DLN: 93493131025071

OMB No. 1545-0047

Open to Public

Department of the

Return of Organization Exempt From Income Tax

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

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

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

Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 D Employer identification number B Check if applicable: JUNIOR ACHIEVEMENT USA ☐ Address change 84-1267604 ☐ Name change % EDWARD PRIEM II Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite One Education Way □ Application pending (719) 540-8000 City or town, state or province, country, and ZIP or foreign postal code Colorado Springs, CO $\,\,$ 80906 $\,$ G Gross receipts \$ 36,109,123 Name and address of principal officer: H(a) Is this a group return for JACK KOSAKOWSKI PRES AND CEO □Yes ☑No subordinates? ONE EDUCATION WAY H(b) Are all subordinates COLORADO SPRINGS, CO 80906 ☐ Yes ☐No included? Tax-exempt status: **✓** 501(c)(3) ☐ 501(c)() **4** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.JA.ORG L Year of formation: 1992 **M** State of legal domicile: CO K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: JA EMPOWERS YOUNG PEOPLE TO OWN THEIR ECONOMIC SUCCESS THROUGH VOLUNTEER-DELIVERED PROGRAMS WHICH GIVE THEM KNOWLEDGE/SKILLS IN FINAN LITERACY, WORK READINESS & ENTREPRENEURSHIP Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 4 40 Number of independent voting members of the governing body (Part VI, line 1b) 5 82 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 40 Total number of volunteers (estimate if necessary) . . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 14,362,992 15,627,710 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 4,918,359 13,032,318 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 370,388 282,781 548,782 9,664,609 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 29,491,591 29,316,348 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 4,429,815 6,068,281 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,166,410 10,143,990 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,795,260 10,538,493 12,364,820 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 25,134,718 28,577,091 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 . 4,181,630 914,500 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 39,525,999 37,282,498 11,126,218 21 Total liabilities (Part X, line 26) . 14,352,905 22 Net assets or fund balances. Subtract line 21 from line 20 . 26,156,280 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2021-05-04 Signature of officer Sign Here EDWARD PRIEM II CFO Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | if P00958966 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer

May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's address ▶ 111 South Tejon Suite 800

Colorado Springs, CO 809039848

Use Only

Phone no. (719) 471-4290

☑ Yes ☐ No

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
II OT	NSPIRE AND PREPARE	YOUNG PEOPLE TO SU	ICCEED IN A GLO	DBAL ECONOMY. SEE ADI	DITIONAL MISSION INFORMATION	ON SCHEDULE O.
2	Did the organization	ındertake any signific	ant program seri	vices during the year whi	ich were not listed on	
2				· · · · · ·		☐ Yes ☑ No
	If "Yes," describe the					L les Lino
3				changes in how it conduc	cts, any program	
_	services?		_			☐ Yes ☑ No
	If "Yes," describe the					
4	Section 501(c)(3) and		ons are required	to report the amount of	argest program services, as measu grants and allocations to others, t	
	(0.1) (F	22 525 424		C 0C0 201) (D	12.501.100.)
4a	(Code: See Additional Data) (Expenses \$	22,505,434	including grants of \$	6,068,281) (Revenue \$	13,581,100)
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d		es (Describe in Sched	*			,
	(Expenses \$		luding grants of	<u> </u>) (Revenue \$)
4e	Total program serv	ice expenses 🟲	22,505,4	34		

	330 (2013)			rage 3
Pai	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{20}$.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII "	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Yes	
13		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

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

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

21

Yes

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tiV Checklist of Required Schedules (continued)			
Did the expanization report more than \$5,000 of grants or other assistance to or for demostic individuals on Bort IV		Yes	N
column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N-
and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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		N-
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		N
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N
Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		N
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		N
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		l N
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N
A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		N
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II			N
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	33		N
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	
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
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		
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		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that	37		N
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
tV Statements Regarding Other IRS Filings and Tax Compliance			
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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 "Yes," go to line 25a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 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 ourning the year? If "Yes," complete Schedule I, Part I. Et 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-E27 If "Yes," complete Schedule I, Part II. Did the organization report any amount on Part X, line 5 or 22 for exceivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, applicable find the organization or provide a grant or other assistance to any current or form	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former of fiferer, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule? 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," for both less 24b through 24d and complete Schedule K. If "No," for both less 24b through 24d and complete Schedule K. If "No," for both less 24b through 24d and complete Schedule K. If "No," for both less 24b through 24d and complete Schedule K. If "No," for both less 24b through 24d and complete Schedule K. If "No," for both less 24b through 24d and contributions? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 in a prior year, and that the transaction has not been reported on any of the organization when a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spot or 500 person during the year? 25b Schedule P, Turt, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity for former officer, director, trustee, key employee, creator or founder, substantial contributor, or substantial contributor? If "yes," complete Schedule L, Part IV Did the organization provide a grant or other assistance to any current or former officer, directo	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officiers, directors, trustees, key employees, and injects compensate employees? If "Yes," complete Schedule I. Parts I and III. 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 240 through 24d and complete Schedule K. If "Wo," go to line 25a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b. Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization account of the than a refunding escrow at any time during the year? 25c a section 501(C)3, 501(C)4), and 501(C)4, and 501(C)29 organizations. Did the organization appear in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 15 the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is anot bene propreted an any of the organizations prior forms 990 or 990-279 ("Yes," complete Schedule I, Part II. 15 the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors? If "Yes," complete Schedule I, Part IV. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors? If "Yes," complete Schedule II, Part IV. A assistance or founder, substantial contributors or employee in any transaction

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

49

0

1c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	82						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	<u> </u>				
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	, a 4a		No				
D	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 we not tax deductible?	re 6 b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv provided to the payor?	ices 7a		No				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fix Form 8282?	le 7 c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year	-						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a						
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exceparachute payment(s) during the year?	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.							

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Ne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 41		Yes	No
Id	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			
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	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	
7a	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
b	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:			_
а	The governing body?	8a	Yes	
b	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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?			
а	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		
	ction C. Disclosure			
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.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, 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			

(A)

Name and title

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

✓

(F)

Estimated

amount of other

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

• 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. See instructions for the order in which to list the persons above.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(B)

Average

hours per

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

Part VII

637,929

478,550

Form **990** (2019)

(A) Name and title	hours per week (list any hours director/trustee) hours per week (list any hours director/trustee) than one box, unless person compensation from the any hours director/trustee) compensation from the organization organizations (W. 2/1000								(F) Estimated amount of other compensation from the organization and				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- IISC)	(W-2/1099- MISC)		organizati relate organiza	ed
See Additional Data Table			\vdash										
			<u> </u>										
		<u> </u>			<u> </u>	<u> </u>					\perp		
1b Sub-Total	art VII, Section	 A .				>							
						<u> </u>			,908,371		D		431,193
Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	ore than \$:	100,000			
												Yes	No
3 Did the organization list any former line 1a? If "Yes," complete Schedule			ee, k	ey e	mplo •	oyee, d	or hi	ghest co	mpensated	d employee on	3		No
4 For any individual listed on line 1a, is										m the		+ +	
organization and related organization individual	s greater than \$	3150,00°	0? <i>If</i> •	"Yes	," co	əmplet •	te Sc	hedule J	for such		4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization									ation or inc	lividual for	- 5	100	No
Section B. Independent Contract	ors:									I			
1 Complete this table for your five high from the organization. Report compet											npens	sation	
Name :	(A) and business addre	ess							Des	(B) cription of services		(C) Compen	
MEREDITH CORP, 1716 LOCUST									STORAGE/	ASSEMBLY			875,037
DES MOINES, IA 50309 MANPOWER, 21271 NETWORK									TEMP STAF	FING		1,	453,697
CHICAGO, IL 606731212 MENTORMATE INC, 3036 HENNEPIN AVE									SOFTWARE	DEV & SUPPO		1,	115,836

