DLN: 93493192018480

OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

2018

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

		2010 0	l	nning 07-01-2018 , and ending 06	20 2010					
			C Name of organization	ming 07-01-2018 , and ending 00	1-30-2019		D Employ	er iden	tification :	number
		pplicable: change	Junior Achievement USA							
□ Na	me ch	ange	% EDWARD PRIEM II				84-126	/604		
	tial ret		Doing business as							
		n/terminated d return		nail is not delivered to street address) Room	ı/suite		E Telephor	ne numb	er	
		on pending	One Education May	iain is not delivered to stroot dad cost, incom	, ource		(719) 5	40-800	00	
				ntry, and ZIP or foreign postal code			()-			
			Colorado Springs, CO 80906				G Gross re	eceipts \$	36,624,10	18
			F Name and address of princip	al officer:	H(a)	Is this	a group re	turn fo	r	
			JACK KOSAKOWSKI PRES AND ONE EDUCATION WAY	CEO	` ′		linates?			Yes 🗹 No
			COLORADO SPRINGS, CO 8090	6	H(b)	Are all	subordina	tes		Yes 🗆 No
[Ta:	x-exer	npt status:	☑ 501(c)(3) □ 501(c)() ◄	(insert no.) 4947(a)(1) or 527		include	ea? " attach a	list (se		
1 W	ehsit	e: > WW	/W.JA.ORG	(insertinely = 1517/(a)(17 or = 327	1	•	exemption	•		
•	00010					,	•			
K Forr	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 Ass	ociation Other ►	L Year	of format	tion: 1 992	M Stat	te of legal o	domicile: CO
Pa	art I	Sum	mary							
			scribe the organization's mission o	or most significant activities: eir ECONOMIC SUCCESS THROUGH VC	NIINTEED_	DELTVE		DAMC 1		ve them
a)				WORK READINESS & ENTREpreneurshi		DELIVE	KED PROG	KANS V	wnich gi	ve triein
<u>≃</u>	-									
Ĕ	-									
8	,	Chock thi	is how • 🗖 if the organization di	scontinued its operations or disposed o	of more the	n 25%	of its not -	reete		
5				ng body (Part VI, line 1a)			or its fiet e	33613.	в	34
νo yr	4	Number o	of independent voting members o	f the governing body (Part VI, line 1b)				4		33
Activities & Governance	5	Total nun	nber of individuals employed in ca	alendar year 2018 (Part V, line 2a)			ı	5	5	86
É	6	Total nun	nber of volunteers (estimate if ne	cessary)				e	5	33
ď.	7a	Total unr	elated business revenue from Par	t VIII, column (C), line 12				7	а	(
	Ь	Net unrel	lated business taxable income fro	m Form 990-T, line 34				7	b	
				·			r Year		Curre	nt Year
۵.	8	Contribut	tions and grants (Part VIII, line 1h)			9,484,	791		14,362,99
Rəvenue	9	Program	service revenue (Part VIII, line 2g	·)		4,959,	016		4,918,359	
ōΛċ	l	-	· · · · · · · ·	lines 3, 4, and 7d)			545,			370,388
<u> </u>	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			9,875,	371		9,664,609
	12	Total rev	enue—add lines 8 through 11 (mi	ust equal Part VIII, column (A), line 12)			24,864,	209		29,316,348
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1–3)			3,534,	960		4,429,81
	14	Benefits	paid to or for members (Part IX, c	olumn (A), line 4)				0		
ç	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines 5-10)		10,324,	153		10,166,410
าร	16a	Professio	onal fundraising fees (Part IX, colu	mn (A), line 11e)				0		
Expenses	b	Total fundr	raising expenses (Part IX, column (D),	line 25) ▶1,577,377						
Щ	l			11a-11d, 11f-24e)			11,094,	896		10,538,49
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)			24,954,	009		25,134,718
	19	Revenue	less expenses. Subtract line 18 fr	om line 12			-89,	800		4,181,630
S &					Beg	inning c	of Current Y	'ear	End o	of Year
Net Assets or Fund Balances										
Bal	l		ets (Part X, line 16)				25,266,	934		39,525,999
<u> </u>	l		ilities (Part X, line 26)				4,607,	802		14,352,90
Zű	22	Net asset	ts or fund balances. Subtract line	21 from line 20			20,659,	132		25,173,09
	rt II		ature Block	nined this return, including accompany	:					- L - C
				. Declaration of preparer (other than o						
any k	nowle	edge.								
		*****	*			2020	1-07-08			
Sign		Signati	ure of officer			Date				
Here		FDWAR	RD PRIEM II CFO							
			r print name and title							
		P	rint/Type preparer's name	Preparer's signature	Date			PTIN		
Paid	t				<u> </u>		k LJ if employed	P009589	9 66	
	- pare	er 🕝	irm's name ► BKD LLP				's EIN ▶			
	On	⊢	irm's address ► 111 South Tejon Suite	800		Dhon	ne no. (719)	471-420	an	
•		, ·				FIION	ie 110. (719)	→/1-4Z	70	
			Colorado Springs, CO						, –	
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)				✓	Yes 🗌	No

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sched	lule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the or	rganization's mission:				
TO IN	NSPIRE AND PREPARE Y	OUNG PEOPLE TO SU	CCEED IN A GLO	DBAL ECONOMY. SEE ADI	DITIONAL MISSION INFORMATION	ON SCHEDULE O.
2	Did the organization	undortako any cignific	ent program cor	vices during the year whi	ich ware not listed on	
2	-	• •		· · · · · ·		☐ Yes ☑ No
	If "Yes," describe thes					Lies Line
3				changes in how it conduc	cts. any program	
_	services?		_			☐ Yes ☑ No
	If "Yes," describe thes					
4		=		nts for each of its three la	argest program services, as measu	ured by expenses.
	Section 501(c)(3) and	d 501(c)(4) organizatio	ons are required	to report the amount of	grants and allocations to others, t	
	expenses, and revenu	ie, if any, for each pro	gram service re	ported.		
4a	(Code:) (Expenses \$	19,338,689	including grants of \$	4,429,815) (Revenue \$	14,582,968)
	See Additional Data	, (=,	,,	g g	., , (,,,
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
						_
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	(code.) (Expenses \$		including grants or \$) (Neverlue \$,
4d	Other program servic	es (Describe in Schod	ula O \			
+u	(Expenses \$,	uie 0.) luding grants of	\$) (Revenue \$)
4e	Total program serv		19,338,6	·	, (,

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation Yes q Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 No If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a No b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a No Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Par	Checklist of Required Schedules (continued)			rage -			
ral	Checkinst of Required Schedules (continued)	Ī	Yes	No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	110			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I						
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II						
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38							
Pa	Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 47						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

_	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-me (see instructions)		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
ь	If "Yes," enter the name of the foreign country: ▶		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No

b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а	No

b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	

7d

10a 10b

11a

11b

12b

13b

13c

7c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

Nο

No

No

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

b Enter the amount of reserves the organization is required to maintain by the states in

which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Gross income from members or shareholders

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

Form	990 (2018)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below, and Disclosure For each "Yes" response to lines 2 through 7b below,	" respo	onse to	lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 34		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
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?	2		No
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? .	3		No
4	4		No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	Yes	
102	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	CA , CT , NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: EDWARD PRIEM II ONE EDUCATION WAY COLORADO SPRINGS, CO 80906 (719) 540-6235			n (2019)

(A)

Name and Title

(F)

Estimated

amount of other

compensation

(E)

Reportable

compensation

from related

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons. 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(C)

Position (do not check more

than one box, unless person

is both an officer and a

(D)

Reportable

compensation

from the

(B)

Average

hours per

week (list

	any hours for related	director/trustee) o						organization (W- 2/1099-MISC)	from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	organizations (W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2018)

Part VII

21271 NETWORK CHICAGO, IL 606731212 WORKDAY INC,

PO BOX 396106

SAN FRANCISCO, CA 941396106

compensation from the organization ▶ 20

Section At officers, Birece		7	<u></u>	<u>-,-</u>			<u>ə</u> .							
(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	t che unles ficer	eck mo ss pers r and a tee)	son	Repo compe froi organiz	(D) ortable ensation m the ration (W-	(E) Reportable compensation from related organizations (W-		(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individ or dire	Institu	Officer	Key en	Highes	Former	2/109	9-MISC)	2/1099-MISC)		organization and related organizations		
	IIII <i>e j</i>	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	-							
		Đ Đ	ustee			ensated								
See Additional Data Table														
	<u> </u>	<u> </u>	<u> </u>	\bigsqcup	<u> </u>	<u> </u>	<u> </u>	<u> </u>			\perp			
	<u> </u>	<u> </u>	<u> </u>	\bigsqcup	<u> </u>	 	 	-			+			
			 	\vdash				-			+			
			-	H	\vdash	\vdash	-	-			+			
			\vdash	H	H	\vdash					+			
				H	H						\top			
1b Sub-Total	art VII. Section					>	_							
d Total (add lines 1b and 1c)						<u> </u>		3,	363,049	0			483,454	
Total number of individuals (including of reportable compensation from the compensation)			e liste	ed al	bove	∍) who) rece	eived mo	re than \$1	00,000				
										. г		Yes	No	
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J	I for such individ	dual .	•	•	•		•		·		3		No	
4 For any individual listed on line 1a, is organization and related organizations individual										n the	4	Yes		
5 Did any person listed on line 1a receiv									tion or indi	vidual for		163		
services rendered to the organization?		ete Sch	edule	J fo	ır su	ch per	rson				5		No	
Section B. Independent Contractor Complete this table for your five higher	est compensate										pens	sation		
from the organization. Report compen	(A)		year	end	ing	with o	r wit	thin the o		(B)		(C)		
MEREDITH CORP, 1716 LOCUST DES MOINES, IA 50309	and business addre	:SS							Desc STORAGE/A	ription of services SSEMBLY		Compen:	sation .548,601	
SPARK AGENCY, PO BOX 790379									STORAGE/S	ET UP MOBIL			220,227	
ST LOUIS, MO 63179 SNI COMPANIES, PO BOX 814238									TEMP STAFF	ING			404,712	
HOLLYWOOD, FL 33081 MANPOWER, 21271 NETWORK									TEMP STAFF	ING		1,	.037,973	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)

