.00	X					0.	0.	0.	
ED RAPP DIRECTOR	2.00	X					0.	0.	0.	
ROBERT REEG DIRECTOR	2.00	X					0.	0.	0.	
DAVE SENAY DIRECTOR	2.00	X					0.	0.	0.	
JACK KOSAKOWSKI COO	40.00			X			301,386.	0.	80,002.	
TIMOTHY ARMIJO CFO	40.00			X			131,113.	0.	58,756.	
THOMAS DEWAR SVP/DEVELOPMENT	40.00				X		234,464.	0.	69,197.	
DON CREVLING SVP/HR	40.00				X		230,222.	0.	54,968.	
CECIL THIBODEAUX SVP - USA	40.00				X		197,606.	0.	80,868.	
JOHN BOX SVP - EDUCATION	40.00				X		158,609.	0.	39,570.	
CYNTHIA HOFMANN SVP/MARKETING	40.00					X	182,457.	0.	30,951.	
HOWARD BARTNER SVP - US OPERATIONS	40.00					X	134,104.	0.	68,596.	
LINDA RIMER SVP - ASIA PACIFIC	40.00					X	203,312.	0.	59,072.	
STEVE SCHMIDT SVP - US OPERATIONS	40.00					X	136,341.	0.	48,822.	
PETE CURCIO SVP - US OPERATIONS	40.00					X	168,430.	0.	70,543.	

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

JA WORLDWIDE

Employer identification number

84-1267604

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		4 .	447,573 .	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 3

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

JSA

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

SCHEDULE M PART I COLUMN B

NUMBER OF CONTRIBUTIONS

THE NUMBERS LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
POST IT FLAGS	X	2	250,526.	FAIR MARKET VALUE
SAMSUNG PRODUCTS	X	1	19,000.	FAIR MARKET VALUE
SOFTWARE	X	1	178,047.	FAIR MARKET VALUE
TOTALS		<u>4.</u>	<u>447,573.</u>	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JA WORLDWIDE

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

84-1267604

ATTACHMENT 2

DESCRIBE PROCESS TO REVIEW 990

PART VI, QUESTION 11A

THE FORM 990 IS PREPARED BY A THIRD PARTY AND IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD. A DRAFT IS SUPPLIED VIA A WEB SITE LINK FOR THE ENTIRE BOARD TO REVIEW BEFORE FILING THE FINAL 990 WITH THE IRS.

DESCRIBE HOW CONFLICT OF INTEREST POLICY IS MONITORED & ENFORCED

PART VI, QUESTION 12C

A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT VIA EMAIL OR HAND DELIVERED TO INTERESTED PARTIES EACH YEAR REQUESTING VERIFICATION OF POSSIBLE CONFLICTS. IF A CONFLICT IS DISCLOSED IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

DESCRIBE PROCESS FOR DETERMINING COMPENSATION

PART VI, QUESTION 15A AND 15B

THE GOVERNANCE PROCESS FOR DETERMINING COMPENSATION FOR THE

Name of the organization JA WORLDWIDE	Employer identification number 84-1267604
--	--

ATTACHMENT 2 (CONT'D)

ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQUIREMENTS IN INTERNAL REVENUE CODE SECTION 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION. COMPENSATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD OF GOVERNORS, WHICH IS COMPRISED OF INDEPENDENT PERSONS. BY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE CONSIDERED COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS AND FORM 990 OF COMPARABLE ORGANIZATIONS IN EVALUATING THE COMPENSATION FOR EACH INDIVIDUAL. THE COMMITTEE CONDUCTED A REVIEW OF THIS COMPARABILITY DATA AND DOCUMENTED ITS DELIBERATION AND DISCUSSION IN MINUTES THAT ARE RETAINED WITH THE OTHER GOVERNANCE MATERIALS OF THE ORGANIZATION. THE COMMITTEE FOLLOWED THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT FOR PURPOSES OF SECTION 4958 BY RELYING ON PROFESSIONAL ADVICE IN THE WRITTEN OPINION OF REASONABLENESS FROM THE INDEPENDENT COMPENSATION CONSULTANT. THIS REVIEW PROCESS IS CONDUCTED ANNUALLY.

