PUBLIC DISCLOSURE COPY

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-	. 9	AU	Return of Organization Exempt From In	come Ta	K	OMB No. 1545-0047
Forn			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc	ept private fou	ndations)	2023
		of the Treasury nue Service	Do not enter social security numbers on this form as it may be Go to www.irs.gov/Form990 for instructions and the latest in	•		Open to Public Inspection
			lar year, or tax year beginning 07/01 , 2023, and ending		30	, 20 24
	•	applicable:	C Name of organization JUNIOR ACHIEVEMENT USA	3		yer identification number
_	Address		Doing business as			84-1267604
	Name ch	°		loom/suite	E Telepho	one number
	Initial ret	Ū.	12320 ORACLE BLVD	STE 310		(719) 540-8000
Ξ		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			(),
Ξ	Amende		COLORADO SPRINGS, CO 80921		G Gross r	receipts \$ 51,238,36
		ion pending	F Name and address of principal officer: JOHN S HARRIS	H(a) Is this a gr		
	ripplicat	ion ponding	SAME AS C ABOVE	1		s included? Ses N
	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			. See instructions.
			JAUSA.JA.ORG	H(c) Group e	xemption n	umber 1116
(Form of ,	organization: 🗸	Corporation Trust Association Other L Year of forma			of legal domicile: CO
P	art I	Summa	ν			
	1		cribe the organization's mission or most significant activities: JA EMF	POWERS YOUN	IG PEOPI	LE TO OWN THEIR
D	-		SUCCESS THROUGH VOLUNTEER DELIVERED PROGRAMS WHICH GIV			
			LITERACY, WORK READINESS & ENTREPRENEURSHIP.		/VLLDOL/	
	2		box i if the organization discontinued its operations or disposed or	f more then 21	504 of ito	not accoto
Š	3		voting members of the governing body (Part VI, line 1a)		3	
5 ×	4		independent voting members of the governing body (Part VI, line 1a).		4	3
ŝ	5		per of individuals employed in calendar year 2023 (Part V, line 2a)	3		
Ĕ				5		
Activities & Governance	6		er of volunteers (estimate if necessary)		-	4
1	7a		ated business revenue from Part VIII, column (C), line 12		7a	
	b	inet unrela	ed business taxable income from Form 990-T, Part I, line 11		76	
	•				7b	
	8	Contributio	no and grants (Dart) (III line 1b)	Prior Yea	r	Current Year
D C			ns and grants (Part VIII, line 1h)	Prior Yea 37,0	r)84,065	Current Year 19,003,92
venue	9	Program s	ervice revenue (Part VIII, line 2g)	Prior Yea 37,0 13,5	r 084,065 504,749	Current Year 19,003,92 15,038,77
нечепие	9 10	Program se Investment	ervice revenue (Part VIII, line 2g)	Prior Yea 37,0 13,5 5,2	r 084,065 504,749 211,702	Current Year 19,003,92 15,038,77 1,475,57
aniiavan	9 10 11	Program se Investment Other reve	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,5 5,2 1,7	r 084,065 604,749 211,702 751,692	Current Year 19,003,92 15,038,77 1,475,57 317,19
Hevenue	9 10 11 12	Program se Investment Other reve Total reven	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,5 5,2 1,7 57,5	r 084,065 504,749 211,702 751,692 552,208	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47
Hevenue	9 10 11 12 13	Program se Investment Other reve Total reven Grants and	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,5 5,2 1,7 57,5	r 084,065 504,749 211,702 751,692 552,208 567,562	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04
Revenue	9 10 11 12 13 14	Program s Investment Other reve Total reven Grants and Benefits pa	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,; 5,2 1,7 57,; 15,6	r 084,065 504,749 211,702 751,692 552,208 567,562 0	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04
	9 10 11 12 13 14 15	Program s Investment Other reve Total reven Grants and Benefits pa Salaries, ot	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,; 5,2 1,7 57,; 15,6	r	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94
	9 10 11 12 13 14 15 16a	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, ot Profession	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,; 5,2 1,7 57,; 15,6	r 084,065 504,749 211,702 751,692 552,208 567,562 0	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94
	9 10 11 12 13 14 15 16a b	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, ot Profession Total funde	ervice revenue (Part VIII, line 2g)	Prior Yea 37, 13,5 5,2 1,7 57,5 15,6 10,6	r	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94
	9 10 11 12 13 14 15 16a b 17	Program se Investment Other rever Total rever Grants and Benefits pa Salaries, ot Profession Total funde Other expe	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,5 5,2 1,7 57,5 15,6 10,6 10,6	r black blac	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94 16,143,99
	9 10 11 12 13 14 15 16a b 17 18	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, ot Profession Total funde Other expection	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,5 5,2 1,7 57,5 15,6 10,6 10,6 15,2 41,5	r 2084,065 504,749 211,702 552,208 567,562 0 512,046 0 243,753 523,361	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94 16,143,99 38,605,98
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, ot Profession Total funde Other expection	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,5 5,2 1,7 57,5 15,6 10,6 10,6 15,2 41,5 16,6	r 2084,065 304,749 211,702 251,692 352,208 367,562 0 312,046 0 243,753 323,361 328,847	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94 16,143,99 38,605,98
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, ot Profession Total funde Other expection	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,5 5,2 1,7 57,5 15,6 10,6 10,6 15,2 41,5	r 2084,065 304,749 211,702 251,692 352,208 367,562 0 312,046 0 243,753 323,361 328,847	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94 16,143,99 38,605,98
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, ot Profession Total funde Other expe Revenue le	ervice revenue (Part VIII, line 2g)	Prior Yea 37,(13,; 5,2 1,7 57,; 15,6 10,6 10,6 10,6 8eginning of Curr	r 2084,065 304,749 211,702 251,692 352,208 367,562 0 312,046 0 243,753 323,361 328,847	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94 16,143,99 38,605,98 (2,770,512 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, of Profession Total funde Other exper Total expe Revenue le Total asset Total liabili	ervice revenue (Part VIII, line 2g)	Prior Yea 37, 13, 5, 1, 57, 15, 15, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	r 284,065 304,749 211,702 251,692 352,208 367,562 0 312,046 0 243,753 323,361 028,847 ent Year	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94 16,143,99 38,605,98 (2,770,512 End of Year 57,034,32
Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, of Profession Total funde Other exper Total exper Revenue le Total asset Total liabili Net assets	ervice revenue (Part VIII, line 2g)	Prior Yea 37, 13,5 5,2 1,7 57,5 15,6 10,6 10,6 10,6 15,2 41,5 16,0 Beginning of Curr 57,2 9,6	r	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94 11,871,94 16,143,99 38,605,98 (2,770,512 End of Year 57,034,32 10,507,99
Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, of Profession Total funde Other exper Total exper Revenue le Total asset Total liabili Net assets	ervice revenue (Part VIII, line 2g)	Prior Yea 37, 13,5 5,2 1,7 57,5 15,6 10,6 10,6 10,6 15,2 41,5 16,0 Beginning of Curr 57,2 9,6	r	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94 11,871,94 16,143,99 38,605,98 (2,770,512 End of Year 57,034,32 10,507,99
u Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 21 22 art II der pena	Program se Investment Other reve Total reven Grants and Benefits pa Salaries, ot Profession Total funde Other expe Total expe Revenue le Total assets Total assets Signatu	ervice revenue (Part VIII, line 2g)	Prior Yea 37, 13, 5, 1, 57, 15, 10, 10, 10, 10, 10, 10, 10, 10	r	Current Year 19,003,92 15,038,77 1,475,57 317,19 35,835,47 10,590,04 11,871,94 16,143,99 38,605,98 (2,770,512 End of Year 57,034,32 10,507,99 46,526,33 hy knowledge and belief, it
The second secon	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II der pena e, correc	Program se Investment Other reve Total reven Grants and Benefits pa Salaries, of Profession Total funde Other expe Total expe Revenue le Total assets Signatu	ervice revenue (Part VIII, line 2g)	Prior Yea 37, 13, 5, 1, 5, 15, 15, 10, 10, 10, 15, 41, 16, Beginning of Curr 57, 9, 47, 5, 2, 9, 47, 5, 2, 5, 2, 5, 5, 2, 10, 10, 10, 10, 10, 10, 10, 10	r 284,065 304,749 211,702 751,692 352,208 367,562 0 312,046 0 243,753 323,361 028,847 ent Year 206,590 328,149 378,441 578,441 578,441 578,441 578,441	Current Year 19,003,924 15,038,777 1,475,575 317,197 35,835,473 10,590,044 (11,871,947 (11,871,947) 16,143,992 38,605,985 (2,770,512) End of Year 57,034,324 10,507,995 46,526,333 https://www.edge.and.belief,.it
Un true Siç	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 21 22 art II der pena	Program se Investment Other rever Total reven Grants and Benefits pa Salaries, ot Profession Total fundr Other exper Total exper Revenue le Total assets Signatu Signature	ervice revenue (Part VIII, line 2g)	Prior Yea 37, 13, 5, 1, 57, 15, 10, 10, 10, 10, 10, 10, 10, 10	r 284,065 304,749 211,702 751,692 352,208 367,562 0 312,046 0 243,753 323,361 028,847 ent Year 206,590 328,149 378,441 578,441 578,441 578,441 578,441	Current Year 19,003,924 15,038,777 1,475,575 317,197 35,835,477 10,590,046 (11,871,947) (11,871,947) (11,871,947) (10,143,992) 38,605,985 (2,770,512) End of Year 57,034,325 10,507,995 46,526,333 uy knowledge and belief, it