HR SOFTWARE

192,864

orm 9			Davianus									Page 9
Part '	VIII	Statement of		a recno	onse or note to any	line in this F	Part \/III					
		Check if Schedul	e O contains a	a respo	onse of flote to any	(A) Total reve		(E Relat exe fund	ed or mpt tion	(C) Unrelated business revenue	;	(D) Revenue excluded from ax under sections
	1a	Federated campaign	ns	1a	12,698			reve	nue			512 - 514
nts nts		Membership dues		1b	<u> </u>							
rat		•			<u> </u> 							
Š, G		Fundraising events		1c	<u> </u>							
<u>≅</u> ≝		Related organizatio		1d	<u> </u>							
s, (iii.		Government grants (co		1e	<u> </u>							
ution 1er S	ľ	All other contributions, and similar amounts na above		1f	14,350,294							
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contribution in lines 1a - 1f:\$										
<u>ہ ت</u>	_ h	Total. Add lines 1a	-1f	•	>	14,3	62,992					
<u>a</u>					Business	Code	4.01	LE 206	4.04.0	- 206		
Te	2a	Area License Fee				611710	4,91	15,286	4,915			
Service Revenue	b	Support Fees				611710		3,073		3,073		
Mic e	С			_								
æ	d			_								
ڇا	е			_				-+				
Program	f	All other program se	rvice revenue									
4	g٦	Fotal. Add lines 2a-2	lf		▶	18,359						
		nvestment income (ii			interest, and other		410,191					410,191
		milar amounts) .				·	410,191				-+	410,191
		ncome from investme Royalties				` <u> </u> .	0				\dashv	
	J ,	toyanics	(i) Rea		(ii) Personal	1						
	6a	Gross rents	(1)	-	(11)	-						
						_						
	Ь	Less: rental expenses										
	c	Rental income or		0	(5						
	لہ	(loss)	(1)			_[0					
	a	Net rental income o			(ii) Other						-+	
	7a	Gross amount	(i) Securit	ies	(II) Other	-						
		from sales of assets other	3,1	.89,575								
		than inventory										
	b	Less: cost or other basis and	3.2	29,378								
		sales expenses				1						
		Gain or (loss) Net gain or (loss)		39,803		_	-39,803					-39,803
		Gross income from fi			<u> </u>	1	-39,003				\dashv	
		(not including \$		of								
ਜ਼		contributions reporte See Part IV, line 18] 							
e		Less: direct expense		b	0	-						
7		Net income or (loss)			ents		0					
Other Revenue		Gross income from g		es.								
١ ٠		See Part IV, line 19		a] 							
	b	Less: direct expense	c	b	0	1						
		Net income or (loss)			ies 🕨		0					
:	10a	Gross sales of invent	ory, less			1						
		returns and allowand	es	_	12.270.022							
	h	l	ماما	a b								
		Less: cost of goods s		_			9,292,441		9,292,441			
ŀ	_	Net income or (loss) Miscellaneous		inveni	Business Code							
ŀ	11a	^a Miscellaneous Rever	nue		900099	9	372,168		372,168			
	b											
	c										\dashv	
	-											
	d	All other revenue .									\dashv	
		Total. Add lines 11a			▶						\dashv	
	12	Total revenue. See	Instructions	_			372,168				\longrightarrow	
		. Star 15 verimer See			· · · •	29	9,316,348		14,582,968			370,388

Form 990 (2018) Page 1									
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	•	·	plete column (A).	🗆					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses					
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,183,691	4,183,691							
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0								
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	246,124	246,124							
4 Benefits paid to or for members	0								
5 Compensation of current officers, directors, trustees, and key employees	2,905,641	2,150,174	639,241	116,226					

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

8 Pension plan accruals and contributions (include section 401

(k) and 403(b) employer contributions)

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

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

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
 Check here ► ☐ if following SOP 98-2 (ASC 958-720).

federal, state, or local public officials .

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

g Other (If line 11g amount exceeds 10% of line 25, column

f Investment management fees . . .

12 Advertising and promotion . . .

section 4958(c)(3)(B) . . . **7** Other salaries and wages

9 Other employee benefits .

a Management

10 Payroll taxes11 Fees for services (non-employees):

b Legal .

c Accounting .

13 Office expenses . .

14 Information technology

20 Interest

expenses on Schedule O.)a JA Program Expenses

15 Royalties .

16 Occupancy .

23 Insurance .

b Evaluations

d Trainings

c Subscription & Dues

e All other expenses

17 Travel .

0

3,579,623

739,487

485,244

365,314

119.654

14,144

1,242,508

376,862

217,737

326,789

215,322

409,061

11,816

334,594

53,173

9,071

2,810,915

308,427

30,880

108,987

999,089

19.338.689

789,327

163,061

106,999

80,554

63,783

42,431

140,075

366,495

19,835

112,046

146,133

31,059

50,111

59,824

1,003,783

9,601

21,165

217,877

24,647

15,292

15,037

100,267

4,218,652

658,610

136,058

89,279

67,213

63,783

178,778

14,780

14,615

85,516

2,675

7,998

39,892

3,157

4,498

94,299

1,577,377

Form 990 (2018)

5,027,560

1,038,606

681,522

513,081

247,220

56,575

140,075

1,787,781

396,697

344,563

472,922

260,996

544.688

74,315

70,772

30,236

3,068,684

333,074

49,329

128,522

1,193,655

25,134,718

12

0

0

0

0

Part II of Schedule L .

Inventories for sale or use .

Less: accumulated depreciation

Notes and loans receivable, net .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Investments—other securities. See Part IV, line 11 .

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Intangible assets

Grants payable . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Form 990 (2018)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11**

785 244

3.282.471

1,384,906

11,953,627

39.525.999

3,477,606

841.862

950,257

9.083.180

14.352.905

17.195.994

7,977,100

25,173,094

39,525,999

Form **990** (2018)

0

0

0

0

0

n

n

0

0

363,719

6

8

9

10c

11

13

15

16

17

19

20

21

23

24

26

27

28

30

31 32

33

34

0 12

0

0 14

0

0 18

0

n 22

0

0 25

0

2.580.310

655.801

1,427,326

11,520,352

25.266.934

3,383,347

152.626

998,545

73.284

4.607.802

15.554.279

5,104,853

20.659.132

25,266,934

0 29

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	5,868,768	1	5,577,667
2 Savings and temporary cash investments	427,500	2	13,618,580

Savings and temporary cash investments	427,500	2	
Pledges and grants receivable, net	1,855,512	3	
Accounts receivable, net	931,365	4	
Loans and other receivables from current and former officers, directors.			

10a

10b

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

3	Pledges and grants receivable, net	1,855,512	3	2,534,7
4	Accounts receivable, net	931,365	4	810,2
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
6	Loans and other receivables from other disqualified persons (as defined under			

11,608,474

10,223,568

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Nο 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. 3h

Additional Data

Software ID: Software Version:

EIN: 84-1267604

Name: Junior Achievement USA

Form 990 (2018)

(2018)

Form 990, Part III, Line 4a:
THE ORGANIZATION ASSISTED ITS US AREAS IN SETTING UP AND/OR MAINTAINING THEIR OWN ORGANIZATION TO ADMINISTER JUNIOR ACHIEVEMENT PROGRAMS. JA

AREAS REACHED APPROXIMATELY 4.77 MILLION ELEMENTARY THROUGH POST-SECONDARY STUDENTS FOR THE YEAR ENDED 6/30/2019.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

JAMES M CARROLL

JEFF HANSBERRY

PERRY HEWITT

VICE CHAIR

DIRECTOR

DIRECTOR

KYLE H HYBL

SECRETARY

DIRECTOR

CLYDE D KEATON

	,					,	′	(14, 2,4,000	(14) 2/4 000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
AINAR D AIJALA JR DIRECTOR	2.0	Х						0	0	0
EVELYN ANGELLE TREASURER	2.0	Х		х				0	0	0
ALAN S ARMSTRONG DIRECTOR	2.0	Х						0	0	0

TREASURER	0.0							L
ALAN S ARMSTRONG	2.0	X				0	0	
DIRECTOR	0.0	Α				Ŭ	3	
CATHERINE S BRUNE	2.0	X				0	0	
DIRECTOR	0.0	Α				Ŭ)	
RODNEY D BULLARD	2.0							Ī
		Х	l		1	0	0	ı

2.0

0.0 2.0

0.0 2.0

0.0 2.0

0.0 2.0

.