DESCRIBE HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

PART VI, QUESTION 19

JA WORLDWIDE MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

MEMBER INFORMATION

990 PART VI, SECTION A, QUESTIONS 6, 7A & 7B

LINE 6

THE ORGANIZATION HAS MEMBERS WHICH ARE THE INDIVIDUAL OPERATING OFFICES THROUGHOUT THE WORLD. EACH MEMBER HAS VOTING RIGHTS.

Name of the organization JA WORLDWIDE	Employer identification number 84-1267604
--	--

ATTACHMENT 2 (CONT'D)

LINE 7A

MEMBERS HAVE VOTING RIGHTS TO APPROVE THE DIRECTORS AND OFFICERS OF THE ORGANIZATION.

LINE 7B

MEMBERS HAVE VOTING RIGHTS FOR APPROVAL OF PROPOSED FEE CHANGES.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SPARK AGENCY, INC. PO BOX 790379 ST LOUIS, MO 63179	TRANSPORT/STORAGE	1,116,690.
MOORE WALLACE, INC. PO BOX 730165 DALLAS, TX 75373	STORAGE/ASSEMBLY	903,189.
CAPGEMINI US, LLC LOCKBOX 98836 COLLECTION CTR DRIVE CHICAGO, IL 60693	SOFTWARE CUSTOM	792,060.
PENNSYLVANIA STATE UNIVERSITY 409 BUSINESS ADMINISTRATION BLVD UNIVERSITY PARK, PA 16802	EXEC TRAINING PROG	318,574.
HARDER + COMPANY 299 KANSAS STREET SAN FRANCISCO, CA 94103	PROGRAM EVALUATIONS	240,374.
TOTAL COMPENSATION		<u>3,370,887.</u>

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization JA WORLDWIDE	Employer identification number 84-1267604
--	--

ATTACHMENT 4 (CONT'D)

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST & DIVIDENDS	222,245.			222,245.
TOTALS	<u>222,245.</u>			<u>222,245.</u>

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING</u> <u>BOOK VALUE</u>	<u>ENDING</u> <u>BOOK VALUE</u>
PREPAID EXPENSES	753,047.	203,412.
TOTALS	<u>753,047.</u>	<u>203,412.</u>

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING</u> <u>BOOK VALUE</u>	<u>ENDING</u> <u>BOOK VALUE</u>	<u>COST</u> <u>OR FMV</u>
EQUITY SECURITIES	2,066,935.	2,684,627.	FMV
FIXED INCOME MUTUAL FUNDS AND MUNICIPAL SECURITIES	4,251,746.	3,637,980.	FMV
TOTALS	<u>6,318,681.</u>	<u>6,322,607.</u>	

ATTACHMENT 7

Name of the organization
JA WORLDWIDE

Employer identification number
84-1267604

ATTACHMENT 7 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	503.	87,399.
TOTALS	<u>503.</u>	<u>87,399.</u>

ATTACHMENT 8

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: HASLER
 ORIGINAL AMOUNT: 29,533.
 INTEREST RATE: 4.690000
 DATE OF NOTE: 09/18/2006
 MATURITY DATE: 01/10/2012
 REPAYMENT TERMS: MONTHLY LEASE PMTS OF \$529.26
 SECURITY PROVIDED: EQUIPMENT
 PURPOSE OF LOAN: CAPITAL LEASE

BEGINNING BALANCE DUE 14,955.
 ENDING BALANCE DUE 9,183.