	Type or print nar	me and title						
Paid	Print/Type prepa	arer's name	Preparer's signature	A. Do in	Date		Check 🗌 if	PTIN
	ADAM R. SMITH			adam & Dmith	05/07/2025		self-employed	P00958966
Preparer Use Only	Firm's name	FORVIS MAZARS, LLP		Firm's	s EIN	44-0160260		
	Firm's address	111 SOUTH TEJON SUIT	E 800, COLORADO	SPRINGS, CO 80903	-9848	Phon	e no. (7	719) 471-4290
May the IRS discuss this return with the preparer shown above? See instructions								
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)							

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Rev. January 2024)

8868

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification									
Type or	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)							
Print	JUNIOR ACHIEVEMENT USA 84-1267604								
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.								
due date for	12320 ORACLE BLVD, STE 310								
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
instructions.	COLORADO SPRINGS, CO 80921								

Application Is For		Application Is For		Return Code		
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)		09		
Form 4720 (individual) 03 Form 5227						
Form 990-PF 04 Form 6069 1						
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870		12		
Form 990-T (trust other than above)	06	Form 5330 (individual)		13		
Form 990-T (corporation)	07	Form 5330 (other than individual)		14		
Form 1041-A	08					
 After you enter your Return Code, complete either Partime to file Form 5330. If this application is for an extension of time to file Form Plan Name	n 5330, you	must enter the following information	e onl <u>y</u>	y for an extension of		
Plan Year Ending (MM/DD/YYYY)						
Part II — Automatic Extension of Time To File fe	or Exempt	Organizations (see instructions)				
 The books are in the care of ► EDWARD PRIEM II, 1232 Telephone No. ► (719) 540-6235 If the organization does not have an office or place of b If this is for a Group Return, enter the organization's for for the whole group, check this box ► □. If a list with the names and TINs of all members the extense I request an automatic 6-month extension of time the organization named above. The extension is for calendar year 20 or Calendar year 20 or Tax year beginning 07/01 If the tax year entered in line 1 is for less than 12 m Change in accounting period 	Fax pusiness in t ur digit Grou it is for part ion is for. until or the organ , 20	No. ► he United States, check this box up Exemption Number (GEN) of the group, check this box 05/15 , 20_25 bization's return for: 23 , and ending	► [► □ If this is] and attach anization return for		
3a If this application is for Forms 990-PF, 990-T, nonrefundable credits. See instructions.	4720, or 6	069, enter the tentative tax, less any	3a	\$ 0		
b If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any prior	3b	\$ 0				
cBalance due.Subtract line 3b from line 3a.Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.3c\$						
Caution: If you are going to make an electronic funds withdraw instructions.	al (direct deb	it) with this Form 8868, see Form 8453-TE and	l Form	n 8879-TE for payment		

а	Enter the Code section(s) imposing the tax.	1 a				
h	Enter the payment amount attached.			1b	\$	
	For excise taxes under section 4980 or 4980F of the Code, enter the reversion	n/am	endment date		Ψ	
	(MM/DD/YYYY).			1c		
2	State in detail why you need the extension.					