......

ALAN S ARMSTRONG	2.0	V					1
DIRECTOR	0.0	X			0	0	
CATHERINE S BRUNE	2.0	V					
DIRECTOR	0.0	Х			0	U	
RODNEY D BULLARD	2.0	V					
DIRECTOR		X			0	l o	l

Χ

Х

Χ

Χ

Χ

Х

0

0

0

0

0

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours and a director/trustee) organization (W. 2/1000)					organizations	from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LOREN C KLUG DIRECTOR	2.0	Х						0	0	0
LARRY LEVA DIRECTOR	0.0 2.0 0.0	х						0	0	0
ROBERT LLOYD DIRECTOR	2.0	Х						0	0	0
PAUL E MCKNIGHT DIRECTOR	2.0	Х						0	0	0

0

0

0

0

0

0

46,570

519,654

2.0

0.0 2.0

0.0 2.0

0.0 40.0

> 0.0 2.0

> 0.0 2.0

.......

......

Χ

Χ

Х

Χ

Χ

Χ

Х

Χ

ROBERT LLOYD
DIRECTOR
PAUL E MCKNIGHT
DIRECTOR
JULIE A MONACO

DIRECTOR

DIRECTOR

CHAIR

JONAS PRISING

RICHARD A WOODS

JACK E KOSAKOWSKI

PRESIDENT AND CEO

ASHEESH ADVANI

CHARLES GARCIA

DIRECTOR

DIRECTOR

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	compensate	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
	2.0					ت				
DOUGLAS OLSON DIRECTOR		Х						0	0	0
DR KERRY HEALEY DIRECTOR	0.0 2.0 0.0	х						0	0	0
LAWRENCE SIDWELL DIRECTOR	2.0	Х						0	0	0
MICHELLE LEE	2.0	Х						0	0	0

0

0

0

0

0

0

0.0 2.0

0.0 2.0

0.0 2.0

0.0 2.0

0.0 2.0

0.0 2.0

......

Χ

Χ

Х

Χ

Χ

Χ

LAWRENCE SIDWELL
DIRECTOR
MICHELLE LEE
DIRECTOR
RANDAL CAIN

......

......

RICHARD NEGRIN ESQ

TIMOTHY BAXTER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

TRIPP DAVIS

ARNOLD EVANS

DINO E ROBUSTO

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

DIRECTOR

SUSAN LUU

EVP

CECIL THIBODEAUX

TIMOTHY GREINERT

SVP - DEVELOPMENT

SVP - BUSINESS IMPROVEMENT

	d,			 ,	,	′	(14, 2,4,000	(144 - 2/4 000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JEANETTE HERNANDEZ PRENGER	2.0	Х					0	0	0	
DIRECTOR	0.0									
JEFFREY RUSSELL	2.0	X					0	0	0	
DIRECTOR	0.0								Ĭ	
RODNEY O MARTIN	2.0	Х					0	0	0	

JEFFREY RUSSELL	2.0	v			_	
DIRECTOR	0.0	^				
RODNEY O MARTIN	2.0					
		X			0	
DIRECTOR	0.0					
ROY A NG	2.0					
		X			0	
DIRECTOR	0.0					

DIRECTOR	0.0							Ĭ	
RODNEY O MARTIN	2.0								
DIRECTOR	0.0	X					0	0	
ROY A NG	2.0	×					0	0	
DIRECTOR	0.0	^						Ŭ	
MONICA HOWARD DOUGLAS	2.0	v							
DIRECTOR		^	l	I	l		l "	i "I	

Χ

0.0 40.0

0.0 40.0

0.0 40.0

0.0

......

		l X				1 0	1 0	
DIRECTOR	0.0					-	-	
LAURA NEWINSKI	2.0							
		Х				l 0	I 0	
DIRECTOR	0.0							
BECKY FRANKIEWICZ	2.0							

Х

Χ

Χ

0

0

0

0

53,910

27,342

62,275

366,467

269,232

280,106

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

·		1	u un			45000)		(14, 2,4,000	(14, 2/4,000	1 110111 1110
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
EDWARD PRIEM II CFO	40.0			х				83,392	0	7,487
MARY CATHERINE DESROSIERS SVP EDUCATION AND LEARNING	40.0				х			248,666	0	7,567
HOWARD BARTNER SVP - OPERATIONS	40.0				х			194,200	0	45,459
ED GROCHOLSKI SVP - BRAND	40.0)			х			246,485	0	30,490
LESLIE PIERCE	40.0				Х			241,251	0	30,902

Χ

Х

Х

Χ

Х

199,596

153,666

149,814

139,490

143,249

0

0

0

0

0

31,455

35,220

33,537

26,478

16,884

0.0 40.0

0.0 40.0

0.0 40.0

0.0 40.0

0.0 40.0

0.0

.

ED GROCHOLSKI
SVP - BRAND
LESLIE PIERCE
SVP TALENT AND ORGANIZATION DE

STEVE SCHMIDT

SVP - OPERATIONS

CHRISTINE KUNTZ

JACQUELINE DANT

VP - OPERATIONS

KRIS PONCIROLI

JEANNINE REILLY

VP DONOR RELATIONS AND DEV SVC

VP - EDUCATION DELIVERY AND TE

......... VP - OPERATIONS

and Independent Contractors

and Independent Contractors (A)

Name and Title

any hours for related organizations below dotted line)
40.0

0.0

(B)

Average

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,



	compensation from the organization (W- 2/1099- MISC)
_	
	127,78:

(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

Estimated

amount of other

compensation

from the

organization and

related organizations

27,878

JEANETTE LEE

VP DEVELOPMENT

Position (do not check more than one box, unless person is both an officer and a director/trustee) Institutiona emplo yee

eriie Gr	KAPHIC Pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493192018480
CHE	DULE A	Public (Charity Statu	s and Pub	olic Supp	ort -	OMB No. 1545-0047
orm 99 0E Z)	90 or		rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) c empt charitable	organization or trust.		2018
	of the Treasury	► Go to	► Attach to Form ! www.irs.gov/Form!				Open to Public Inspection
me of	_{enue Service} the organiza	tion				Employer identific	<u> </u>
ior Achie	evement USA					84-1267604	
art I		for Public Charity State a private foundation because				See instructions.	
organ		onvention of churches, or as	•	•	. ,	(A)(i)	
	·	scribed in section 170(b)((4)(1):	
		or a cooperative hospital serv		,	, ,	iii)	
	·	esearch organization operati	_			•	nter the hospital's
	name, city,		ed in conjunction with	a nospital descri	bed iii section .	170(b)(1)(A)(III). L	nter the hospital's
		ation operated for the benefi (iv). (Complete Part II.)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
	A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
✓		ation that normally receives $\mathbf{0(b)(1)(A)(vi)}$. (Complete		s support from a	governmental u	ınit or from the gener	al public described in
· 🗆	A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
	An agricultı non-land gı	ural research organization de ant college of agriculture. S	escribed in 170(b)(1) ee instructions. Enter	(A)(ix) operated the name, city, a	d in conjunction and state of the o	with a land-grant coll college or university:	ege or university or
	from activit investment	ation that normally receives: ies related to its exempt fur income and unrelated busin iee section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	upport from gross
		ation organized and operated		r public safety. S	ee section 509	(a)(4).	
	more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or sec	tion 509(a)(2). See section 509(a	
	Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
	manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ation vested in the san				
		unctionally integrated. As					ited with, its
	Type III n functionally	organization(s) (see instructi on-functionally integrate integrated. The organizatio d). You must complete Pai	d. A supporting organi n generally must satis	ization operated i fy a distribution i	in connection wi	th its supported organ	
	Check this	box if the organization receiver or Type III non-functionally	ved a written determir	ation from the II		pe I, Type II, Type II	I functionally
Ente		of supported organizations		-			
Prov	vide the follow	ing information about the su		s).			
(i)	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (seinstructions)
				Yes	No		
tal							
	rwork Reduc	tion Act Notice, see the I	nstructions for	Cat. No. 11285	F :	Schedule A (Form 9	90 or 990-EZ) 201