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

CRM SYSTEM DEV & SUP

APPL DEV/SUP

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

MINNEAPOLIS, MN 55408 BLACKBAUD INC, PO BOX 930256 ATLANTA, GA 311930256

compensation from the organization ▶ 20

FILAMENT GAMES LLC, 316 WEST WASHINGTON AVE MADISON, WI 537034538

orm 9 Part	_	Statement								Page 9
		Check if Sched	dule (O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(6	1a	Federated campa	aigns		1a	18,240		revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues	s.	. [1 b					
ي يا وزي	c	: Fundraising even	its .	. [1c					
ifts, ar A	d	Related organiza	tions	L	1 d					
5°.E	е	Government grants	(cont	cributions)	1e					
Sign	f	All other contributio and similar amounts			1f	15,609,470				
but the	a	above Noncash contributio	ns inc	L cluded in		10,002,				
a di		lines 1a - 1f:\$		L	1 g					
<u>ම</u> ල	h	Total. Add lines :	1a-11	f		>	15,627,710			
						Business Code	12.022.210	12.022.210		
au	2a	PROGRAM AND SUPP	ORT F	FEES		611710	13,032,318	13,032,318		
nue	b					1				
Rev	ь									_
vice	С									
Program Service Revenue	d									
	е									
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				13,032,318	_	,		
		nvestment income imilar amounts)		luding divide	nds, i •	nterest, and other	424,932	2		424,932
		ncome from invest			npt bo	ond proceeds	•)		
	5 R	Royalties	_			•	• 0			
				(i) Rea		(ii) Personal	_			
		Gross rents	6a							
	-	Less: rental expenses	6ь							
		Rental income	6c							
		or (loss) Net rental income		loss)			<u>0 </u> 			
		(i) Securities				(ii) Other				
	7a	Gross amount from sales of	s amount							
		assets other than inventory		3,2	77,770					
	b	Less: cost or	7b	2.2	91,599					
		other basis and sales expenses			91,395	7				
	С	Gain or (loss)	7c	-1	42,151	ı				
	d	Net gain or (loss)	•			· · · •	-142,151			-142,151
<u>a</u>		Gross income from fu (not including \$	ındrai	sing events of						
eun		contributions reported See Part IV, line 18		ine 1c).						
Rev		Less: direct expen			8a 8b	C				
Other Revenue		Net income or (los								
	_									
		Gross income from See Part IV, line 19			9a	C	1			
	b	Less: direct expen	ses		9b	C				
	С	Net income or (los	s) fr	om gaming a	ctivit	ies \blacktriangleright	()		
	10a	Gross sales of inve	entor	y, less						
		returns and allowa			10a	3,354,624				
		Less: cost of good			10b		128,691	128,691		
	С	Net income or (los Miscellaneo			nvent	Business Code	120,031	120,031		
•	11 a	aMiscellaneous Rev				90009	9 420,091	420,091		
							<u> </u>			
	b									
				_						
	C									
		All _#!								
		All other revenue Total. Add lines 1				•				
		Total revenue. S					420,091			
		iotai ievellue. S	ee in	. au actions	•	• • • •	29,491,591	13,581,100		282,781 Form 990 (2019)

Р	Statement of Functional Expenses				Page 10
	Section 501(c)(3) and 501(c)(4) organizations must co		_	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to an not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	y line in this Part IX (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,936,881	5,936,881	general expenses	одраново
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, lines 15 and 16.	131,400	131,400		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,622,316	2,579,089	568,704	474,523
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,289,726	3,054,285	673,487	561,954
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,098,187	781,909	172,415	143,863
9	Other employee benefits	610,889	434,953	95,910	80,026
10	Payroll taxes	522,872	372,285	82,091	68,496
11	Fees for services (non-employees):				
ā	Management	0			
ŀ	Legal	336,709	162,967	86,871	86,871
(: Accounting	86,075	21,519	64,556	
(Lobbying	0			
•	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	73,508		73,508	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,478,262	1,027,392	303,044	147,826
12	Advertising and promotion	561,858	533,765	28,093	
13	Office expenses	452,645	374,008	53,473	25,164
14	Information technology	1,491,617	1,030,707	460,910	
15	Royalties	0			
16	Occupancy	208,036	171,630	24,756	11,650
17	Travel	419,545	315,078	38,598	65,869
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	95,061	15,115	76,524	3,422
20	Interest	0			
21	Payments to affiliates	1,352,515	338,129	1,014,386	
22	Depreciation, depletion, and amortization	39,790	32,827	4,735	2,228
23	Insurance	28,244	8,473	19,771	
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 expenses on Schedule O.)				
	a JA Program Expenses	4,759,682	4,359,869	337,937	61,876
	b Evaluations	115,189	106,665	8,524	
	c Subscription & Dues	47,293	29,605	14,661	3,027
	d Trainings	141,332	119,850	16,536	4,946
	e All other expenses	677,459	567,033	56,907	53,519
25	Total functional expenses. Add lines 1 through 24e	28,577,091	22,505,434	4,276,397	1,795,260
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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3

Fund Balances

ō 29

Assets 30

27

28

31

32

33

(B) End of year

Beginning of year

11,612,346

10,263,359

5,577,667

13,618,580

2.534.785

3.282.471

363,719

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

810.244

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0 15

0 18

0 20

0 24

0 25 Page **11**

4,161,340

8,522,097

4,117,931

3.138.977

212,511

1,348,987

11,941,813

2,897,816

37,282,498

1,902,944

233,698

520.426

6,811,871

1,657,279

11.126.218

17,285,750

8,870,530

26,156,280

37,282,498

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941.026

Check if Schedule O contains a response or note to any line in this Part IX				
		В	eain	(/

CHECK	11	Scriedule

Cash-non-interest-bearing Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Assets Inventories for sale or use . . Prepaid expenses and deferred charges .

10a 10b

basis. Complete Part VI of Schedule D Investments—publicly traded securities .

b Less: accumulated depreciation

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

Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 .

Intangible assets .

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

11 12 13 14 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . .

17 Accounts payable and accrued expenses . 18 Grants payable . 19 Deferred revenue . . . Tax-exempt bond liabilities . . .

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

20 21 Liabilities 22 23

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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

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

Complete Part X of Schedule D

25 26 Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties,

3a

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Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 84-1267604

Name: JUNIOR ACHIEVEMENT USA

Form 990 (2019)

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 3 MILLION ELEMENTARY THROUGH POST-SECONDARY STUDENTS FOR THE YEAR ENDED 6/30/2020.