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature

Date

Form 8868 (Rev. 1-2024)

Part III — Extension of Time To File Form 5330 (see instructions)

I request an extension of time until _____, 20 ____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

Form 990	D (2023) Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. SEE ADDITIONAL MISSION INFORMATION ON SCHEDULE O.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 31,380,300 including grants of \$ 10,416,796) (Revenue \$ 15,112,251) THE ORGANIZATION ASSISTED ITS US AREAS IN SETTING UP AND/OR MAINTAINING THEIR OWN ORGANIZATION TO ADMINISTER JUNIOR ACHIEVEMENT PROGRAMS. JA AREAS REACHED APPROXIMATELY 4.6 MILLION ELEMENTARY THROUGH POST SECONDARY STUDENTS FOR THE YEAR ENDED 6/30/2024.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 31,380,300

Form 99	0 (2023)		I	Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	~	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	~	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	

Form 99	0 (2023)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	~	<u> </u>
2-1u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		-
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	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		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	32 33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		-
• -		34	v	<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	~	<u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	~	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	r	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a42Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0Did the organization comply with backup withholding rules for reportable payments to vendors and1a42			
v	reportable gaming (gambling) winnings to prize winners?	1c		

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
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 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	V				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~			
b							
_	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		~			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~			
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
0a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua					
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a		~			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c		~			
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		~			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h					
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711					
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	•					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
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						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	against amounts due or received from them.)	12a					
iza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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						
	excess parachute payment(s) during the year?	15		~			
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46					
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.	16		~			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities						
.,	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		1			
	If "Yes," complete Form 6069.	• •					
	······································						

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

Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 39			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 38			
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		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	~	
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		~
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	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
S ooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Rever	9		~
Secu	on B. Policies (This Section B requests information about policies not required by the internal Rever	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	v	
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	~	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe on 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	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	10-		
13	Did the organization have a written whistleblower policy?	12c 13	~ ~	
14	Did the organization have a written document retention and destruction policy?	14	~	
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	V	
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process on 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		~
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		
Secti	on C. Disclosure	100		1
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 8	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	of inte	rest p	olicy,

20 State the name, address, and telephone number of the person who possesses the organization's books and records. EDWARD PRIEM II, 12320 ORACLE BLVD STE 310, COLORADO SPRINGS, CO 80921, (719) 540-6235

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

				(C)											
(A)	(B)	(B) Position						(D)	(E)	(F)						
Name and title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount							
	hours				director/trustee)			compensation from the	compensation from related	of other						
	per week (list any hours for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Officer Institutional trustee Individual trustee or director o		Former Highest compensated employee		Former Highest compensated employee Key employee		Former Highest compensated employee		Former Highest compensated employee		Former Highest compensated employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JACK KOSAKOWSKI	40.0	-														
PRESIDENT & CEO (END 06/2024)	2.0	~		~				858,223	0	36,592						
(2) TIMOTHY GREINERT	40.0															
EVP & CHIEF OPERATING OFFICER	0.0			~				476,174	0	41,681						
(3) MARY CATHERINE DESROSIERS	40.0															
CHIEF ED/LEARNING TECH OFFICER	0.0				~			428,530	0	14,086						
(4) EDWARD GROCHOLSKI	40.0															
CHIEF MARKETING OFFICER	0.0				~			374,783	0	38,631						
(5) SRIDHAR THODUPUNOORI	40.0															
CHIEF INFO TECHNOLOGY OFFICER	0.0				~			347,750	0	38,217						
(6) CATHERINE MILONE	40.0															
CHIEF DEV OFFICER	0.0				~			346,046	0	34,142						
(7) EDWARD PRIEM, II	40.0															
CHIEF FINANCIAL OFFICER	1.0			~				337,197	0	18,226						
(8) LORETTA RODRIGUEZ	35.0															
CHIEF HUMAN RESOURCES & DIVERSITY OFFICER	5.0				~			308,007	0	19,408						
(9) JACQUELINE DANT	40.0															
SVP - OPERATIONS	0.0				~			264,631	0	36,200						
(10) STEVEN SCHMIDT	40.0															
SVP - OPERATIONS	0.0				~			251,777	0	31,197						
(11) MARK FIORE	20.0															
SVP - HR	20.0					~		176,580	0	34,471						
(12) JEANNINE REILLY	40.0															
VP - ED DELIVERY AND TECH SOLU	0.0					~		175,502	0	27,800						
(13) THOMAS THOMAS	40.0															
VP - EVALUATION & RESEARCH	0.0					~		170,009	0	31,804						
(14) GEORGE LANDSNESS	40.0															
VP - INFRASTRUCTURE/SVC MGMT	0.0					~		169,871	0	27,575						

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Part VII Section A. Officers, Directors,	Trustees,	Key	Em	ploy	yee	s, an	d⊦	lighest Compe	ensated Emplo	yees (continued)
				(0	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average hours per week			Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(15) JULIA STEWART	40.0									
VP - USER STRATEGY/LEARNING EX	0.0					~		175,071	0	7,562
(16) ALAN ARMSTRONG	1.5									
CHAIR	1.0	~		~				0	0	0
(17) ARNOLD EVANS	1.5									
VICE CHAIR	1.0	~		~				0	0	0
(18) EVELYN ANGELLE	1.5									
TREASURER	0.0	~		~				0	0	0
(19) KYLE HYBL	1.5									
SECRETARY	0.0	~		~				0	0	0
(20) ADAM ARROYOS	1.5									
DIRECTOR	0.0	~						0	0	C
(21) AKBERET FARR	1.5									
DIRECTOR	0.0	~						0	0	C
(22) ALEX SEVILLA	1.5									
DIRECTOR	0.0	~						0	0	C
(23) ALYSON GRIFFIN	1.5									
DIRECTOR	0.0	~						0	0	C
(24) ASHLEY BELL	1.5									
DIRECTOR (END 06/2024)	0.0	~						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal			·					4,860,151	0	437,592
c Total from continuation sheets to Parl	VII. Sectio	n A						0	0	C
d Total (add lines 1b and 1c)	-							4,860,151	0	437,592
2 Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received mor	e than \$100,000	
	Lation							36		

3	Did the organization list any former	officer,	director,	trustee,	key	employee,	or	highest	con	npensa	ited
	employee on line 1a? If "Yes," complet	e Schedu	ıle J for ຣເ	ıch indivi	dual			• •	· ·		•

- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MANPOWER, 21271 NETWORK PLACE, CHICAGO, IL 60673-1212	TEMP STAFFING	1,976,753
DRUMMOND PRESS, INC., 2472 DENNIS STREET, JACKSONVILLE, FL 32204	FULFILLMENT/STORAGE	1,579,524
CATALYTE, INC., 502 S. SHARP STREET, BALTIMORE, MD 21201	APPL DEV & SUPPORT	1,116,036
WIPFLI, LLP, 10000 W INNOVATION DR, SUITE 250, MILWAUKEE, WI 53226	CRM, ERP SYSTEM DEV & SUPPORT	879,209
BLACKBAUD, INC., 65 FAIRCHILD STREET, CHARLESTON, SC 29492	769,190	
2 Total number of independent contractors (including but not limited to	those listed above) who	
received more than \$100,000 of compensation from the organization	31	

Page 8

Yes No

V

~

V

3

4

Part VIII Statement of Revenue

Part		Statement of Revenue Check if Schedule O contains a respo	nse or note to an	w line in this Pa	art VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns 1a	13,521				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
Ţ Ţ Ū	С	Fundraising events					
ìifts ar /	d	Related organizations 1d					
а, G	e	Government grants (contributions) 1e					
r Si	f	All other contributions, gifts, grants, and similar amounts not included above	10,000,100				
outi the	g	and similar amounts not included above 1f Noncash contributions included in	18,990,403				
d O I	9		\$ 52,003				
an	h	Total. Add lines 1a–1f		19,003,924			
			Business Code				
e	2a	PROGRAM AND SUPPORT FEES	611710	15,038,777	15,038,777		
Program Service Revenue	b						
n Se	С						
jram Ser Revenue	d						
бõ	e						
ā	f	All other program service revenue Total. Add lines 2a–2f		0 15,038,777	0	0	0
	9 3	Investment income (including dividence		15,036,777			
		other similar amounts)		1,446,400			1,446,400
	4	Income from investment of tax-exempt b		.,,			.,,
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C		0 0				
	d Zo	Net rental income or (loss) Gross amount from (i) Securities	(ii) Other				
	7a	sales of assets					
		other than inventory 7a	5				
Ð	b	Less: cost or other basis					
evenue		and sales expenses . 7b 12,742,65	1				
	С	Gain or (loss) 7c 29,175	5 0				
Other R	d	Net gain or (loss)		29,175			29,175
th	8a	Gross income from fundraising					
0		events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising ev					
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	C	Net income or (loss) from gaming activit	ies				
	10a	Gross sales of inventory, less returns and allowances 10	0.407.055				
	h	Less: cost of goods sold 10a					
	b C	Net income or (loss) from sales of invent		(192,286)	(192,286)		
s	Ť		Business Code	(102,200)	(102,200)		
Miscellaneous Revenue	11a	OTHER REVENUE	900099	265,760	265,760		
an€	b	PENSION REIMBURSEMENT	900099	243,723			243,723
scellanec Revenue	с						
Alisc R	d	All other revenue		0	0	0	0
2	e	Total. Add lines 11a–11d		509,483			
	12	Total revenue. See instructions		35,835,473	15,112,251	0	1,719,298

	X Statement of Functional Expenses	oto all columno All	other organizations	must complete calum	nn (A)
Section	501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response				
Do not	include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	<u> </u>
	and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
a	and domestic governments. See Part IV, line 21 .	10,416,796	10,416,796		
2 (Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22	0	0		
3 (Grants and other assistance to foreign				
	organizations, foreign governments, and				
f	foreign individuals. See Part IV, lines 15 and 16	173,250	173,250		
	Benefits paid to or for members	0	0		
	Compensation of current officers, directors,				
	trustees, and key employees	4,529,282	3,617,085	472,404	439,793
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
k	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	5,399,580	4,312,105	563,176	524,299
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	232,586	185,743	24,259	22,584
	Other employee benefits	985,827	787,281	102,822	95,724
	Payroll taxes	724,672	578,723	75,583	70,366
	Fees for services (nonemployees):				
	Management				
	Legal	257,223	124,496	66,363	66,364
	Accounting	119,625	29,906	89,719	
	Lobbying	24,000		24,000	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	168,779		168,779	
-	A), amount, list line 11g expenses on Schedule O.)				
		800,538	556,374	164,110	80,054
	Advertising and promotion	811,439	770,867	40,572	40.007
		125,912	103,286	11,659	10,967
	nformation technology	4,840,375	3,344,699	1,495,676	
	Royalties	307,027	245 102	32,023	29,812
	Travel	897,154	245,192 673,763	82,538	140,853
18	Payments of travel or entertainment expenses	097,134	073,703	02,000	140,000
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	873,578	138,899	703,230	31,449
		010,010	100,000	700,200	01,440
	Payments to affiliates	1,398,103	349,526	1,048,577	
	Depreciation, depletion, and amortization	48.960	39,099	5,107	4,754
				-,	.,
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	ine 24e amount exceeds 10% of line 25, column				
((A), amount, list line 24e expenses on Schedule O.)				
а	JA PROGRAM EXPENSES	4,406,618	4,036,462	312,870	57,286
b	TRAININGS	183,496	155,605	21,469	6,422
c	SUBSCRIPTIONS & DUES	119,179	74,607	36,945	7,627
d	EVALUATIONS	97,365	90,160	7,205	0
e /	All other expenses	664,621	576,376	33,844	54,401
25	Total functional expenses. Add lines 1 through 24e	38,605,985	31,380,300	5,582,930	1,642,755
26	Joint costs. Complete this line only if the				
(+	organization reported in column (B) joint costs from a combined educational campaign and				
f	fundraising solicitation. Check here if if				
f	following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

	n 990 (2)	•			Page 11
P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ Y		
		Check it Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	3,008,545	1	5,489,799
	2	Savings and temporary cash investments	12,670,624	2	10,031,416
	3	Pledges and grants receivable, net	6,125,425	3	5,224,388
	4	Accounts receivable, net	686,389	4	1,004,465
	5	Loans and other receivables from 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		E	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	5 6	0
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,103,395	8	1,452,190
As	9	Prepaid expenses and deferred charges	505,486	9	624,007
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,587,279		-	
	b	Less: accumulated depreciation 10b 4,410,440	403,875	10c	2,176,839
	11	Investments—publicly traded securities	22,903,969	11	28,121,215
	12	Investments – other securities. See Part IV, line 11	0	12	0
	13	Investments program-related. See Part IV, line 11	0	13	0
	14		•	14	0
	15	Other assets. See Part IV, line 11	8,798,882	15	2,910,009
	16	Total assets. Add lines 1 through 15 (must equal line 33)	57,206,590	16	57,034,328
	17	Accounts payable and accrued expenses	3,773,348	17	3,881,356
	18	Grants payable	0,110,010	18	0,001,000
	19		879,511	19	770,120
	20	Tax-exempt bond liabilities	0.0,0.1	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	2,553,897	21	3,064,385
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	,,		
lide		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	2,421,393	25	2,792,134
	26	Total liabilities. Add lines 17 through 25	9,628,149	26	10,507,995
Fund Balances		Organizations that follow FASB ASC 958, check here \checkmark and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	34,196,394	27	34,579,926
Ä	28	Net assets with donor restrictions	13,382,047	28	11,946,407
Func		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	47,578,441	32	46,526,333
ž	33	Total liabilities and net assets/fund balances	57,206,590	33	57,034,328