ľ	(b)(1)(A)(ix) (Complete only if you ch	_								
	III. If the organization f						to quality	y under Fait		
-5	ection A. Public Support									
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	2018	(f) Total		
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not	12,449,756	7,793,927	9,237,935	9,484,791		4,362,992 53,329,			
2	include any "unusual grant.") . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	12,449,756	7,793,927	9,237,935	9,484,791	14	4,362,992	53,329,40		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							13,750,39		
	Public support. Subtract line 5 from line 4.							39,579,00		
	ection B. Total Support	1								
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2	:018	(f) Total		
7	Amounts from line 4	12,449,756	7,793,927	9,237,935	9,484,791	1	4,362,992	53,329,40		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	419,746	498,146	433,997	367,934	410,191 2,130,0				
9	Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain									
10	or loss from the sale of capital assets (Explain in Part VI.).									
11	Total support. Add lines 7 through 10							55,459,41		
12		etc. (see instruction	ons)			12		96,450,32		
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) orgai	nization,		
	check this box and stop here						▶ 🗆			
S	ection C. Computation of Publi	c Support Perc	entage							
14	Public support percentage for 2018 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14		71.366 %		
	Public support percentage for 2017 Sc					15		67.149 °		
16 a	33 1/3% support test—2018. If the	e organization did r	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, c	heck this b	ox		
b	and stop here. The organization qual 33 1/3% support test—2017. If the	ne organization did	not check a box o	n line 13 or 16a, a	nd line 15 is 33 1	/3% or m	nore, check	this		
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2018. If the orgon meets the "facts	ganization did not -and-circumstance	check a box on line es" test, check this	e 13, 16a, or 16b, box and stop he	, and line re. Expla	e 14 ain	. ▶⊔		
b	organization	st—2017. If the orzation meets the "f	rganization did not acts-and-circumst	check a box on lin ances" test, check	ne 13, 16a, 16b, o this box and sto j	or 17a, ar p here.	nd line	▶□		
18	supported organization	ion did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see		_		
	instructions						· · · · ·	🚩 🗀		

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 490 2	
	(Complete only if you cl					to qualify und	ler Part II. If	
the organization fails to qualify under the tests listed below, please complete Part II.)								
Se	ection A. Public Support						_	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received. (Do not							
	include any "unusual grants.") .							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business							
4	under section 513 Tax revenues levied for the							
4	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge							
6	Total. Add lines 1 through 5							
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3							
_	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
_	13 for the year. Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
J	from line 6.)							
Se	ection B. Total Support				•		•	
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total	
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and							
	income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30,							
_	1975. Add lines 10a and 10b.							
С 11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is							
	regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c,							
	11, and 12.)							
14	First five years. If the Form 990 is for	_			,			
	check this box and stop here						▶ ⊔	
	ection C. Computation of Public S			1 (6)				
15	Public support percentage for 2018 (lin		•	, , ,		15		
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16		
Se	ction D. Computation of Investr						·	
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17		
18	Investment income percentage from 20					18		
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not	
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□	
	33 1/3% support tests—2017. If the							
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□	
20	Private foundation. If the organization						►□	

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11 c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.	00		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6**

b Applied to 2018 distributable amount

c Remainder. Subtract lines 4a and 4b from 4. 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2018. Subtract than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Additional Data

Software ID:

Software Version: EIN: 84-1267604

Name: Junior Achievement USA

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

• Section 527 organizations: Complete Part I-A only.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

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

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

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

▶Go to www.irs.gov/Form990 for instructions and the latest information.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493192018480

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

2

5

SCHEDULE C (Form 990 or 990-

If the organization answered "Yes" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Junior Achievement USA 84-1267604 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 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....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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 (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

Page 2

Schedule C (Form 990 or 990-EZ) 2018

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

В	Check ▶ ☐ if the filing organization checked box A	A and "limited control" provisions apply.					
	Limits on Lobbying (The term "expenditures" means		(a) Fi organiza tota	ation's	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)					
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)					
c	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures	25	5,134,718				
е	Total exempt purpose expenditures (add lines 1c and	d 1d)	25	25,134,718			
f	Lobbying nontaxable amount. Enter the amount fron columns.	n the following table in both	1	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.	<u> </u>				
	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.	<u> </u>				

е	Total exempt purpose expenditures (add lines 1c and	25	,134,718		
f	Lobbying nontaxable amount. Enter the amount from columns.	1,	,000,000		
	If the amount on line 1e, column (a) or (b) is:				
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000				
	Over \$1,000,000 but not over \$1,500,000				
	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 -(
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 1 section 4911 tax for this year?		☐ Yes ☐ N	lo	

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 separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(b) 2016

1,000,000

250,000

(c) 2017

1,000,000

250,000

(d) 2018

1,000,000

250,000

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

4,000,000

6,000,000

1,000,000

1,500,000

(a) 2015

1,000,000

250,000

	ich "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)	
ctivi	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	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), o	r sectio	n	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), 0	r sectio	n	
	501(c)(6).			Yes	N
	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes	N
L 2	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Yes	N
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	Yes	No
l <u>e</u>	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o	3	Yes 2 2 3 3 501(c)	
l 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o	3	Yes 2 2 3 3 501(c)	
ar	Were substantially all (90% or more) dues received nondeductible by members?	(5), o	3	Yes 2 2 3 3 501(c)	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	(5), o III-A	3	Yes 2 2 3 3 501(c)	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization make only in-house lobbying and political expenditures answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A	3	Yes 2 2 3 3 501(c)	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	(5), o III-A, 1 2a 2b 2c	3	Yes 2 2 3 3 501(c)	
l 2 3 Part l 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A	3	Yes 2 2 3 3 501(c)	
1 2 3 Part 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 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	(5), o III-A, land 2a 2b 2c 3	3	Yes 2 2 3 3 501(c)	
1 2 3 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A, 1 2a 2b 2c	3	Yes 2 2 3 3 501(c)	

Explanation

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

SCHEDULE D

DLN: 93493192018480

OMB No. 1545-0047

Supplemental Financial Statements

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

Inte

(Form 990)

	nal Revenue Service	► Go to <u>www.irs.gov/Form990</u> for the latest information.		Ins	spection
	me of the organ		Employer iden	tification	number
Jun	ior Achievement USA	A	84-1267604		
Pa	art I Organi	izations Maintaining Donor Advised Funds or Other Similar Funds o	.		
	Comple	ete if the organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b)Funds a	and other a	accounts
1		end of year			
2		e of contributions to (during year)			
3	55 5	of grants from (during year)			
4	55 5	at end of year			
5		ation inform all donors and donor advisors in writing that the assets held in donor ac property, subject to the organization's exclusive legal control?			Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and donor advisors in writing that grant funds can oses and not for the benefit of the donor or donor advisor, or for any other purpose		issible	Yes 🗌 No
Pa	rt III Conser	rvation Easements. Complete if the organization answered "Yes" on Form	m 990, Part IV, l	ine 7.	
1	Purpose(s) of co	onservation easements held by the organization (check all that apply).			
	☐ Preservation	on of land for public use (e.g., recreation or education) \qed Preservation of ar	historically impor	tant land a	area
	☐ Protection	of natural habitat Preservation of a	certified historic st	ructure	
	☐ Preservation	on of open space			
2					of the Year
а		conservation easements	2a	the End o	T the real
b	Total acreage re	estricted by conservation easements	2b		
С	=	ervation easements on a certified historic structure included in (a)	2c		
d	Number of conse	ervation easements included in (c) acquired after 7/25/06, and not on a historic in the National Register	2d		
3	Number of cons tax year ►	servation easements modified, transferred, released, extinguished, or terminated by	the organization d	uring the	
4	Number of state	es where property subject to conservation easement is located >			
5		ization have a written policy regarding the periodic monitoring, inspection, handling	of violations.		
_	and enforcemer	nt of the conservation easements it holds?	[Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspecting, handling of violations, and enforcing c 	onservation easem	ents durin	ng the year
7	Amount of expe ► \$	enses incurred in monitoring, inspecting, handling of violations, and enforcing conser	rvation easements	during the	e year
8		ervation easement reported on line 2(d) above satisfy the requirements of section 1 0(h)(4)(B)(ii)?		☐ Yes	□
9	In Part XIII, des	scribe how the organization reports conservation easements in its revenue and expe	nse statement, an	d	∐ No
	the organization	and include, if applicable, the text of the footnote to the organization's financial staten's accounting for conservation easements.			
	Comple	izations Maintaining Collections of Art, Historical Treasures, or Othete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	art, historical tr	tion elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stare reasures, or other similar assets held for public exhibition, education, or research in a XIII, the text of the footnote to its financial statements that describes these items.			
b	historical treasu	tion elected, as permitted under SFAS 116 (ASC 958), to report in its revenue staten ures, or other similar assets held for public exhibition, education, or research in furth nts relating to these items:			
	-	ded on Form 990, Part VIII, line 1.......................	▶\$		
		d in Form 990, Part X			
2	If the organizati	ion received or held works of art, historical treasures, or other similar assets for finants required to be reported under SFAS 116 (ASC 958) relating to these items:		the	
а	-	ed on Form 990, Part VIII, line 1	> \$		
h	Assets included	in Form 990. Part X	▶ \$		