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

	arry floars	una	u un	CCLO	,, с	ascec,	,	(14, 2,4,000	(14/ 2/4 200	1 110111 tile
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JACK E KOSAKOWSKI PRESIDENT AND CEO	40.0	Х		×				536,383	0	37,555
CECIL THIBODEAUX EVP	40.0			x				373,458	0	30,062
TIMOTHY GREINERT SVP - DEVELOPMENT	40.0				x			293,426	0	33,789
SUSAN LUU	40.0				Х			282,070	0	28,991

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263,558

268,968

248,905

204,661

215,032

197,823

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31,278

8,840

19,647

27,487

16,654

30,719

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TIMOTHY GREINERT	
SVP - DEVELOPMENT	
SUSAN LUU	
SVP - BUSINESS IMPROVEMENT	
ED GROCHOLSKI	

SVP - BRAND

LESLIE PIERCE

STEVE SCHMIDT

SVP - OPERATIONS

EDWARD PRIEM II

HOWARD BARTNER

SVP - OPERATIONS

CFO

MARY CATHERINE DESROSIERS

SVP EDUCATION AND LEARNING

SVP TALENT AND ORGANIZATION DE

and Independent Contractors

(A) (E) (B) (C) (D) (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	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JACQUELINE DANT SVP - OPERATIONS	40.0				х			157,528	0	29,636
CHRISTINE KUNTZ SVP - OPERATIONS	40.0				х			157,175	0	22,913
MARK FIORE VP - COMPENSATION AND BENEFITS	40.0					Х		146,311	0	27,560
KRIS PONCIROLI VP DONOR RELATIONS AND DEV SVC	40.0					Х		145,228	0	27,025
JEANNINE REILLY	40.0					×		148,626	0	23,115

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141,320

127,899

23,562

12,360

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VP - COMPENSATION AND BENEFITS
KRIS PONCIROLI
VP DONOR RELATIONS AND DEV SVC
JEANNINE REILLY
VP - EDUCATION DELIVERY AND TE

JEANETTE LEE

LISA FRYE

DIRECTOR

DIRECTOR

DIRECTOR

ARNOLD EVANS

VP DEVELOPMENT

AINAR D AIJALA JR

ALAN S ARMSTRONG

VP Employment & Employee Relat

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

and Independent Contractors

DINO E ROBUSTO

DOUGLAS OLSON

JEFF HANSBERRY

JULIE A MONACO

JEANETTE HERNANDEZ PRENGER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LARRY LEVA

DIRECTOR

	,				,	,	′	(1)1 0 (1000	(11) - (1-000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ASHEESH ADVANI	2.0								_	_
DIRECTOR	0.0	X						0	U	0
BECKY FRANKIEWICZ	2.0									
DIRECTOR	0.0	Х						0	U	0
CATHERINE S BRUNE	2.0	х						0	0	0

BECKY FRANKIEWICZ	2.0	v			_		
DIRECTOR	0.0	^			0		
CATHERINE S BRUNE	2.0	v			0	0	
DIRECTOR	0.0	^			9		
CLYDE D KEATON	2.0	V			0	0	
DIRECTOR		^			Ü	ı	

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CATHERINE S BRUNE	2.0	¥			0	0	
DIRECTOR	0.0	^					
CLYDE D KEATON	2.0	v			0	0	
DIRECTOR	0.0	^					
	l					l e	

DIRECTOR	0.0						
CATHERINE S BRUNE	2.0	×			0	0	0
DIRECTOR	0.0	Α.			9	3	J
CLYDE D KEATON	2.0	×			0	0	0
DIDECTOR					Ĭ	Ĭ	Ĭ

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(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

and Independent Contractors

ROBERT LLOYD

RODNEY D BULLARD

RODNEY O MARTIN

.......

DIRECTOR

DIRECTOR

DIRECTOR

ROY A NG

DIRECTOR

DIRECTOR

TIMOTHY BAXTER

	6			 -				(14) 2 (1000	overnization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
LAURA NEWINSKI DIRECTOR	2.0	Х					0	0	0	
LAWRENCE SIDWELL DIRECTOR	2.0	х					0	0	0	
MONICA HOWARD DOUGLAS DIRECTOR	2.0	Х					0	0	0	
PAUL E MCKNIGHT	2.0	х					0	0	0	

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MONICA HOWARD DOUGLAS	2.0	~			_	
DIRECTOR	0.0	^			0	
PAUL E MCKNIGHT	2.0	×			0	
DIRECTOR	0.0	^			0	
PERRY HEWITT	2.0	_			0	
DIRECTOR	0.0	^				

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

and Independent Contractors

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Secretary

AMY FULLER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BILL KRACUNAS

MARNA J RICKER

GUNJAN KEDIA

Chair

RICHARD A WOODS

.......

	any hours	and	. a dir	ecto	ctor/trustee) organization o			organization	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	
TRIPP DAVIS	2.0	X					Г			0	
DIRECTOR	0.0			L'		<u> </u>	L_'	Ĭ	<u> </u>		
CHARLES GARCIA DIRECTOR	0.0	Х						0	0	0	
EVELYN ANGELLE Treasurer	2.0	Х		х				o	0	0	
JAMES M CARROLL	2.0						Γ	7	· · · · · · · · · · · · · · · · · · ·		

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CHARLES GARCER		Х			l n	
DIRECTOR	0.0					
EVELYN ANGELLE	2.0	~	Х		0	
Treasurer	0.0	X	^		J	
JAMES M CARROLL	2.0	X	Х		0	
Vice Chair	0.0		^			
KYLE H HYBL	2.0					

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efile	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	As Filed Data -		DLN: 93493131025						
SCI		ULE A	- Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047				
	m 99			ganization is a sect 4947(a)(1) nonexe	section 501(c)(3) organization or a section nexempt charitable trust.							
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	nie Service ne organiza EVEMENT USA	tion				Employer identific					
							84-1267604					
	rt I		for Public Charity Statu				See instructions.					
1 ne o	rganiz		a private foundation because	•	-		(A)(:)					
		·	onvention of churches, or as									
2			scribed in section 170(b)(,	, ,						
3	Ш	·	or a cooperative hospital serv	-			-					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II.)	-		, ,		ped in section 170				
6			tate, or local government or	-								
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in				
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9			ural research organization de rant college of agriculture. Se					ege or university or a				
10		from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross				
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a					
a		organizatio	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ppoint or elect a majo								
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the sar								
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its				
d		Type III n functionally	on-functionally integrated integrated. The organization integrated. The organization	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e		Check this	box if the organization received or Type III non-functionally	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally				
f	Enter			· · · · · · · · · · ·	-							
g	Provi	de the follow	ing information about the su	pported organization(s).							
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary support other support (see instructions) instructions							
					Yes	No						
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9					

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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 organization's organizing document? 5b

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

provide detail in Part VI.

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

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection 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			
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?			
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		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	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.	ſ	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		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	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? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	nsive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID:

Software Version: **EIN:** 84-1267604

Name: JUNIOR ACHIEVEMENT USA

Page 8

Schedule A (Form 990 or 990-EZ) 2019 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493131025071

Internal Revenue Service

3

SCHEDULE C (Form 990 or 990-

EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" 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 2 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). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 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? ☐ Yes 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-.

or Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019
5				
5				
4				
3				
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L				