Form **990** (2023)

Form 9	90 (2023)				Pa	ge 12
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				5,473
2	Total expenses (must equal Part IX, column (A), line 25)	2				5,985
3	Revenue less expenses. Subtract line 2 from line 1	3				,512)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				8,441
5	Net unrealized gains (losses) on investments	5			1,71	8,404
6	Donated services and use of facilities	6				
7		7				
8	Prior period adjustments	8				
9 10	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	32, column (B))	10			40 50	0 0 0 0
Dar	XII Financial Statements and Reporting	10			40,52	6,333
Fall	Check if Schedule O contains a response or note to any line in this Part XII					
			• •	· ·	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	on			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both.			2a		~
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. Г	2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both.	ted o	na			
	Separate basis 🛛 Consolidated basis 🗌 Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	kplain	on		-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		~
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					-

Form **990** (2023)

Part VII

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

(A) Name and Title	(B) Average hours		(Ch	C) Po	ositior) plv)		(D) Reportable	(E) Reportable	(F) Estimated amount of other	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(25) BECKY FRANKIEWICZ	1.5	1						0	0	0	
DIRECTOR	0.0								Ű		
(26) BILL KRACUNAS	1.5	1						0	0	0	
	0.0										
(27) CASEY WELLS		1						0	0	0	
DIRECTOR (28) CATHERINE BRUNE	0.0										
DIRECTOR	1.0	1						0	0	0	
(29) CESAR VILLALTA	1.5										
DIRECTOR (END 04/2024)	0.0	~						0	0	0	
(30) CHRIS JAMES	1.5	1									
DIRECTOR	0.0	~						0	0	0	
(31) CID WILSON	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(32) CRAIG MENEAR	1.5	1						0	0	0	
DIRECTOR	1.0							°	Ū	Ŭ	
(33) DAVID COOK	1.5	1						0	0	0	
DIRECTOR	0.0								-		
(34) DINO ROBUSTO		1						0	0	0	
DIRECTOR (35) DWIGHT DUKE	0.0										
		1						0	0	0	
DIRECTOR (36) GUNJAN KEDIA	1.0 1.5										
DIRECTOR (END 05/2024)	0.0	~						0	0	0	
(37) HOPE JARKOWSKI	1.5	1									
DIRECTOR	0.0	~						0	0	0	
(38) JAMES CARROLL	1.5	1							-	-	
DIRECTOR	0.0	•						0	0	0	
(39) JEANETTE PRENGER	1.5	1						0	0	0	
DIRECTOR	0.0	*						0	0	0	
(40) KEITH WHITFIELD	1.5	1						0	0	0	
DIRECTOR	0.0										
(41) LARRY LEVA	1.5	1						0	0	0	
	0.0										
	1.5	1						0	0	0	
DIRECTOR (END 06/2024) (43) LAWRENCE SIDWELL	0.0										
DIRECTOR	0.0	1						0	0	0	
(44) LINDA MITCHELL	1.5										
DIRECTOR	0.0	~						0	0	0	

(A) Name and Title	(B) Average hours per week			C) Po				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(45) LYNNE FORD	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(46) MAGGIE THOMASON	1.5	~						0	0	0	
DIRECTOR (END 03/2024)	0.0	•						0	0	0	
(47) MARNA RICKER	1.5	<						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(48) MATT SCHWARTZ	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(49) NILOUFAR MOLAVI	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(50) PAMELA BENTLEY	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(51) PAUL MCKNIGHT	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(52) ROBERT GRUBKA	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(53) ROBERT LLOYD	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(54) RODNEY MARTIN	1.5	1						0	0	0	
DIRECTOR (END 10/2023)	0.0	•						0	0	0	
(55) ROY NG	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(56) SANDRA LOPEZ	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(57) TELLIS BETHEL	1.5	1						0	0	0	
DIRECTOR	0.0	•						0	0	0	
(58) TRACY ORTEGA	1.5	1						0	0	0	
DIRECTOR	0.0							0	0	0	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasur
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public
Inspection

Name of the organization JUNIOR ACHIEVEMENT USA

Employer identification number

84-1267604

Part I	Reason for Public Charity	Status. (All organiza	ations must complete	this part.) See instructions.
--------	----------------------------------	-----------------------	----------------------	-------------------------------

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations . . .
 - g Provide the following information about the supported organization(s).

3			-					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support					· · /	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,627,710	10,178,176	17,213,641	36,823,233	19,003,924	98,846,684
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	10,021,710	10,170,170	17,213,041	00,020,200	10,000,024	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	15,627,710	10,178,176	17,213,641	36,823,233	19,003,924	98,846,684
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						000 745
6	Public support. Subtract line 5 from line 4						983,745 97,862,939
-	on B. Total Support						31,002,309
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	15,627,710	10,178,176	17,213,641	36,823,233	19,003,924	98,846,684
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	424,923	459,036	474,080	876,798	1,446,400	3,681,237
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	113,789	8,799	0	243,723	366,311
11	Total support. Add lines 7 through 10						102,894,232
12	Gross receipts from related activities, etc	•				12	82,641,738
13	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re			•	ear as a section	
<u>Secu</u> 14	Public support percentage for 2023 (line (1 column (ft)		14	95.11 %
15	Public support percentage for 2023 (inter Public support percentage from 2022 Sch		-			15	95.85 %
16a	331 /3% support test – 2023. If the organ						
	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test - 2022. If the organi this box and stop here . The organization						
17a	10%-facts-and-circumstances test -2 10% or more, and if the organization means the organization meets the organization .	eets the facts- facts-and-circ	and-circumsta umstances tes	nces test, che t. The organiz	eck this box a ation qualifies	nd stop here . as a publicly	Explain in supported
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	cts-and-circur cumstances te	nstances test, st. The organiz	check this bo zation qualifies	x and stop he i s as a publicly	r e . Explain supported
18	Private foundation. If the organization						
	instructions						
							(Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
c							
6 7a	Total. Add lines 1 through 5						
7a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	1		1	1
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	's first, second	, third, fourth,	or fifth tax ye	ar as a sect	ion 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentad	e				
15	Public support percentage for 2023 (line 8			13. column (f))		15	%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In					10	70
17	Investment income percentage for 2023 (ov line 13 colu	imn (f))	17	%
18	Investment income percentage from 2023			-		18	%
19a	33 ¹ / ₃ % support tests – 2023. If the organ						
130	17 is not more than $33^{1/3}$ %, check this box						
b	33 ¹ / ₃ % support tests – 2022. If the organiz	-	-	-		-	
U U	line 18 is not more than 33 ¹ / ₃ %, check this l						
00							
20	Private foundation. If the organization di	и пот спеск а	box on line 14	, 19a, or 19b, 0	CHECK THIS DOX	and see insti	uctions .

Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- b Did the activities described on line 2a, above, 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.
- Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

	instructions. All other Type III non-functionally integrated supporting organ	1201	ions must complete Sec		
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C-Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
	emergency temporary reduction (see instructions).	σ			

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	e A (Form 990) 2023			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	;
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	,	
	Other distributions (describe in Part VI). See instructions.		6	
7 8	Total annual distributions. Add lines 1 through 6.	h the exception is rea	7	,
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res		3
9	Distributable amount for 2023 from Section C, line 6		g)
10	Line 8 amount divided by line 9 amount		1	0
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

P	aa	е	8

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

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

Return Reference - Identifier				Explanation			
SCHEDULE A, PART II,	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
LINE 10 - OTHER INCOME	(1) INSURANCE PROCEEDS		113,789	8,799			122,588
	(2) PENSION REIMBURSEM ENT					243,723	243,723
	Total	0	113,789	8,799	0	243,723	366,311

Sched	ule	В
(Form	990))

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

84-1267604

	and organization	
JUNIOR	ACHIEVEMENT	USA

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	✓ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

JUNIOR ACHIEVEMENT USA

Employer identification number 84-1267604

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$594,826	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$575,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)	Page 3
Name of organization	Employer identification number
JUNIOR ACHIEVEMENT USA	84-1267604

Part II N

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		****** ****** ******	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990) (2023)

Name of or				Page 4 Employer identification number
JUNIOR AU Part III	(10) that total more than \$1,000 fo	or the year from any ations completing Pa he year. (Enter this ir	one contributor, rt III, enter the tot nformation once. \$	84-1267604 described in section 501(c)(7), (8), or . Complete columns (a) through (e) and al of exclusively religious, charitable, etc., See instructions.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
_	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relatio	onship of transferor to transferee

(4)

(5)

(6)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

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

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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 organization			Employer ide	ntification number
JUNIC	OR ACHIEVEMENT USA				84-1267604
Part	I-A Complete if the	e organization is exempt unde	er section 501(c) or is a section 527	organization.
1	definition of "political can		·		
2	Political campaign activit	y expenditures. See instructions .		9	6
3	Volunteer hours for polition	cal campaign activities. See instruc	ctions		
Part	I-B Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1		excise tax incurred by the organiza			S
2		excise tax incurred by organization			
3	0	ed a section 4955 tax, did it file For			
4a					Yes No
b	If "Yes," describe in Part				
Part	•	e organization is exempt unde	•		l (c)(3).
1		ly expended by the filing organiz			8
2	527 exempt function acti	filing organization's funds contrib			6
3	line 17b	expenditures. Add lines 1 and 2.		on Form 1120-POL,	6
4	Did the filing organization	file Form 1120-POL for this year?	?		🗌 Yes 🗌 No
5	organization made payme the amount of political co	ses, and employer identification nur- ents. For each organization listed, on tributions received that were pro- fund or a political action committee	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					

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

Schedule C (Form 990) 2023

Sched	ule C (Form 990) 2023			Page 2
Par	II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (elec	tion under
A C	heck if the filing organization belongs to EIN, expenses, and share of exce	o an affiliated group (and list in Part IV each affiliate ss lobbying expenditures).	ed group member's	name, address,
B C	heck 🔲 if the filing organization checked b	box A and "limited control" provisions apply.		
	-	<i>r</i> ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	oublic opinion (grassroots lobbying)	0	
b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)	24,000	
С	Total lobbying expenditures (add lines 1a	and 1b)	24,000	
d	Other exempt purpose expenditures		38,581,985	
е	Total exempt purpose expenditures (add	lines 1c and 1d)	38,605,985	
f	Lobbying nontaxable amount. Enter the columns.	he amount from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 259	% of line 1f)	250,000	
h	Subtract line 1g from line 1a. If zero or les	ss, enter -0	0	
i	Subtract line 1f from line 1c. If zero or les	s, enter -0	0	
j	If there is an amount other than zero or reporting section 4911 tax for this year? .	on either line 1h or line 1i, did the organization		Yes 🔽 No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	15,000	15,000	22,500	24,000	76,500
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures			0	0	0

Schedule C (Form 990) 2023

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		(a	a) (b)	
	description of the lobbying activity.		No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to not be described in section $501(c)(3)$?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	I-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), c	or se	ction
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			
Part				
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
с	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing		
	and political expenditures next year?		4	
5	Taxable amount of lobbying and political expenditures. See instructions		5	
Part	V Supplemental Information			
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list	t); Par	t II-A, lines 1 and
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.			

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

SCHE	DULE	D
(Form	990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

nspection	

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

JUNIC	R ACHIEVEMENT USA	84-1267604
Par		s or Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets hel	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	· · · · · · 🗌 Yes 🗌 No
Par	Conservation Easements	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included on line 2a	
ď	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
	on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or term	24
•	tax year	inated by the organization damig the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspe	ection. handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
Ŭ	oran and voluncer hours devoted to monitoring, inspecting, nanding of volations, and emotioning	conservation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
'	Amount of expenses incurred in monitoring, inspecting, narding of violations, and emotioning of	onservation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of s	ection 170(b)(4)(B)(i)
U	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	
•	sheet, and include, if applicable, the text of the footnote to the organization's financial stat	
	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historical Treasures, or C	ther Similar Assets
r ar i	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	e statement and balance sheet works
i u	of art, historical treasures, or other similar assets held for public exhibition, education,	
	service, provide in Part XIII the text of the footnote to its financial statements that describe	•
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
Ň	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items.	
		¢
	(i) Revenue included on Form 990, Part VIII, line 1	····φ Φ
2	If the organization received or held works of art, historical treasures, or other similar a	$ \cdot \cdot \cdot \cdot \nabla$
2	following amounts required to be reported under FASB ASC 958 relating to these items.	assets for infancial gain, provide the
_		¢
a k	Revenue included on Form 990, Part VIII, line 1	····
b	Assets included in Form 990, Part X	5