Part	1111	Organizations Ma	aintaining Col	lections of Ar	rt, Histori	ical T	reasui	res, oi	r Other	Similar A	ssets (con	tinued)	
		the organization's acq (check all that apply):		n, and other reco	ords, check	any of	the foll	owing t	hat are a	significant (use of its co	llection	
а		Public exhibition			d		Loan o	or exch	ange prog	ırams			
b		Scholarly research			e		Other						
c		Preservation for future	e generations										
		e a description of the	_	lections and expl	lain how the	ey furt	her the	organiz	zation's ex	xempt purpo	ose in		
		the year, did the orga to be sold to raise fur									☐ Yes		lo
Part	IV	Escrow and Cust Complete if the ord X, line 21.			Form 990), Part	IV, lin	ne 9, o	r reporte	ed an amou	unt on For	m 990,	Part
La	Is the include	organization an agent ed on Form 990, Part)	, trustee, custodi X?	an or other inter	mediary for	contri	butions 	or othe	er assets 	not 	Yes	☑ ,	lo
b	If "You	s," explain the arrange	ment in Part VIII	and complete th	ne following	tahla:				Δ	mount		_
		ning balance		·	_				1c		inount		_
	-	ons during the year .							1d				_
		outions during the year							1e				_
		balance							1f				_
	_									. Lilit D			_
		e organization include								•	_	ш г	10
		s," explain the arrange Endowment Fund											
Par	·V	Endowment rund	us. Complete ir	(a)Current year		reu Y Prior yea				(d)Three year		Four yea	re hack
. a B	eainni	ng of year balance .		(a)Current year	(0)	nor yea	" \	c) i wo y	ears back	(u)Timee ye	ars back (e) our yea	13 Dack
	-	utions											
c N	et inve	estment earnings, gair	ns, and losses										
d G	rants	or scholarships											
e 0	ther e	xpenditures for facilitie	es										
а	nd pro	grams											
f A	dminis	strative expenses .											
g E	nd of y	ear balance											
		e the estimated perce			ance (line 1	g, colu	mn (a))) held a	ıs:				
а	Board	designated or quasi-e	ndowment ►										
b	Perma	nent endowment ►											
c	Tempo	orarily restricted endov	wment ►										
	The pe	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%.									
		ere endowment funds	not in the posses	sion of the orgar	nization tha	t are h	eld and	admin	istered fo	r the		V	N.
	-	zation by: related organizations									3a(i)	Yes	No
	• •	lated organizations .				•					3a(ii		
	• •	s" on 3a(ii), are the rel			red on Sche	edule R	.? .				3b		
Ļ	Descri	be in Part XIII the inte	ended uses of the	organization's e	ndowment :	funds.							
Part	VI	Land, Buildings,											
		Complete if the ord											
	vescrip	otion of property	(a) Cost or oth (investme		Cost or other	nasis (ourier)	(C) ACC	umulated (depreciation	(a)	Book valı	ie
	and .						60,730			4 400 :=:			1,260,73
	uilding					4,1	20,471			4,120,471			
		old improvements											
d E	quipm	ent					01,049			329,328			71,72
- 0	4-1 ·-			1		5.8	26.224			5 773 760			52.459

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

See Form 990, Part X, line 12.		wered "Yes" on Form 99	
(a) Description of security or category (including name of security)	(b) Book value		d of valuation: -year market value
1) Financial derivatives			
2) Closely-held equity interests 3) Other	· · · ·		
A)			
3)			
C)			
D)			
E)			
F)			
G)			
н)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' o	un Form 990 Part IV	ine 11c See Form 990	Part Y line 13
(a) Description of investment	(b) Book value	(c) Metho	d of valuation:
1)		Cost or end-of	-year market value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
(9)			
	•		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answe (a) Descrip	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	90, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answe (a) Descrip	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answe (a) Descrip 1)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answe (a) Descrip 1) 2)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Other Assets. Complete if the organization answer (a) Descrip 1) 2)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 60 7) 80 Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answer (a) Descrip Other Assets. Complete if the organization answer (a) Descrip (a) Descrip (b) Liabilities. Complete if the organization answer (a) Descrip Other Liabilities. Complete if the organization answer (a) Descrip Other Liabilities. Complete if the organization answer (a) Descrip Other Liabilities. Complete if the organization answer (a) Descrip Other Liabilities.	ered 'Yes' on Form 990, P		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7) Part X Other Liabilities. Complete if the organization answer (a) Descrip Other Assets. Complete if the organization answer (a) Descrip 1) 2) 7) 8) Other Liabilities. Complete if the organization see Form 990, Part X, line 25. (a) Description of liability	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7) Part X Other Liabilities. Complete if the organization answer (a) Descrip Other Assets. Complete if the organization answer (a) Descrip 1) 2) 7) 8) Other Liabilities. Complete if the organization see Form 990, Part X, line 25. (a) Description of liability	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Description (a) Description (b) Must equal Form 990, Part X, col.(B) line 13.) (c) Description (d) Description (e) Description (e) Description (f) Description of liability (e) Description of liability (f) Federal income taxes	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip (a) Description of liability (a) Description of liability (a) Description of liability (a) Description (a) Description (a) Description (b) Description (a) Description (a) Description (a) Description (b) Description (b) Description (b) Description (c) D	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Description (a) Description (b) Must equal Form 990, Part X, col.(B) line 13.) (c) Description (d) Description (e) Description (g) Description (h) Description (g) Description (h) Must equal Form 990, Part X, col.(B) line 15.) (e) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability (b) Federal income taxes	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip (a) Descrip (a) Descrip (b) Must equal Form 990, Part X, col.(B) line 13.) 2) 33 4) 5) 60 77 80 Part X Other Liabilities. Complete if the organization see Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization see Form 990, Part X, line 25. (a) Description of liability (b) Federal income taxes	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Descripation of liability 1) Federal income taxes	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip (a) Descrip (b) Must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer (a) Descrip (b) Descrip (c) Description of Description of Description of Description of Description (c) De	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6)	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes	n answered 'Yes' on Form 990, F		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	n answered 'Yes' on Form 990, F		(b) Book value

2

b

c d

е

3

4

Schedule D (Form 990) 2018

2e

3

Page 4

а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b		1	
c	Add lines 4a and 4b		٠		4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem			Retur	n.
	Complete if the organi	ization answered 'Yes' on Form 990, Pari	t IV, li	ne 12a.		
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facil	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c		1	
d	Other (Describe in Part XIII.) .		2d		1	
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b		1	
c	Add lines 4a and 4b		٠		4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	.) .		5	
Pai	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b. Also complete this part to provide			V, line	4; Part X, line 2; Part
	Return Reference		Exp	planation		
ee /	Additional Data Table					

2a

2b

2c

2d

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

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

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

Net unrealized gains (losses) on investments

Donated services and use of facilities

Subtract line 2e from line 1

Recoveries of prior year grants

Add lines 2a through 2d

Other (Describe in Part XIII.)

ıle D (Form 990) 2018	Page 5
XIII Supplemental Information (continued)	
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version: EIN: 84-1267604

Name: Junior Achievement USA

Supplemental Information

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	TRUST, ESCROW, AND CUSTODIAL ARRANGEMENTS: THE ORGANIZATION ASSISTS ITS AREAS IN SETTING UP THEIR OWN ORGANIZATIONS TO ADMINISTER JUNIOR ACHIEVEMENT PROGRAMS. THE ORGANIZATION HOLD S FUNDS ON BEHALF OF CERTAIN MEMBERS FOR THEIR U.S. EXPENSES. THESE ARE INCLUDED IN CASH AND INVESTMENTS ON THE STATEMENTS OF FINANCIAL POSITION AND TOTAL \$659,156 AS OF JUNE 30, 2019

Supplemental Information	
Return Reference	Explanation
	Uncertain Tax Positions: Management has evaluated their income tax positions under the gui dance included in ASC 740. Based on their review, management has not identified any materi al uncertain tax positions to be recorded or disclosed in the financial statements.

Sı

Supplemental Information Return Reference Explanation Schedule D, Part XI, line 2d Other Revenue on Books, Not on Return Donated Services \$ 890,014 Investment Management Fee s (78,058) International Pass-Thru Grants (248,649)* Domestic Pass-Thru Grants (4,181,166) * ----- \$ (3,617,859)

Supplemental Information							
Return Reference	Explanation						
Schedule D, Part XI, Line 4b	Other Revenue on Return, Not on Books Cost of Goods Sold Reclassed From Expense and Netted Against Revenue \$ (4,078,382)						

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, line 2d	Other Expenses on Books, Not on Return: Cost of Goods Sold Reclassed From Expense and Nett ed Against Revenue \$ 4,078,382 Donated Services 890,014 International Pass-Thru Grants (24 8,649) Domestic Pass-Thru Grants (4,181,166)

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	Other Expenses on Return, Not on Books: Designated Contributions to US JA Offices and Memb er Nations Treated as Agency Transactions for Financial Statement Purposes 4,194,415* * Th e organization assumes acknowledgment responsibility for these grants. This is the most ef ficient approach with numerous local areas and member nations benefitting from an individu al grant. Therefore, the organization includes the grant revenue and grant expense on form 990.

efile GRAPHIC	print - DO NOT	PROCESS	As Filed Data -		DLN	: 93493192018480			
SCHEDULE F (Form 990)	State	ement of	Activities (Outside the Uni	ited States	OMB No. 1545-0047			
(1 51111 550)		lete if the organi	2018						
Department of the Trea Internal Revenue Service	sury ce	► Go to <i>www.irs.</i>	gov/Form990 for in	nstructions and the latest information. Open to Public Inspection					
Name of the organ Junior Achievemen					Employer ider 84-1267604	ntification number			
	eral Information n 990, Part IV, line		o Outside the U	Inited States. Comple	ete if the organization a	enswered "Yes" to			
other assist	ance, the grantees'	eligibility for the	ne grants or assis	substantiate the amount stance, and the selection	criteria used	✓ Yes □ No			
outside the	United States.	_	·	-	use of its grants and ot	her assistance			
· · · · · ·	Region. (The following	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in region			
See Add'l Da	ta			-					
Part I	ntinuation sheets to		0 0			246,124			
c Totals (add I	ines 3a and 3b)		0 0			246,124			

	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. Part II can be duplicated if additional space is needed.									
Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount	(h) Description	(i) Method of		

organization	section and EIN (if applicable)	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data							

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

chedule F (Form 990) 2018							Page 3
				ed States. Complete if	f the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
a) Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	eeded. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	_	_
		∐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☐Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see instructions for Form 6865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F	(Form 990	0) 2018 Page 5
Part V	Provide amoun method	emental Information e the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; its of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide Iditional information (see instructions).
990 Sche	·	Supplemental Information Explanation
Refere		
SCHEDU	. – – "	DRGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: GRANTS ARE TO JA OR MEMBER

 I REQUIRED IS SUBMITTED TO THE ORGANIZATION'S GRANT STEWARD OR DIRECTLY TO THE DONOR.