Schedule C (Form 990 or 990-EZ) 2019

Return Reference

or each "Ye	es" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
ctivity.		Yes	No	Am	ount
	g the year, did the filing organization attempt to influence foreign, national, state or local legislation, ling any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volun	teers?				
b Paid s	taff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media	advertisements?				
d Mailin	gs to members, legislators, or the public?				
e Public	ations, or published or broadcast statements?				
f Grant	s to other organizations for lobbying purposes?				
g Direct	contact with legislators, their staffs, government officials, or a legislative body?				
h Rallie	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other	activities?				
j Total.	Add lines 1c through 1i				
a Did th	ne activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Ye	s," enter the amount of any tax incurred under section 4912				
c If "Ye	s," 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-		(5), o	r secti	on	
	501(c)(6).		r secti	Y	es N
. Were	501(c)(6). substantially all (90% or more) dues received nondeductible by members?		r secti	1 Ye	es N
. Were	501(c)(6). substantially all (90% or more) dues received nondeductible by members?		E	1 2	es N
L Were Did th	501(c)(6). substantially all (90% or more) dues received nondeductible by members?		 [1 2 3	
. Were 2 Did th 3 Did th	substantially all (90% or more) dues received nondeductible by members?	(5), o		1 2 3 on 501	
Were Did the Dues,	substantially all (90% or more) dues received nondeductible by members? be organization make only in-house lobbying expenditures of \$2,000 or less? be organization agree to carry over lobbying and political expenditures from the prior year? 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." assessments and similar amounts from members	 (5), o		1 2 3 on 501	
. Were Did the Did the Part III-	substantially all (90% or more) dues received nondeductible by members?	(5), o		1 2 3 on 501	
Were Did the D	501(c)(6). substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? 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." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	(5), o		1 2 3 on 501	
Were Did th Did th art III- Dues, Sectic expe a Curre b Carry	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? 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." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political makes for which the section 527(f) tax was paid).	(5), o III-A		1 2 3 on 501	
Were Did th Did th Dues, Section expe Curre Carry Carry Total	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? 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." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year	(5), o III-A 1 2a 2b		1 2 3 on 501	
. Were 2 Did th 3 Did th 4 Part III Dues, 2 Section expe a Curre b Carry c Total 3 Aggre 4 If not the oi	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? 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." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year signate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues sices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 2a 2b 2c 3		1 2 3 on 501	
Dues, Carry Cartal Aggre I foot Experiments I not the or experiments	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? 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." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure are severed in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	(5), o IIII-A 2a 2b 2c 3		1 2 3 on 501	
L Were Did th Did th Dues, Section Expense Carry Carry Total Aggre If not the on expense	substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? 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." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are seen that the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political diditure next year?	(5), o IIII-A 2a 2b 2c 3		1 2 3 on 501	

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493131025071

OMB No. 1545-0047

2019

Supplemental Financial Statements

(Form 990)

				ieu fes, on roim 99			UI
epa	rtment of the Treasury		► Attach to Form	990.			n to Public
	nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>n990</u> for instructi	ons and the latest info			spection
	ime of the organiz NIOR ACHIEVEMENT US				Employer	identification	number
					84-126760		
126		ations Maintaining Donor Advi e if the organization answered "Ye			or Accounts	5.	
	'	<u> </u>	·	r advised funds	(b) Fu	unds and other	accounts
L	Total number at e	nd of year					
2	Aggregate value o	f contributions to (during year)					
3		f grants from (during year)					
1	Aggregate value a	t end of year					
5		ion inform all donors and donor adviso operty, subject to the organization's ex					Yes 🗌 No
5	charitable purpos	ion inform all grantees, donors, and des and not for the benefit of the donor	r or donor advisor,	or for any other purpose			Yes 🗌 No
Pa		ation Easements. e if the organization answered "Ye	es" on Form 990.	Part IV, line 7.			
L		servation easements held by the orga					
	☐ Preservation	of land for public use (e.g., recreatio	n or education)	Preservation of an	historically in	mportant land a	area
	☐ Protection o	f natural habitat		Preservation of a	certified histo	ric structure	
	☐ Preservation	of open space					
2		a through 2d if the organization held a last day of the tax year.	qualified conservat	tion contribution in the fo		ervation	of the Year
а	Total number of c	onservation easements			2a		
b	Total acreage rest	ricted by conservation easements			2b		
c	Number of conser	vation easements on a certified histor	ic structure include	d in (a)	2c		
d		vation easements included in (c) acqu the National Register	iired after 7/25/06,	and not on a historic	2d		
3	Number of conser tax year ►	rvation easements modified, transferre	ed, released, exting	uished, or terminated by	the organizat	tion during the	
1	Number of states	where property subject to conservation	on easement is loca	ted ▶			
5		ation have a written policy regarding t of the conservation easements it hold			of violations,	☐ Yes	□ No
5	Staff and volunte	er hours devoted to monitoring, inspe	cting, handling of v	iolations, and enforcing c	onservation e	asements durir	ng the year
	>						
7	Amount of expens	ses incurred in monitoring, inspecting,	, handling of violation	ons, and enforcing conser	vation easem	ents during the	e year
3		vation easement reported on line 2(d n)(4)(B)(ii)?	,	•	.70(h)(4)(B)(i) 🗌 Yes	□ No
9	balance sheet, an	ribe how the organization reports cons id include, if applicable, the text of the s accounting for conservation easemer	e footnote to the or				
a _l		ations Maintaining Collections		al Treasures, or Oth	ner Similar	Assets.	
	Complete	e if the organization answered "Ye	es" on Form 990,	Part IV, line 8.			
La	art, historical trea	n elected, as permitted under SFAS 1: asures, or other similar assets held for III, the text of the footnote to its final	· public exhibition, e	ducation, or research in t			
b	historical treasure	n elected, as permitted under SFAS 1: es, or other similar assets held for pub s relating to these items:					
	=	d on Form 990, Part VIII, line 1			▶\$		
		n Form 990, Part X					
2 `	-	n received or held works of art, histori				ovide the	

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	t IIII	Organizations Ma	aintaining Col	lections of A	Art, Histori	ical T	reasu	ires, oi	r Other	Similar A	ssets (conti	nued)	
3		g the organization's acq s (check all that apply):		n, and other red	cords, check	any of	the fo	llowing t	hat are a	significant (use of its coll	ection	
а		Public exhibition			d		Loan	or excha	ange pro	grams			
b		Scholarly research			e		Other	r					
С		Preservation for future	e generations										
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5		ng the year, did the orga ts to be sold to raise fur									☐ Yes	□ N	n
Pa	rt IV												
		Complete if the org X, line 21.									unt on Form	990,	Part
1a		e organization an agent ded on Form 990, Part)									Yes	☑ N	o
b	If "Y	es," explain the arrange	ement in Part XIII	and complete	the following	table:				A	mount		_
c		nning balance		•	=				1c				_
d	_	tions during the year .							1d				_
е		ibutions during the year							1e				_
f	Endir	ng balance							1f				_
2a	Did t	:he organization include	an amount on Fo	rm 990. Part X	line 21, for	escrov	or cu	stodial a	ccount li	ability?	Vec	□и	_
		es," explain the arrange										,	Ū
	rt V	Endowment Fund		. Check field ii	the explanat	ion nas	been	provide	u III Fait	XIII			
		Complete if the org		vered "Yes" o	n Form 990	, Part	IV, li	ne 10.					
				(a) Current ye		rior yea			ears back	(d) Three ye	ars back (e) i	our yea	rs back
1 a	Beginr	ning of year balance .											
b	Contri	butions											
С	Net in	vestment earnings, gair	ns, and losses										
d	Grants	s or scholarships	•										
е		expenditures for facilitier of the contract of	es										
f	Admin	istrative expenses .											
g	End of year balance												
2	Provi	ide the estimated percei	ntage of the curre	ent year end ba	lance (line 1	g, colu	mn (a))) held a	s:				
а													
b	Permanent endowment ►												
С	Temporarily restricted endowment ▶												
	The percentages on lines 2a, 2b, and 2c should equal 100%.												
3а		here endowment funds	not in the posses	sion of the orga	anization tha	t are h	eld and	d admini	istered fo	or the			
	-	nization by: Inrelated organizations									3a(i)	Yes	No
						•		• •			3a(ii)		
b		related organizations . es" on 3a(ii), are the rel			ired on Sche	· · edule R	? .				3b	$\vdash \vdash \vdash$	
4		ribe in Part XIII the inte	-	•									
Pai	rt VI	Land, Buildings,	and Equipme	nt.									
		Complete if the or											
	Descr	ription of property	(a) Cost or oth (investme) Cost or other	basis (other)	(c) Acc	umulated	depreciation	(d) Be	ook valu	e
1 a	Land					1,2	50,730					1	,260,730
		ngs				4,1	20,471			4,120,471			
		hold improvements				•				·			
	Equipo	· ·				4	na 921			360 953			43 968