Schedu	e D (Form 990) 2023							Page 2				
Part	III Organizations Maintaining	Collections of A	Art, Historical T	reasures,	or Oth	ner Similar As	sets (con	tinued)				
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).											
а	Public exhibition		d 🗌 Loan	or exchance	progra	am						
b												
c	Scholarly research e Other Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part											
	XIII.											
5	During the year, did the organization	solicit or receive	donations of art,	historical tre	easures	, or other simila	r					
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Part	Part IV Escrow and Custodial Arrangements											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form											
	990, Part X, line 21.											
1a	Is the organization an agent, trustee,		-				t					
	included on Form 990, Part X?						🗌 Yes	🖌 No				
b	If "Yes," explain the arrangement in Part XIII and complete the following table.											
						Ar	nount					
С	Beginning balance				1c							
d	3,				1d							
е	Distributions during the year				1e							
f	Ending balance				1f							
2a	Did the organization include an amour					-						
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanation	n has been p	orovide	d in Part XIII .		~				
Par					10							
	Complete if the organization					() _	()=					
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back						
1a	Beginning of year balance	1,221,042	1,186,886	1,41	16,185	0		0				
b	Contributions	2,000,000				1,300,000						
С	Net investment earnings, gains, and losses	202.057	101 460	(10)	0.769)	152 406						
ام		203,057	101,460	(180	0,768)	153,486						
d	Grants or scholarships Other expenditures for facilities and											
е	programs	82,946	67,304		18,531	37,301						
f	Administrative expenses	02,940	07,304	4	+0,551	57,501						
f	-	3,341,153	1,221,042	1 18	1,186,886			0				
2	-											
a	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 0.00 %											
b	Permanent endowment 92.80		0									
c	Term endowment 7.20 %											
-	The percentages on lines 2a, 2b, and	2c should equal 10	0%.									
3a	Are there endowment funds not in the			at are held a	and adr	ninistered for th	е					
	organization by:		-				Y	es No				
	(i) Unrelated organizations?						3a(i)	~				
	(ii) Related organizations?						3a(ii)	~				
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as required on So	chedule R?			3b					
4	Describe in Part XIII the intended uses	s of the organizatio	n's endowment fu	unds.								
Part	VI Land, Buildings, and Equip	oment										
	Complete if the organization	answered "Yes'	' on Form 990, F	Part IV, line	11a. S	See Form 990,	Part X, lir	ie 10.				
	Description of property	(a) Cost or oth		or other basis	• •	ccumulated	(d) Book v	alue				
		(investme	ent) (o	ther)	de	preciation						
1a	Land											
b	Buildings											
С	Leasehold improvements			399,873		39,987		359,886				
d	Equipment			59,926		59,926		0				
e	Other			6,127,480		4,310,527		,816,953				
Total.	Add lines 1a through 1e. (Column (d) n	lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))						,176,839				

Schedule D	(Form	990	2023
Concure D		550	LOLO

Schedule D (Form 990) 2023 Investments-Other Securities Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests . (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) Investments – Program Related Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) **Other Assets** Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) DUE FROM RELATED PARTY 633,564 **RIGHT OF USE ASSETS** 2,276,445 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 2,910,009 **Other Liabilities** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes **OPERATING LEASE LIABILITY** 2,792,134 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2,792,134 . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedul	e D (Form 990) 2023				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990,			Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2a 2b		-	
	Recoveries of prior year grants	-		-	
с С	Other (Describe in Part XIII.)			-	
d				20	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				
_c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Return	
	Complete if the organization answered "Yes" on Form 990,			1 1	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	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, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
Part	XIII Supplemental Information	/			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part TATEMENT	to provide a	ny additional in	normation.	

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	THE ORGANIZATION ASSISTS ITS JA AREAS TO ADMINISTER JUNIOR ACHIEVEMENT PROGRAMS. THE ORGANIZATION HOLDS FUNDS ON BEHALF OF CERTAIN JA AREAS FOR THEIR EXPENSES. THESE FUNDS ARE INCLUDED IN THE CASH AND INVESTMENTS BALANCE ON THE STATEMENTS OF FINANCIAL POSITION AND TOTAL \$3,064,385 AS OF JUNE 30, 2024.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE ENDOWMENT IS TO BE USED TO FUND THE HEMAK EMERGING LEADERS PROGRAM AND THE HEMAK STRATEGIC LEADERS PROGRAM.
	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHE	DULE	F
(Form	990)	

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number 84-1267604

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OMB No. 1545-0047

Open to Public

23

JUNIOR ACHIEVEMENT USA

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- **2** For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA (CANADA & MEXICO ONLY)			GRANTMAKING		64,250
SUB-SAHARAN AFRICA			GRANTMAKING		8,000
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING		23,000
SOUTH AMERICA			GRANTMAKING		13,000
EAST ASIA AND THE PACIFIC (5)			GRANTMAKING		65,000
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			173,250
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			173,250

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	SUPPORT MISSION	18,000	WIRE			
(2)			EAST ASIA AND THE PACIFIC	SUPPORT MISSION	35,000	WIRE			
(3)			EAST ASIA AND THE PACIFIC	SUPPORT MISSION	9,000	WIRE			
(4)			EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT MISSION	23,000	WIRE			
(5)			NORTH AMERICA (CANADA & MEXICO ONLY)	SUPPORT MISSION	59,250	WIRE			
(6)			SOUTH AMERICA	SUPPORT MISSION	13,000	WIRE			
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
2	Enter total n exempt 501(umber of recipi c)(3) organizatio	ient organizations li n by the IRS, or for	sted above that are r which the grantee or c	ecognized as cha ounsel has provid	arities by the foreigr led a section 501(c)(n country, recognize 3) equivalency letter	d as a tax	6
3	Enter total nu	umber of other of	organizations or enti	ties					0

Schedule F (Form 990) 2023

Page **2**

(a) Type of grant or assistance	(b) Region	(c) Number of 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)
							appraisai, otner)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2023

Page	4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	V 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)	Ves	✓ 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	V 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)	Ves	🖌 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	🖌 No