Additional Data

Europe (Including Iceland and

Greenland)

Software ID: Software Version:

EIN: 84-1267604

Name: Junior Achievement USA

160,000

Form 990 Schedule F Part I - Activities Outside The United States									
(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 for region				
North America	0	0	Grantmaking		18,024				

0 Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 0 | Grantmaking 8,500 East Asia and the Pacific 0 Grantmaking 35,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) Sub-Saharan Africa 0 |Grantmaking 24,600

(i) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other)

	North America	SUPPORT	10,724		
		MISSION			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America ISUPPORT 7.300 IMISSION

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUPPORT 155,000 Europe l(Includina IMISSION Iceland and Greenland)

15.000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

ISUPPORT

MISSION

East Asia and

the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and ISUPPORT 20,000 the Pacific IMISSION Sub-Saharan ISUPPORT 7.300

Africa

IMISSION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) Sub-Saharan ISUPPORT 12.300

Africa

IMISSION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

DLN: 93493192018480

Open to Public Inspection

Name of the organization							Employer identification number		
Junior Achievement USA						84-1267604			
Part I General Informa	ation on Grants	and Assistance							
Does the organization main the selection criteria used t						ce, and			
2 Describe in Part IV the organic							☑ Yes ☐ No		
Part III Grants and Other A			ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	e 21, for any recipient		
(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 noncash assistance	(h) Purpose of grant or assistance		
(1) See Additional Data						L			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section3 Enter total number of other	. , . ,	-					74_		
For Paperwork Reduction Act Notice				Cat. No. 5005			hedule I (Form 990) 2018		

(1)

Page 2

Schedule I (Form 990) 2018

Explanation

ldonor.

Schedule I (Form 990) 2018

Part III

(2)

(3)

Return Reference

Schedule I, Part I, Question 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(4)

(5) (6)

(7)

Organization's procedures for monitoring the use of grant funds: Grants are to US JA offices only. Most of the funding for the grants is provided by donors who place

restrictions on the use of the monies. Grant usage requirements vary by donor. The reporting required is submitted to the organization's grant steward or directly to the

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Additional Data

315

Birmingham, AL 35209

Junior Achievement of Arkansas Inc Q WORLD AVENUE LITTLE ROCK, AR 72202

Software ID: Software Version: **EIN:** 84-1267604 Name: Junior Achievement USA Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

16,461

SUPPORT MISSION

SUPPORT MISSION

Junior Achievement of Alabama 63-0340866 501(c)(3) 21,096 Inc 216 AQUARIUS DRIVE SUITE

501(c)(3)

71-0658775

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Arizona 86-0184349 501(c)(3) 95.959 SUPPORT MISSION Inc 636 WEST SOUTHERN AVENUE TEMPE, AZ 852824508 Junior Achievement of Chicago 36-2170141 501(c)(3) 160.736 SUPPORT MISSION

Inc

651 W Washington Street 404

Chicago, IL 60661

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Junior Achievement of Baton 72-0485727 501(c)(3) 34,335 SUPPORT MISSION D - - - - 1 A

7809 Jefferson Highway Suite D4 Baton Rouge, LA 70809					
3DE National	83-1444494	501(C)(3)	205,080		SUPPORT M

ATLANTA, GA 30335

MISSION 3565 PIEDMONT RD NE BLD 1 STE 460

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Albany 14-1429763 501(C)(3) 5.495 SUPPORT MISSION

8 STANLEY CIR LATHAM, NY 12110

Junior Achievement of Austin 74-1688335 501(C)(3) 10,803

TX

SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

206 F MAIN ST

ROUND ROCK, TX 78664

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 52-0688275 501(C)(3) 24.912 Junior Achievement of SUPPORT MISSION

SUPPORT MISSION

Baltimore MD 10711 RED RUN BLVD 110 OWINGS MILLS, MD 21117

15.949

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Junior Achievement of Boise ID 1365 N ORCHARD ST 380

BOISE, ID 83706

82-6008991

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Junior Achievement of Boston 04-2127020 501(C)(3) 145,290 SUPPORT MISSION

MA 209 BURLINGTON RD BEDFORD, MA 01730					
Junior Achievement of Bowling Green KY	61-0997385	501(C)(3)	7,117		SUPPORT MISSION

440 1/2 E MAIN AVE

BOWLING GREEN, KY 42101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 06-0644315 501(C)(3) 12.673 SUPPORT MISSION Junior Achievement of Bridgeport CT 835 MAIN ST

835 MÁIN ST
BRIDGEPORT, CT 06604

Junior Achievement of Buffalo 13-3031828 501(C)(3) 13,648

SUPPORT MISSION NY
420 LEXINGTON AVE STE 205

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10170

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of 56-0672085 501(C)(3) 70.873 SUPPORT MISSION Charlotte NC 1701 N GRAHAM ST 100 CHARLOTTE, NC 28206

SUPPORT MISSION

7.945

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

1701 N GRAHAM ST 100 CHARLOTTE, NC 28206 Junior Achievement of CincinnatiDayton OH

644 LINN ST 1024 CINCINNATI, OH 45203 32-0014307

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

COLORADO SPRINGS, CO

80903

Junior Achievement of Cleveland OH 1422 EUCLID AVE 952 CLEVELAND, OH 44115	34-0733164	501(C)(3)	5,927		SUPPORT MISSION
Junior Achievement of Colorado Springs CO 611 N WEBER ST 201	84-6009223	501(C)(3)	6,415		SUPPORT MISSION

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Junior Achievement of 57-0511131 501(C)(3) 33,419 SUPPORT MISSION

68 E 2ND AVE COLUMBUS, OH 43201

Columbia SC KITTRELL CENTER 5711 MIDDLEBURG DR COLUMBIA, SC 29204					
Junior Achievement of Columbus OH	31-4385042	501(C)(3)	84,813		SUPPORT MISSION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Dallas 75-0881589 501(C)(3) 92.874 SUPPORT MISSION 1201 EXECUTIVE DR W

SUPPORT MISSION

110.452

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

1201 EXECUTIVE DR W RICHARDSON, TX 75081 Junior Achievement of Delaware

522 S WALNUT ST WILMINGTON, DE 19801 81-0078199

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Denver 84-0430495 501(C)(3) 105.846 SUPPORT MISSION 1445 MARKET ST 200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DES MOINES, IA 50312

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Detroit 38-1348535 501(C)(3) 416.658 SUPPORT MISSION 577 LARNED ST

DETROIT, MI 48226 Junior Achievement of El Paso 74-1565161 501(C)(3) 5.164

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUPPORT MISSION 200 BARTLETT DR 104 EL PASO, TX 79912

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-6048156 501(C)(3) 7.506 SUPPORT MISSION Junior Achievement of Evansville IN

431 F DIAMOND AVE EVANSVILLE, IN 47711 Junior Achievement of Ft 59-0871446 501(C)(3) 45.846 SUPPORT MISSION Lauderdale FL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1130 COCONUT CREEK BLVD COCONUT CREEK, FL 33066

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Ft 35-0922731 501(C)(3) 7.117 SUPPORT MISSION

Wayne IN 550 E WALLEN RD FORT WAYNE, IN 46825		, , , ,	,		
Junior Achievement of Ft	75-0944915	501(C)(3)	29,677		SUPPORT MISSION

Worth TX 6300 RIDGLEA PL 400

FORT WORTH, TX 76116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Georgia 58-0598050 501(C)(3) 301.307 SUPPORT MISSION 572 NORTHSIDE DRIVE NW BLDG C 3RD F

ATLANTA. GA 30314 Junior Achievement of Grand 38-1557861 501(C)(3) 22.909 SUPPORT MISSION Rapids MI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

741 KENMOOR AVE SE GRAND RAPIDS, MI 49546

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of 56-0844838 501(C)(3) 8.247 SUPPORT MISSION Greensboro NC 3220 NORTHLINE AVE GREENSBORO, NC 27408

SUPPORT MISSION

80.397

Junior Achievement of Hartford

70 FARMINGTON AVE HARTFORD, CT 06105

06-0665972

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Junior Achievement of Houston 74-1153957 501(C)(3) 89,298 SUPPORT MISSION

TX 2115 E GOVERNORS CIR HOUSTON, TX 77092					
Junior Achievement of	59-1021800	501(C)(3)	23,371		SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JACKSONVILLE, FL 32207