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

44,289

1,348,987

5,781,935

	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	(b) Book	0 110,0	(c) Method	d of valuation: year market value	
		value		Cost of end-of-	year market value	
	derivatives					
•						
A)						
3)						
C)						
D)						
≣)						
·)						
5)						
1)						
otal. (Columi art VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.					
art VIII	Complete if the organization answered 'Yes' on Form 990, F	Part IV, line				
	(a) Description of investment			(b) Book value	(c) Method of va Cost or end-of-ye value	
L)					Yarae	
2)						
3)						
·)						
5)						
5)						
')						
8)						
8)	n (h) must equal Form 990. Part Y. col (R) line 13.)					
3) 9) otal. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•			
B) Otal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line		ee Form 990, Par	t X, line 15. (b) Book va	lue
otal. (Columni Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line		ee Form 990, Par	(b) Book va	lue 2,897,816
Dotal. (Columnia L) AREA OF	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line		ee Form 990, Par	(b) Book va	
Dotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line		ee Form 990, Par	(b) Book va	
Dotal. (Column Part IX L)AREA OF	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line		ee Form 990, Par	(b) Book va	
Dotal. (Column Part IX L)AREA OF	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line		ee Form 990, Par	(b) Book va	
Dotal. (Column Part IX L)AREA OF	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line		ee Form 990, Par	(b) Book va	
Dotal. (Column Part IX L)AREA OF	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line		ee Form 990, Par	(b) Book va	
Distal. (Columnia Part IX L) AREA OF (2) (3) (4) (5) (7)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line		ee Form 990, Par	(b) Book va	
Dotal. (Columnia) Part IX L)AREA OF	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL	art IV, line			(b) Book va	2,897,816
Dotal. (Column Part IX L)AREA OF (2) (3) (4) (5) (7) (8) (9) (otal. (Column Column	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL The personal state of the person of the		e 11d. S		(b) Book va	2,897,816
Dotal. (Column Dart IX L)AREA OF Divided in the column Divided i	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P.		e 11d. S		(b) Book va	2,897,816
Dotal. (Column Cart IX L)AREA OF C) C) C) C) C) C) C) C) C) C	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL The proof of the p		e 11d. S		(b) Book va	2,897,816
Antal. (Columnia) AREA OFI A) AREA OFI B) B) C) C) C) C) C) C) C) C)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P.		e 11d. S	11f.See Form	(b) Book va	2,897,816
) AREA OFI) AREA OFI) Part X) Federal i) PPP REFL	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability ncome taxes		e 11d. S	11f.See Form	(b) Book va	2,897,816
hart IX AREA OFI AREA OF	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability ncome taxes		e 11d. S	11f.See Form	(b) Book va	2,897,816
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Dital. (Column Part IX Display of the column of the colum	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability ncome taxes		e 11d. S	11f.See Form	(b) Book va	2,897,816
Dotal. (Column Part IX L)AREA OFI 2) 3) 4) 5) 7) B) Part X L) Federal i	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability ncome taxes		e 11d. S	11f.See Form	(b) Book va	2,897,816
Dotal. (Column Part IX L)AREA OFI 2) 3) 4) 5) 6) 6) 7) 6) 7) 8) 9) otal. (Column Part X L) Federal is 2) PPP REFU 3) 4)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability ncome taxes		e 11d. S	11f.See Form	(b) Book va	2,897,816
Dital. (Column Part IX L)AREA OFI 2) 3) 4) 5) 6) 7) botal. (Column Part X L) Federal i 2) PPP REFU 3) 5) 7)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability ncome taxes		e 11d. S	11f.See Form	(b) Book va	2,897,816
Dotal. (Column Part IX L)AREA OFI 3) 3) 4) 5) 6) 7) All Federal i 2) PPP REFU 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description FICE PENSION SHORTFALL mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability ncome taxes		e 11d. S	11f.See Form	(b) Book va	2,897,816

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .					
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d]	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.)		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019			
Part XIII Supplemental Information (continued)			
Retur	n Reference	Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version: EIN: 84-1267604

Name: JUNIOR ACHIEVEMENT USA

Supplemental Information

supplemental Imormation	
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 A ND INVESTMENTS ON THE STATEMENTS OF FINANCIAL POSITION AND TOTAL \$520,426 AS OF JUNE 30, 2020.

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.

S

SCHEDULE F	Stateme	ent of	Activities (Outside the Un	ited S	tates	OMB No. 1545-0047
(Form 990) Department of the Treasury	► Complete if	the organi	zation answered " Attach t	Yes" to Form 990, Part IV, look form 990. In structions and the latest in	line 14b, 1	5, or 16.	2019 Open to Public Inspection
Internal Revenue Service Name of the organization						Employer ider	ntification number
JUNIOR ACHIEVEMENT USA						84-1267604	
	ormation on A art IV, line 14b.		Outside the U	Jnited States. Comple	ete if the		nswered "Yes" on
_	grantees' eligib	ility for th	ne grants or assis	substantiate the amoun stance, and the selection	_		☑ Yes ☐ No
2 For grantmakers. I outside the United S		V the orga	anization's proce	dures for monitoring the	use of it	s grants and ot	her assistance
3 Activites per Region. (The following Par	t I, line 3	table can be dupli	cated if additional space is	s needed.))	
(a) Region	offi	Number of ces in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	rity listed in (d) is a service, describe cific type of (s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data				•			
3a Sub-total							131,400
c Totals (add lines 3a ar	24 3P/		1		1		131,400

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

Cat. No. 50082W Schedule F (Form 990) 2019

	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
(a) Name of organization	(b) IRS code	, ,	(d) Purpose of grant	(e) Amount of	(f) Manner of	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation		

organization	section and EIN (if applicable)	(0) 1123111	grant	cash grant	cash disbursement	of noncash assistance	of noncash 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 tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign 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)	☐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 (Forn	n 990) 2019 Page 5
Pro am me	pplemental Information ovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting ethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide y additional information. See instructions.
990 Schedule	F, Supplemental Information
Return Reference	Explanation

STEWARD OR DIRECTLY TO THE DONOR.

Additional Data

EUROPE (INCLUDING ICELAND

AND GREENLAND)

Software ID: Software Version:

EIN: 84-1267604

Name: JUNIOR ACHIEVEMENT USA

32,000

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited 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			GRANTMAKING		21,300

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) IGRANTMAKING 8,500 SOUTH AMERICA EAST ASIA AND THE PACIFIC IGRANTMAKING 45,000

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 fundraising, program describe specific type of reaion agents in service(s) in region services, grants to reaion recipients located in the reaion) SUB-SAHARAN AFRICA 24,600 IGRANTMAKING

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, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America ISUPPORT 7.300 MISSION North America ISUPPORT 14.000

IMISSION

(i) Method of l(b) IRS codel (h) Description (f) Manner of (g) 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) ISUPPORT 27,000 Europe (Including MISSION Iceland and Greenland)

15,000

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

SUPPORT

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, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and ISUPPORT 20,000 Ithe Pacific IMISSION East Asia and ISUPPORT 10.000

Ithe Pacific

IMISSION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (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) Sub-Saharan ISUPPORT 7,300 Africa IMISSION Sub-Saharan ISUPPORT 12.300

Africa

IMISSION

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493131025071

Open to Public Inspection

ame of the organization						Employer identific	ation number
UNIOR ACHIEVEMENT USA						84-1267604	
Part I General Inform	ation on Grants	and Assistance					
Does the organization mair the selection criteria used t						e, and	☑ Yes ☐ N
Describe in Part IV the organic	•	-	_				
Part II Grants and Other A that received more t	Assistance to Dom than \$5,000. Part II	estic Organizations a can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	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							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
Enter total number of sectiEnter total number of other							81

(Form 990)

Department of the

Treasury

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

Schedule I (Form 990) 2019

Part III

(2) (3)

(4) (5) (6)

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

Explanation Return Reference

SCHEDULE I, PART I, LINE 2

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 DONOR.