LENDER: IKON COPIER
 ORIGINAL AMOUNT: 55,040.
 INTEREST RATE: 1.860000
 DATE OF NOTE: 04/08/2009
 MATURITY DATE: 03/21/2014
 REPAYMENT TERMS: MONTHLY LEASE PMTS OF \$960.50
 SECURITY PROVIDED: EQUIPMENT
 PURPOSE OF LOAN: CAPITAL LEASE

BEGINNING BALANCE DUE 52,361.
 ENDING BALANCE DUE 41,719.

Name of the organization
JA WORLDWIDE

Employer identification number
84-1267604

ATTACHMENT 8 (CONT'D)

LENDER: IKON COPIER
 ORIGINAL AMOUNT: 526,707.
 INTEREST RATE: 2.710000
 DATE OF NOTE: 06/30/2009
 MATURITY DATE: 09/01/2014
 REPAYMENT TERMS: MONTHLY LEASE PMTS OF \$9,439.70
 SECURITY PROVIDED: EQUIPMENT
 PURPOSE OF LOAN: CAPITAL LEASE

BEGINNING BALANCE DUE 526,707.
 ENDING BALANCE DUE 454,251.

LENDER: IKON COPIER
 ORIGINAL AMOUNT: 58,140.
 INTEREST RATE: 2.710000
 DATE OF NOTE: 06/30/2009
 MATURITY DATE: 09/01/2014
 REPAYMENT TERMS: MONTHLY LEASE PMTS OF \$1,042.00
 SECURITY PROVIDED: EQUIPMENT
 PURPOSE OF LOAN: CAPITAL LEASE

BEGINNING BALANCE DUE 58,140.
 ENDING BALANCE DUE 50,142.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 652,163.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 555,295.

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

ATTACHMENT 9

<u>DESCRIPTION</u>	<u>GROSS SALES</u>	<u>BEGINNING INVENTORY</u>	<u>PURCHASES</u>	<u>SALARIES AND WAGES</u>	<u>OTHER COSTS</u>	MINUS:	<u>COST OF GOODS SOLD</u>
						<u>ENDING INVENTORY</u>	
MATERIAL SALES	12,357,893.	6,009,012.	3,978,124.			4,676,082.	5,311,054.
TOTALS	<u>12,357,893.</u>	<u>6,009,012.</u>	<u>3,978,124.</u>			<u>4,676,082.</u>	<u>5,311,054.</u>

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

2009

Name of estate or trust
JA WORLDWIDE

Employer identification number
84-1267604

Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-79,976.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back	12	-79,976.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Part III Summary of Parts I and II		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		-79,976.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a	15		-79,976.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet** necessary.

Part IV Capital Loss Limitation	
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000
16	(3,000.)

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$2,300	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	
29	Subtract line 28 from line 27	29	
30	Multiply line 29 by 15% (.15)	30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31	
32	Add lines 30 and 31	32	
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34	

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) shown on return

Identifying number

JA WORLDWIDE

84-1267604

1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ATTACHMENT 10						-63,533.

3 Gain, if any, from Form 4684, line 43 **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**

6 Gain, if any, from line 32, from other than casualty or theft **6**

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** align="right">-63,533.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions) **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) **9**

Part II Ordinary Gains and Losses(see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	(63,533.)
	12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
	13 Gain, if any, from line 31	13	
	14 Net gain or (loss) from Form 4684, lines 35 and 42a	14	
	15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
	16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
	17 Combine lines 10 through 16	17	-63,533.

11 Loss, if any, from line 7 **11** align="right">(63,533.)

12 Gain, if any, from line 7 or amount from line 8, if applicable **12**

13 Gain, if any, from line 31 **13**

14 Net gain or (loss) from Form 4684, lines 35 and 42a **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**

17 Combine lines 10 through 16 **17** align="right">-63,533.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions **18a**

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b**

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

Table with columns for (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold. Rows include sections 20-29b with sub-rows for depreciation and gain calculations.

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Summary table with rows 30-32 for total gains, adjustments, and final gain calculation.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

Table with columns for (a) Section 179 and (b) Section 280F(b)(2). Rows 33-35 for recapture amount calculation.