RT MISSION 4049 WOODCOCK DR 200

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Junior Achievement of Kansas 48-0731855 501(C)(3) 6.127 SUPPORT MISSION 4008 SW HUNTOON ST

TOPEKA, KS 66604 Junior Achievement of Kansas 44-0604809 501(C)(3) 6.858

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KANSAS CITY, MO 64130

SUPPORT MISSION City MO 4001 BLUE PKWY 210

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

Junior Achievement of	62-0810145	501(C)(3)	12,737		SUPPORT MISSION
Knoxville TN					
2135 N CHARLES G SEIVERS					
BLVD					
CLINTON, TN 37716					

| SUPPORT MISSION | SUPPORT MI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LEXINGTON, KY 40511

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Losa 95-1799192 501(C)(3) 159.968 SUPPORT MISSION Angeles CA 6250 FOREST LAWN DR

LOS ANGELES, CA 90068 Junior Achievement of 61-0476694 501(C)(3) 36.460 SUPPORT MISSION Louisville KY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1401 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Miami 59-0807486 501(C)(3) 78.114 SUPPORT MISSION 301 71ST ST

301 71ST ST MIAMI BEACH, FL 33141

Junior Achievement of Midland 38-6081685 501(C)(3) 7,117

MI

SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

309 E INDIAN ST MIDLAND, MI 48640

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Naples 65-0503084 501(C)(3) 12.116 SUPPORT MISSION 13241 UNIVERSITY DR

FORT MYERS, FL 33907 Junior Achievement of 62-0582571 501(C)(3) 24.601

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37204

SUPPORT MISSION Nashville TN 120 POWELL PL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of New 04-3193575 501(C)(3) 21.935 SUPPORT MISSION Bedford 128 UNION ST

 128 UNION ST
 NEW BEDFORD, MA 02740
 SUPPORT MISSION

 Junior Achievement of New Jersey
 22-1774147
 501(C)(3)
 107,323
 SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

360 PEAR BLOSSOM DRIVE EDISON, NJ 08837

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of New 85-0416889 501(C)(3) 7.467 SUPPORT MISSION Mexico 4700 LINCOLN RD NE

ALBUQUERQUE, NM 87109 Junior Achievement of New 13-3031828 501(C)(3) 419.875

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10170

SUPPORT MISSION York NY 420 LEXINGTON AVE

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Junior Achievement of 94-1322179 501(C)(3) 54.836 SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AVENUE TULSA, OK 74146

Northern California 3003 OAK RD 130 WALNUT CREEK, CA 94597		(-)(-)	- 1,7		
Junior Achievement of Oklahoma 6947 SOUTH 103RD EAST	73-0757053	501(C)(3)	44,001		SUPPORT MISSION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Orlando 59-0972112 501(C)(3) 32.881 SUPPORT MISSION 2121 CAMDEN RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EAST PEORIA, IL 61611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Junior Achievement of 23-1386172 501(C)(3) 57,858 SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OR

7830 SE FOSTER RD PORTLAND, OR 97206

Philadelphia PA 994 OLD EAGLE SCHOOL RD 1014 WAYNE, PA 19087					
Junior Achievement of Portland	93-0384007	501(C)(3)	6,824		SUPPORT MISSION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Raleigh 56-1107715 501(C)(3) 35.193 SUPPORT MISSION 4904 WATERS EDGE DR 155

RALEIGH, NC 27606 Junior Achievement of Rhode 05-0263443 501(C)(3) 71.954

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WARWICK, RI 02886

SUPPORT MISSION Island 57 GREENE ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of 16-0956147 501(C)(3) 28.906 SUPPORT MISSION Rochester NY 1 S WASHINGTON ST 110

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3800 WATT AVE SACRAMENTO, CA 95821

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of San 74-2061852 501(C)(3) 26.242 SUPPORT MISSION Antonio TX 403 F RAMSEY RD 201

SUPPORT MISSION

45.372

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SAN ANTONIO, TX 78216

Junior Achievement of San

4756 MISSION GORGE PL SAN DIEGO, CA 92120

Dieao CA

95-1727087

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

110

SIOUX FALLS, SD 57104

Junior Achievement of Seattle WA 1700 WESTLAKE AVE N 100 SEATTLE, WA 98109	91-0604913	501(C)(3)	16,202		SUPPORT MISSION
Junior Achievement of South Dakota 1000 NORTH WEST AVE SUITE	46-0306352	501(C)(3)	9,554		SUPPORT MISSION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of 04-2088304 501(C)(3) 21.691 SUPPORT MISSION Springfield MA 1500 MAIN ST 217

| Support Mission | Support Mi

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

17339 N OUTER 40 RD CHESTERFIELD, MO 63005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Tampa 59-1098499 501(C)(3) 32.242 SUPPORT MISSION Bay FL 13707 N 22ND ST

TAMPA, FL 33613 Junior Achievement of the 41-1424988 501(C)(3) 70.678

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST PAUL, MN 55104

SUPPORT MISSION Upper Midwest 1745 UNIVERSITY AVE W

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Utah 87-0225875 501(C)(3) 99.436 SUPPORT MISSION 515 SOUTH 700 EAST SUITE SALT LAKE CITY, UT 84102

Junior Achievement of 34-1714400 501(C)(3) 9.261

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GIRARD, OH 44420

SUPPORT MISSION WarrenYoungstown OH 1601 MOTOR INN DR 305

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of 54-0788947 501(C)(3) 25.347 SUPPORT MISSION Washington DC 919 18TH ST NW

WASHINGTON, DC 20006 Junior Achievement of West 59-2333738 501(C)(3) 19.915 SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WEST PALM BEACH, FL 33411

Palm Beach FL 6903 VISTA PKWY N 10

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

23-1598129

Junior Achievement of Wisconsin	39-0826295	501(C)(3)	83,028		SUPPORT MISSION
11111 W LIBERTY DR					
MILWAUKEE, WI 53224					

SUPPORT MISSION

24.567

Junior Achievement of York PA

610 S GEORGE ST YORK, PA 17401

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	49319	2018	480
Sch	edule J	C	ompensati	ion Information	10	1B No.	1545-0	0047
(Forr	n 990)		Compensa ganization answ	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV 1 to Form 990.	hest , line 23.	20	18	3
•	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest infor	mation.	pen i		
	al Revenue Service ne of the organiz	<u> </u> ation			Employer identificat		ectio ımber	
Juni	or Achievement USA	4			84-1267604			
Pa	rt I Questi	ons Regarding Compensa	ition		04-1207004			
							Yes	No
1 a				f the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati				1
	□ Discretion	nary spending account		Personal services (e.g., maid, chaut	rreur, cner)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2		
	unectors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked in line	: Ia:			
3	organization's C	EO/Executive Director. Check a	II that apply. Do r	ed to establish the compensation of t not check any boxes for methods				
	used by a relate	ed organization to establish com	pensation of the	CEO/Executive Director, but explain	in Part III.			
	☑ Compens	ation committee		Written employment contract				
		ent compensation consultant	\checkmark	Compensation survey or study				1
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	itrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9				
5			-	the organization pay or accrue any				
		ontingent on the revenues of:		, , , , ,				
а	The organization	n?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b				$\bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet$		6b		No
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye	on A, line 1a, did s," describe in Pa	the organization provide any nonfixe rt III	d 	7	Yes	
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		No
9				presumption procedure described in		9		1.5
For F	Paperwork Redu	iction Act Notice, see the In	structions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Form	1 990)	2018

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

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title	_		kdown of W-2 and/c compensation	or 1099-MISC	(C) Retirement and other deferred	(D) Nontaxable benefits	columns	(F) Compensation in
			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
								_
	\exists							
	\exists							
	\dashv			<u> </u>				<u> </u>
	\rfloor							
	1							

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

Return Reference

Schedule J, Part I, Line 7

Description of Non-Fixed Payments: THERE ARE TWO KEY COMPONENTS OF THE EXECUTIVE COMPENSATION PHILOSOPHY OF JA USA: 1. REWARD FOR PERFORMANCE 2. PROVIDE REASONABLE AND COMPETITIVE PAY PACKAGES WITH THOSE OFFERED TO LEADERS OF ORGANIZATIONS COMPARABLE TO JA USA IN TERMS OF SIZE, COMPLEXITY AND MISSION IMPACT. AS PART OF THE REWARD FOR PERFORMANCE THE EXECUTIVE COMPENSATION PLAN (MIC). MIC IS INTENDED TO STIMULATE AND REWARD RESULTS AND ACHIEVEMENT INCERSSARY TO ACCOMPLISH THE MULTIPLE ORJECTIVES OF 1A USA'S STRATEGIC PLAN THE MIC PLAN THE MULTIPLE OR PROTECTIVES OF 1A USA'S STRATEGIC PLAN THE MIC PLAN THE MULTIPLE OR PROTECTIVES OF 1A USA'S STRATEGIC PLAN THE MIC PLAN THE MICHIGAN TO COMPANTATION PLAN (MIC). MIC IS INTENDED TO STIMULATE AND PROVIDED TO STIMULATE

Page 3

Schedule J (Form 990) 2018

REWARD RESULTS AND ACHIEVEMENT NECESSARY TO ACCOMPLISH THE MULTIPLE OBJECTIVES OF JA USA'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 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.