Schedule I (Form 990) 2019

Page **2**

Additional Data

Atlanta, GA 30305

420 Lexington Ave New York, NY 10170

York Inc

Junior Achievement of New

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

SUPPORT MISSION

SUPPORT MISSION

1,002,990

580,451

501(c)(3)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable
3DE National LLC 3565 Piedmont Rd	83-1444494	501(c)(3)

13-3031828

(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 Georgia	58-0598050	501(c)(3)	482,959		SUPPORT MISSION
Inc					
275 Northside Dr					
Atlanta, GA 30314					

36-2170141 300.566

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

Chicago, IL 60661

Junior Achievement of Chicago 501(c)(3) SUPPORT MISSION 651 W Washington Blvd

(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 22-1774147 501(c)(3) 227.053 SUPPORT MISSION Jersey Inc 360 Pear Blossom Drive Edison, NJ 08837

SUPPORT MISSION

Junior Achievement of 04-2127020 501(c)(3) 219.415 Northern New England Inc

209 Burlington Rd Bedford, MA 01730

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 91-0604913 501(c)(3) 173.693 SUPPORT MISSION Washington Inc 1610 Perimeter Road SW

Auburn, WA 98001 Junior Achievement of Dallas 75-0881589 501(c)(3) 150.816 SUPPORT MISSION Inc

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

P O Box 191347 Dallas, TX 752199998

(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 74-1153957 501(c)(3) 149.694 SUPPORT MISSION Southeast Texas Inc 2115 Fast Governors Cir. Houston, TX 77092 Junior Achievement of 38-1348535 501(c)(3) 144.220 SUPPORT MISSION

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

Southeastern Michigan Inc 577 E Larned Suite 200 Detroit, MI 48226

(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) 95-1799192 501(c)(3) 126.862 SUPPORT MISSION Junior Achievement of Southern California Inc 6250 Forest Lawn Dr Los Angeles, CA 90068 SUPPORT MISSION

Junior Achievement of Arizona 86-0184349 501(c)(3) 126.809 Inc 636 West Southern Ave

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

Tempe, AZ 852824508

(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 23-1386172 501(c)(3) 111.833 SUPPORT MISSION Southeastern Pennsylvania I 994 Old Eagle School Rd

994 Old Eagle School Rd
Wayne, PA 19087

Junior Achievement - Rocky
Mountain Inc

SUPPORT MISSION

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

1445 Market Ste 200 Denver, CO 80202

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 94-1322179 501(c)(3) 73.479 SUPPORT MISSION Northern California Inc 3003 Oak Rd Ste 130 Walnut Creek, CA 94597 06-0665972 501(c)(3) 73.116 SUPPORT MISSION

Junior Achievement of Southwest New England Inc

70 Farmington Ave Hartford, CT 06105

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 the 41-1424988 501(c)(3) 71.399 SUPPORT MISSION Upper Midwest 1745 University Ave W St Paul. MN 55104 Junior Achievement of Tampa 59-1098499 501(c)(3) 70.541 SUPPORT MISSION Bay Inc

13707 N 22nd Street Tampa Bay, FL 33613

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 73-0757053 501(c)(3) 68.847 SUPPORT MISSION Oklahoma Inc 3947 South 103rd F Ave Tulsa, OK 74146 Junior Achievement of Central 56-0672085 501(c)(3) 65.657 SUPPORT MISSION

Carolinas Inc 1701 N Graham St Charlotte, NC 28206

(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 South 74-2061852 501(c)(3) 60.920 SUPPORT MISSION Texas Inc

Texas Inc
403 E Ramsey Ste 201
San Antonio, TX 78216

Junior Achievement of Greater 72-0485727 501(c)(3) 57,453

SUPPORT MISSION
Baton Rouge & Acadia

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

7809 Jefferson Hwy Baton Rouge, LA 70809

(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 OKI 32-0014307 501(c)(3) 56.085 SUPPORT MISSION Partners Inc 644 Linn St Ste 1024

SUPPORT MISSION

51.819

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

501(c)(3)

Cincinnati, OH 45203 Junior Achievement of

51-0078199 Delaware Inc 522 S Walnut St Wilmington, DE 19801

(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 Greater St Louis Inc 17339 N Outer Forty Chesterfield, MO 63005	43-0652112	501(c)(3)	51,054		SUPPORT MISSION
Junior Achievement of Utah Inc	87-0225875	501(c)(3)	50,298		SUPPORT MISSION

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

Salt Lake City, UT 841022821

515 S 700 E

(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 Rhode 05-0263443 501(c)(3) 48.826 SUPPORT MISSION Island Inc 57 Greene St.

Warwick, RI 02886 Junior Achievement of Western 16-0821488 501(c)(3) 48.679 SUPPORT MISSION New York Inc

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

6255 Sheridan Dr Williamsville, NY 14221

(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 Greater 59-0807486 501(c)(3) 47.894 SUPPORT MISSION Miami Inc 301 71st St Miami Beach, FL 33141

SUPPORT MISSION

47.596

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

501(c)(3)

Junior Achievement of Central

Florida Inc 2121 Camden Rd Orlando, FL 328031487 59-0972112

(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 Greater 54-0788947 501(c)(3) 46.724 SUPPORT MISSION Washington Inc 919 18th St NW Ste 901

Washington, DC 20006 23-1598129 501(c)(3) 44.164 SUPPORT MISSION

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

Junior Achievement of S Central Pennsylvania Inc 610 South George St

York, PA 17401

(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 the 75-0944915 501(c)(3) 43.450 SUPPORT MISSION Chisholm Trail Inc 6300 Ridalea Pl Fort Worth, TX 76116

Junior Achievement of Greater 57-0511131 501(c)(3) 43.434

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

Columbia, SC 29204

SUPPORT MISSION South Carolina Inc. 2711 Middleburg Dr

(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 95-1727087 501(c)(3) 43.232 SUPPORT MISSION Diego County Inc 4756 Mission Gorge Pl San Diego, CA 92120

SUPPORT MISSION

37.800l

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

501(c)(3)

4756 Mission Gorge Pl San Diego, CA 92120 Junior Achievement of the Desert Southwest Inc

200 Bartlett Ste 104 El Paso, TX 79912 74-1565161

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 04-3193575 501(c)(3) 36.803 SUPPORT MISSION Southern Massachusetts Inc 128 Union St Ste 304 New Bedford, MA 02740 Junior Achievement of the 61-0606480 501(c)(3) 36.770 SUPPORT MISSION

Bluegrass Inc 2420 Spurr Rd Lexington, KY 40511

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 39-0826295 501(c)(3) 36.308 SUPPORT MISSION Wisconsin Inc 11111 W Liberty Dr Milwaukee, WI 53224 Junior Achievement of the 56-0844838 501(c)(3) 34.372 SUPPORT MISSION

Triad Inc 3220 Northline Ave Greensboro, NC 27408

(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 34-4430363 501(c)(3) 34.163 SUPPORT MISSION Northwestern Ohio Inc 1645 Indianwood Cir

Maumee, OH 43537 Junior Achievement of 84-6009223 501(c)(3) 32.829 SUPPORT MISSION Southern Colorado Inc.

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

611 N Weber St

Colorado Springs, CO 80903

(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 Greater 44-0604809 501(c)(3) 32.651 SUPPORT MISSION Kansas City Inc P O Box 801686

SUPPORT MISSION

32.632

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

501(c)(3)

Kansas City, MO 64180

Junior Achievement of Western
Massachusett Inc

P O Box 15167 Springfield, MA 01115 04-2088304

(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 North 72-0595081 501(c)(3) 30.917 SUPPORT MISSION Louisiana Inc 212 Texas St Ste 101 Shreveport, LA 71101 99-0088861 501(c)(3) 29.419 SUPPORT MISSION

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

Junior Achievement of Hawaii Inc

1888 Kalakaga Ave Honolulu, HI 96815

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 Central 52-0688275 501(c)(3) 25.713 SUPPORT MISSION Maryland Inc 10711 Red Run Blvd Owings Mill, MD 21117 Junior Achievement of Central 35-1003695 24.988 SUPPORT MISSION

501(c)(3)

Indiana Inc 8395 Keystone Xing Indianapolis, IN 46240

(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 Alabama 63-0340866 501(c)(3) 24.339 SUPPORT MISSION Inc P O Box 19307 Birmingham, AL 35219

22.914

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

501(c)(3)

Junior Achievement of Eastern

North Carolina Inc 4904 Waters Edge Dr Raleigh, NC 27606 56-1107715

(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 Central 42-0759070 501(c)(3) 22.833 SUPPORT MISSION Iowa Inc 6100 Grand Ave SUPPORT MISSION

Des Moines, IA 50312 Junior Achievement of 61-0476694 501(c)(3) 21.886 Kentuckiana Inc

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

1401 W Md Ali Blvd Louisville, KY 40203

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 organization grant cash or assistance or government assistance other) Junior Achievement of 88-0354481 501(c)(3) 21.382 SUPPORT MISSION Southern Nevada Inc SUPPORT MISSION

1921 N Rainbow Blvd Las Vegas, NV 89108 Junior Achievement of 62-0549549 501(c)(3) 20.904 Memphis and Mid-South Inc

P O Box 1015

Cordova, TN 380881015

(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 North 59-1021800 501(c)(3) 20.679 SUPPORT MISSION Florida Inc Jacksonville, FL 32207

4049 Woodcock Dr Junior Achievement of 35-6048156 501(c)(3) 18.028 SUPPORT MISSION Southwestern Indiana Inc

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

431 E Diamond Ave Evansville, IN 47711

(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 New 85-0416889 501(c)(3) 16.782 SUPPORT MISSION Mexico Inc 4700 Lincoln Rd NE

16.782

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

501(c)(3)

4700 Lincoln Rd NE
Albuquerque, NM 87109
Junior Achievement of
Sacramento Inc

PO Box 255602 Sacramento, CA 95865 94-6080866

(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 Idaho 82-6008991 501(c)(3) 16.537 SUPPORT MISSION Inc

1365 N Orchard St Boise, ID 83706 Junior Achievement of Greater 06-0644315 501(c)(3) 16.488 SUPPORT MISSION Fairfield County In

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

835 Main St Bridgeport, CT 06604

(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 South 59-0871446 501(c)(3) 15.114 SUPPORT MISSION Florida Inc 1130 Coconut Crk Bl Coconut Creek, FL 33066

12.966

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

501(c)(3)

Coconut Crk Bl
Coconut Creek, FL 33066

Junior Achievement of Western
Pennsylvania Inc

Bridgeville, PA 150173473

90 Emerson In

25-0983059

(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 the 47-0468426 501(c)(3) 12.337 SUPPORT MISSION Midlands Inc 13506 W Maple Rd Omaha, NE 68164

11.237

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

501(c)(3)

Junior Achievement of Middle

Tennessee Inc 120 Powell Pl Nashville, TN 37204 62-0582571

(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 Central 37-0657600 501(c)(3) 10.599 SUPPORT MISSION Illinois Inc 508 High Point Ln

East Peoria, IL 61611 Junior Achievement of Central 74-1688335 501(c)(3) 10.403 SUPPORT MISSION Texas Inc

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

206 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 if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Junior Achievement of Greater 54-0799839 501(c)(3) 10.256 SUPPORT MISSION Hampton Roads Inc 2600 Intl Pkwv Virginia Beach, VA 23452

Junior Achievement of San 66-0273258 501(c)(3) 9.618 SUPPORT MISSION

Juan Puerto Rico PO Box 365064 San Juan, PR 00936

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 Central 54-0803325 501(c)(3) 9.431 SUPPORT MISSION Virginia Inc 1801 Libbie Ave Richmond, VA 23226

9.176

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

501(c)(3)

Junior Achievement of

Mahoning Valley Inc 1601 Motor Inn Dr 305 Girard, OH 44420 34-1714400

(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 South 46-0306352 501(c)(3) 8.637 SUPPORT MISSION Dakota Inc 300 S Phillips Ave Sioux Falls, SD 57104

Junior Achievement of 65-0503084 501(c)(3) 8.035

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

Fort Myers, FL 33907

SUPPORT MISSION Southwest Florida Inc. 13241 University Dr

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 71-0658775 501(c)(3) 7.950 SUPPORT MISSION Arkansas Inc 1 World Avenue Little Rock, AR 72202 Junior Achievement of Greater 34-0733164 501(c)(3) 7.930 SUPPORT MISSION Cleveland Inc

1422 Euclid Ave Cleveland, OH 44115

(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 the 59-2333738 501(c)(3) 7.851 SUPPORT MISSION Palm Beaches & Treasure 700 S Rosemary Ave W Palm Beach, FL 33401

Junior Achievement of East 62-0810145 501(c)(3) 7.459 Tennessee Inc

2135 N Ch Seivers Blvd Clinton, TN 37716

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 North 38-6081685 501(c)(3) 7.164 SUPPORT MISSION Central Michigan Inc 309 F Indian St

7.164

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

Midland, MI 486406823 Junior Achievement of 35-0922731 501(c)(3) Northern Indiana Inc

550 E Wallen Road Fort Wayne, IN 46825

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 organization grant cash or assistance or government assistance other) Junior Achievement of South 61-0997385 501(c)(3) 7.164 SUPPORT MISSION Central Kentucky Inc 440-1/2 E Main Ave Bowling Green, KY 42101 SUPPORT MISSION

Junior Achievement of Kansas 48-0731855 501(c)(3) 6.870 Inc

4008 SW Huntoon Street Topeka, KS 66604

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 grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(c)(3) 5.496 Junior Achievement of Tri-62-0757847 ISUPPORT MISSION Cities TNVA Inc 330 Broad St Suite 1

Kingsport, TN 37660

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	31025	071
Schedule J (Form 990)		C	ompensati	ion Information	0	MB No.	1545-0	0047
		For certain Office		2019				
•	tment of the Treasury	► Go to <u>www.irs.go</u>		i to Form 990. instructions and the latest inforr	mation.	Open		
	al Revenue Service ne of the organiza	l ation			Employer identifica		ectio ımber	
JUN	IOR ACHIEVEMENT (JSA			84-1267604			
Pa	rt I Questi	ons Regarding Compensa	ition		04 1207004			
							Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payment	is \square	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauf	rreur, cher)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	es, officers, including the CEO/I	executive Directo	r, regarding the items checked on Lir	ne la?			
3	organization's C	EO/Executive Director. Check a	ll that apply. Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compensa	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	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-con	itrol payment? .			4a		No
b		• •		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equ	ity-based comper	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 E01(a)(2), 501(c)(4), and 501(c)(29	\ organizations	must complete lines E-0				
5			_	the organization pay or accrue any				
_		ontingent on the revenues of:						
а	The organization	1?				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	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixe rt III	d 	7	Yes	
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," doi:		8		No
9				presumption procedure described in		9		
For F	Paperwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019