I (Form 990) 2018

(i) Base Compensation

Software ID:

Software Version:

(ii)

Bonus & incentive

EIN: 84-1267604

Name: Junior Achievement USA

(iii)

Other reportable

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Retirement and

(D) Nontaxable

			Bonus & incentive compensation	Other reportable compensation	Compensation			prior Form 990
JACK E KOSAKOWSKI PRESIDENT AND CEO	(i)	448,455	66,843	4,356	26,042	20,528	566,224	
	(ii)	0	0	0	0	0	0	
CECIL THIBODEAUX EVP	(i)	314,360	47,751	4,356	35,782	18,128	420,377	
	(ii)	0	0	0	0	0	0	
SUSAN LUU SVP - BUSINESS	(i)	238,972	29,270	990	7,390	19,952	296,574	
IMPROVEMENT	(ii)	0	0	0	0	0	0	
TIMOTHY GREINERT SVP - DEVELOPMENT	(i)	253,766	23,502	2,838	37,657	24,618	342,381	
	(ii)	0	0	0	0	0	0	
CHRISTINE KUNTZ VP - OPERATIONS	(i)	150,973	0	2,693	15,350	19,870	188,886	
	(ii)	0	0	0	0	0	0	
JACQUELINE DANT VP - OPERATIONS	(i)	148,886	0	928	9,975	23,562	183,351	
	(ii)	0	0	0	0	0	0	
VP DONOR RELATIONS AND	(i)	138,643	0	847	4,757	21,721	165,968	
	(ii)	0	0	0	0	0	0	
JEANNINE REILLY VP - EDUCATION DELIVERY	(i)	142,393	0	856	3,105	13,779	160,133	
AND TE	(ii)	0	0	0	0	0	0	
JEANETTE LEE VP DEVELOPMENT	(i)	125,607	0	2,174	9,165	18,713	155,659	
	(ii)	0	0	0	0	0	0	
MARY CATHERINE DESROSIERS	(i)	222,215	23,845	2,606	6,839	728	256,233	
SVP EDUCATION AND LEARNING	(ii)	0	0	0	0	0	0	
HOWARD BARTNER SVP - OPERATIONS	(i)	175,845	16,265	2,090	21,618	23,841	239,659	
SVI SIENVIISNS	(ii)	0	0	0	0	0	0	
ED GROCHOLSKI SVP - BRAND	(i)	220,998	24,071	1,416	8,495	21,995	276,975	
SVI BICAIVE	(ii)	0	0	0	0	0	0	
LESLIE PIERCE SVP TALENT AND	(i)	211,396	22,420	7,435	19,173	11,729	272,153	
ORGANIZATION DE	(ii)	0	0	0	0	0	0	
STEVE SCHMIDT SVP - OPERATIONS	(i)	178,114	19,398	2,084	13,323	18,132	231,051	
or Electronia	(ii)	0	0	0	0	0	0	

other deferred

compensation

benefits

(E) Total of columns

(B)(i)-(D)

(F) Compensation in

column (B)

reported as deferred on

efile GRAPH	IC print - DO NOT PROCESS As Fi	led Data -		[DLN: 93493192018480			
(Form 990 or EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.							
Namel Betherofg Junior Achievemen 990 Schedul				Employer i 84-1267604	dentification number			
Return Reference			Explanation					
FORM 990, PART VI, SECTION A, LINE 6	DESCRIBE CIRCUMSTANCES FOR HAVIN WIDE, INC. APPROVAL MUST BE OBTAIN ICATION, OR RESTATEMENT OF THE AR'N, REORGANIZATION, OR DISSOLUTION R EXCHANGE, OR OTHER DISPOSITION, S NET ASSETS; - ANY MATERIAL CHANG USA; -ENTERING INTO ANY OPERATING	ED FROM TH TICLES OF IN OF JUNIOR A TRANSFER E IN ANY CU	IE MEMBER FOR THE FOLLOW NCORPORATION OR BYLAWS; ACHIEVEMENT USA (JA USA), (OR CONVEYANCE OF ALL OF S RRENT NONPROFIT PURPOSE	/ING: - AME - MERGER, DR THE SAI SUBSTANTI ES AND OBJ	NDMENT, MODIF CONSOLIDATIO LE, LEASE O ALLY ALL OF IT JECTIVES OF JA			

Return Explanation

FORM 990, DESCRIBE PROCESS TO REVIEW 990: THE FORM 990 IS PREPARED BY OUR EXTERNAL AUDIT FIRM AND IS PART VI, REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD. A DRAFT IS SUPPLIED VIA A WEB SITE LINK FOR SECTION B, THE ENTIRE BOARD TO REVIEW BEFORE FILING THE FINAL 990 WITH THE IRS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DESCRIBE HOW CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED: A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT VIA EMAIL OR HAND DELIVERED TO INTERESTED PARTIES EACH YEAR REQUEST ING 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 DIRECTO RS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PRO POSED 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.

Return Reference	Explanation
LINE 15A	DESCRIBE PROCESS FOR DETERMINING COMPENSATION: THE GOVERNANCE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQUIREM ENTS IN INTERNAL REVENUE CODE SECTION 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION. COMPENSATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION SUBCOMMITTE E (THE COMMITTEE) OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS. BY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT (WILLIS TOWERS WATSON), THE COMMITTEE CONSIDERED COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS AND FORM 990S OF COMPARABLE ORGANIZATIONS IN EVAL UATING 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 AND WAS LAST DONE IN 2018.

Return Explanation

FORM 990, DESCRIBE HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC: JUNIOR ACHIEVEMENT, USA MAKES ITS PART VI, FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO T SECTION C, LINE 19

Return Explanation
Reference

Form 990,
PART VII
Compensation: Compensation deliberations take into account services provided to the filing organization and its affiliates. Revenue presented in the Form 990 does not include the r evenue of the 116 JA area affiliates who are part of the JA USA network that JA USA overse es. In FYE 2018, revenue of all affiliates totaled \$321 million.

SCHEDULE R (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2018

DLN: 93493192018480

Open to Public

Inspection

Related Organizations an	d Unrelated	Partnerships
lote if the organization answered "Ves"	n Form 990 Part T	V line 22 24 2Eb 2

lame of the unior Achiever	organization ment USA								loyer identif 267604	ication	number		
Part I	Identification of Disregarded Entities Complete if th	e organi	ization answe	ered "Yes	on Form	990, Part	IV, line 3						
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary a		b) (/ activity Legal don or foreig		(d) Total in) come	(e) End-of-year assets		ets Direct co ent		
Part II	Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Comple	te if the orga	nization	answered	"Yes" on F	orm 990	, Part I\	/, line 34 be	cause	it had one or	more	
	(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal dom or foreigr	c) icile (state i country)	(d) Exempt Cod	e section	Public c (if section	(e) harity status on 501(c)(3))	Dir	(f) rect controlling entity	Section (13) co	512(b)
												Yes	No
(1) see part vi	j 												
or Paperw	ork Reduction Act Notice, see the Instructions for Form 990	0.		Ca	t. No. 5013	5Y				Sche	edule R (Form	990) 20	18

(a) Name, address, and EIN of related organization		(b) Primary activity		(d) Direct controlling entity	unrelated, excluded from tax under sections 512-	d, total income	(g) Share of e end-of-year assets				managing partner?		(k) Percentag ownershi
					514)			Yes	No		Yes No		
			1 1										
Identification of Related Organiza because it had one or more related on						nization ansv	wered "Yes	s" on F	orm 9	90, Part IV,	, line	34	
		L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	-of- Perce	, line 1) ntage ership	S-(1	(i) ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	Si (1	

Sche	dule R (Form 990) 2018		Pa	age 3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1 d	Yes	
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1 f		No
g	Sale of assets to related organization(s)	1 g	Yes	
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1 s		No

р	Reimbursement paid to related organization(s) for expenses				1 p	No
q	Reimbursement paid by related organization(s) for expenses				1 q	No
r	Other transfer of cash or property to related organization(s)				1r \	Yes
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered	relationships and tra	nsaction thresholds.		
	(a)	(b)	(c)	(d)		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount inv	rolved
		Transaction			ount inv	rolved
		Transaction			ount inv	rolved
		Transaction			ount inv	rolved
		Transaction			ount inv	rolved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ľ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	990	0) 2018

Schedule R (Form 990) 2018 Page **5** Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions). Return Reference Explanation SCHEDULE R, PART II, Column A RELATED ORGANIZATIONS: JUNIOR ACHIEVEMENT USA AND ITS US AFFILIATES, MANY OF WHOM ARE INDICATED ON SCHEDULE I, ARE COVERED UNDER A IGROUP EXEMPTION AND ARE RELATED FOR SCHEDULE R PURPOSES. RELATED ENTITIES COVERED BY A GROUP EXEMPTION ARE NOT REQUIRED TO BE LISTED. ON SCHEDULE R, PART II, HOWEVER, TRANSACTIONS BETWEEN JA USA AND THE RELATED ORGANIZATIONS ARE INDICATED ON SCHEDULE R, PART V, LINE 1.