Schedule J (Form 990) 2019

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

(A) Name and Title	(A) Name and Title		kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation i
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								

Page 3

Schedule J (Form 990) 2019

Return Reference	Explanation
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 SUBCOMMITTEE (THE
	COMMITTEE) OF THE BOARD OF GOVERNORS HAS ADOPTED THE MANAGEMENT INCENTIVE COMPENSATION PLAN (MIC). MIC IS INTENDED TO STIMULATE AND
	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 EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
	MAY, IN THEIR SOLE DISCRETION, AND AT ANY TIME, ELECT TO AMEND, SUSPEND, OR TERMINATE THE PLAN. Due to the pandemic and budget constraints, any

MAY, IN THEIR SOLE DISCRETION, AND AT ANY TIME, ELECT TO AMEND, SUSPEND, OR TERMINATE THE PLAN. Due to the pandemic and budget constraints, any variable compensation pay related to the performance year 2019-2020 (which would have been paid in December of 2020) was suspended.

Schedule 1 (Form 990) 2019

Software ID: Software Version:

EIN: 84-1267604

Name: JUNIOR ACHIEVEMENT USA

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

Form 990, Schedule	e J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
TIACK E KOCAKOWOWI		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1JACK E KOSAKOWSKI PRESIDENT AND CEO	(i)	461,474	70,553	4,356	16,414	21,141	573,938	
	(ii)							
1CECIL THIBODEAUX EVP	(i) (ii)	326,616	42,486	4,356	11,321	18,741	403,520	
2TIMOTHY GREINERT SVP - DEVELOPMENT	(i) (ii)	261,713	28,875	2,838	9,021	24,768	327,215	
3SUSAN LUU	(i)	248,691	31,861	1,518	8,750	20,241	311,061	
SVP - BUSINESS IMPROVEMENT	(ii)		31,861	1,510	6,750	20,241	311,061	
4 MARY CATHERINE	(i)	240,840	25,290	2,838	8,084	756	277,808	
DESROSIERS SVP EDUCATION AND LEARNING	(ii)							
5 ED GROCHOLSKI SVP - BRAND	(i)	236,560	25,480	1,518	8,510	22,768	294,836	
SVP - BRAND	(ii)							
6LESLIE PIERCE	(i)	217,225	23,968	7,712	7,620	12,027	268,552	
SVP TALENT AND ORGANIZATION DE	(ii)							
7EDWARD PRIEM II	(i)	197,924	16,622	486	6,619	10,035	231,686	
CFO	(ii)							
8STEVE SCHMIDT SVP - OPERATIONS	(i)	182,384	20,125	2,152	6,287	21,200	232,148	
51. G. 2.10 1.15 1.15	(ii)							
9HOWARD BARTNER SVP - OPERATIONS	(i) (ii)	179,046	16,641	2,136	6,116	24,603	228,542	
10JACQUELINE DANT SVP - OPERATIONS	(i)	156,543		985	5,270	24,366	187,164	
SVF - OFEIGNIONS	(ii)							
11CHRISTINE KUNTZ SVP - OPERATIONS	(i)	154,482		2,693	4,282	18,631	180,088	
	(ii)							
12JEANNINE REILLY VP - EDUCATION DELIVERY	(i)	147,721		905	4,642	18,473	171,741	
AND TE	(ii)							
13MARK FIORE VP - COMPENSATION AND	(i)	145,726		585	4,568	22,992	173,871	
BENEFITS	(ii)							
14KRIS PONCIROLI VP DONOR RELATIONS AND DEV SVC	1 1	144,340		888	4,536	22,489	172,253	
15JEANETTE LEE	(ii)	120.000						
VP DEVELOPMENT	(i) (ii)	138,889		2,431	4,368	19,194	164,882	
	[Y"/							

efile GRAPH	DLN: 93493131025071						
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for respons Form 990 or 990-EZ or to provide any a Attach to Form 990 or 9	es to specific questions on dditional information. 990-EZ. Open to Public					
Namel Setherofg JUNIOR ACHIEVEM 990 Schedul		Employer identification number 84-1267604					
Return Reference	Explanation						
FORM 990, PART VI, SECTION A, LINE 6	DESCRIBE CIRCUMSTANCES FOR HAVING MEMBERS: THE SO WIDE, INC. APPROVAL MUST BE OBTAINED FROM THE MEMBE ICATION, OR RESTATEMENT OF THE ARTICLES OF INCORPORN, REORGANIZATION, OR DISSOLUTION OF JUNIOR ACHIEVES R EXCHANGE, OR OTHER DISPOSITION, TRANSFER OR CONVISION SINET ASSETS; - ANY MATERIAL CHANGE IN ANY CURRENT NUSA; - ENTERING INTO ANY OPERATING AGREEMENT BETWE	ER FOR THE FOLLOWING: - AMENDMENT, MODIF RATION OR BYLAWS; - MERGER, CONSOLIDATIO MENT USA (JA USA), OR THE SALE, LEASE O EYANCE OF ALL OF SUBSTANTIALLY ALL OF IT ONPROFIT PURPOSES AND OBJECTIVES OF JA					

Return Explanation
Reference

FORM 990, DESCRIBE PROCESS TO REVIEW 990: THE FORM 990 IS PREPARED BY OUR EXTERNAL AUDIT FIRM AND IS 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
FORM 990, PART VI, SECTION B, LINE 15A & 15B	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 COMPA RABLE 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 COMP ARABILITY DATA AND DOCUMENTED ITS DELIBERATION AND DISCUSSION IN MINUTES THAT ARE RETAINED WITH THE OTHER GOVERNANCE MATERIALS OF THE ORGANIZATION. THE COMMITTEE FOLLOWED THE PROCE SS 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 WRIT TEN OPINION OF REASONABLENESS FROM THE INDEPENDENT COMPENSATION CONSULTANT. THIS REVIEW PROCESS IS CONDUCTED ANNUALLY AND WAS LAST DONE IN 2019. The 2020 annual review was suspended due the impact of the pandemic and the related decision that there would not be any compensation changes for the year. External review of the compensation structure will resume in 2021.

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

Form 990,	COMPENSATION: COMPENSATION DELIBERATIONS TAKE INTO ACCOUNT SERVICES PROVIDED TO THE FILING
Part VII	ORGANIZATION AND ITS JA AREAS. REVENUE PRESENTED IN THE FORM 990 DOES NOT INCLUDE THE REV
	ENUE OF THE 105 JA AREA AFFILIATES WHO ARE PART OF THE JA USA NETWORK THAT JA USA OVERSEES
	. IN FYE 2020, REVENUE OF ALL JA AREAS TOTALED \$169 MILLION.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131025071 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (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 www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** JUNIOR ACHIEVEMENT USA 84-1267604 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a)
Name, address, and EIN (if applicable) of disregarded entity (e) Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) (d) (g) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)SEE PART VII

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	(k) rcentage mership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	/ -	- 000)	

Page **3**

aitv	Transactions with Related Organizations. Complete if the organization answered	165	on Form 990, Part IV, line 34, 330, or 30.	
Note	Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule			_

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c 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	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		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)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m 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
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No

	Lease of facilities, equipment, of other assets from related organization(s).	1-1		110
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	•
m	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
0	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)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a)(b)(c)(d)Name of related organizationTransaction type (a-s)Amount involved type (a-s)Method of determining am	ount i	involv	ed

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	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) (g) Share of total income end-of-year assets		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Forn	990	0) 2019