Schedule F (Form 990) 2023

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); andPart III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
	GRANTS ARE TO MEMBER NATIONS ONLY. MOST OF THE FUNDING FOR THE GRANTS ARE PROVIDED BY DONORS WHO PLACE RESTRICTIONS ON THE USE OF THE GRANTS. GRANT USAGE REQUIREMENTS VARY BY DONOR. THE REPORTING REQUIRED IS SUBMITTED TO THE ORGANIZATION'S GRANT STEWARD OR DIRECTLY TO THE DONOR.
3 - METHOD ÚSED TÓ ACCOUNT FOR EXPENDITURES ON ORG'S	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
LINE 1 - METHOD USED TO ACCOUNT FOR	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 84-1267604

JUNIOR ACHIEVEMENT USA

Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
	the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)							
	58-0598050	501(C)(3)	851,693				PROGRAM SUPPORT
(2) (SEE STATEMENT)							
	13-3031828	501(C)(3)	436,410				PROGRAM SUPPORT
(3) (SEE STATEMENT)							
	04-2127020	501(C)(3)	363,618				PROGRAM SUPPORT
(4) JUNIOR ACHIEVEMENT OF NEW JERSEY, INC.							
360 PEAR BLOSSOM DRIVE, EDISON, NJ 08837	22-1774147	501(C)(3)	356,232				PROGRAM SUPPORT
(5) (SEE STATEMENT)							
	95-1799192	501(C)(3)	342,655				PROGRAM SUPPORT
(6) (SEE STATEMENT)							
	75-0881589	501(C)(3)	318,873				PROGRAM SUPPORT
(7) JUNIOR ACHIEVEMENT OF ARIZONA, INC.							
636 WEST SOUTHERN AVE., TEMPE, AZ 85282-4508	86-0184349	501(C)(3)	314,218				PROGRAM SUPPORT
(8) (SEE STATEMENT)							
	36-2170141	501(C)(3)	308,032				PROGRAM SUPPORT
(9) (SEE STATEMENT)							
	74-1153957	501(C)(3)	288,599				PROGRAM SUPPORT
(10) (SEE STATEMENT)							
	54-0788947	501(C)(3)	253,775				PROGRAM SUPPORT
(11) JUNIOR ACHIEVEMENT OF WASHINGTON							
1610 PERIMETER RD SW, AUBURN, WA 98001	91-0604913	501(C)(3)	253,051				PROGRAM SUPPORT
(12) (SEE STATEMENT)							
2 Enter total number of section	501(c)(3) and gov	l vernment organiza	ations listed in the l	ine 1 table			. 95
3 Enter total number of other or							

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

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1								
2								
3								
4								
5								
6								
7								
Part IV	Supplemental Information. Provide	the information i	required in Part I, lir	ne 2; Part III, columi	n (b); and any other addit	ional information.		
(SEE STAT	EMENT)							

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(12) JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA, INC. 1212 BROADWAY PLAZA, SUITE 2100, WALNUT CREEK, CA 94596	94-1322179	501(C)(3)	237,997				PROGRAM SUPPORT
(13) JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC. 4049 WOODCOCK DRIVE, SUITE 200, JACKSONVILLE, FL 32207	59-1021800	501(C)(3)	203,904				PROGRAM SUPPORT
(14) JUNIOR ACHIEVEMENT - ROCKY MOUNTAIN, INC. 6500 GREENWOOD PLAZA BLVD, GREENWOOD VILLAGE, CO 80111	84-0430495	501(C)(3)	185,997				PROGRAM SUPPORT
(15) JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. 13707 N. 22ND STREET, TAMPA BAY, FL 33613	59-1098499	501(C)(3)	182,758				PROGRAM SUPPORT
(16) JUNIOR ACHIEVEMENT OF UTAH, INC. 515 SOUTH 700 EAST, SUITE 1F, SALT LAKE CITY, UT 84102-2821	87-0225875	501(C)(3)	179,426				PROGRAM SUPPORT
(17) JUNIOR ACHIEVEMENT OF ALABAMA, INC. P O BOX 19307, BIRMINGHAM, AL 35219	63-0340866	501(C)(3)	179,215				PROGRAM SUPPORT
(18) JUNIOR ACHIEVEMENT OF WESTERN PENNSYLVANIA, INC. 90 EMERSON LANE, SUITE 1403, BRIDGEVILLE, PA 15017-3473	25-0983059	501(C)(3)	170,516				PROGRAM SUPPORT
(19) JUNIOR ACHIEVEMENT NORTH, INC. 1745 UNIVERSITY AVENUE W, ST. PAUL, MN 55104	41-1424988	501(C)(3)	169,689				PROGRAM SUPPORT
(20) JUNIOR ACHIEVEMENT OF SOUTHEASTERN PENNSYLVANIA, INC. 145 EAST SWEDESFORD RD, SUITE 1071, WAYNE, PA 19087	23-1386172	501(C)(3)	169,359				PROGRAM SUPPORT
(21) JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLINA, INC. 2711 MIDDLEBURG DR., SUITE 301, COLUMBIA, SC 29204	57-0511131	501(C)(3)	164,505				PROGRAM SUPPORT
(22) JUNIOR ACHIEVEMENT OF SOUTHEASTERN MICHIGAN, INC. 577 E. LARNED, SUITE 200, DETROIT, MI 48226	38-1348535	501(C)(3)	164,424				PROGRAM SUPPORT
(23) JUNIOR ACHIEVEMENT OF THE BLUEGRASS, INC. 2420 SPURR ROAD, LEXINGTON, KY 40511	61-0606480	501(C)(3)	162,805				PROGRAM SUPPORT
(24) JUNIOR ACHIEVEMENT OF CENTRAL INDIANA, INC. 7435 N. KEYSTONE AVENUE, SUITE B, INDIANAPOLIS, IN 46240	35-1003695	501(C)(3)	157,911				PROGRAM SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(25) JUNIOR ACHIEVEMENT OF SOUTHERN NEVADA, INC. 4440 E. TROPICANA AVE. # A, LAS VEGAS, NV 89121	88-0354481	501(C)(3)	141,952				PROGRAM SUPPORT
(26) JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND, INC. 70 FARMINGTON AVENUE, HARTFORD, CT 06105	06-0665972	501(C)(3)	139,368				PROGRAM SUPPORT
(27) JUNIOR ACHIEVEMENT OF CENTRAL CAROLINAS, INC. 1701 N. GRAHAM ST., SUITE 100, CHARLOTTE, NC 28206	56-0672085	501(C)(3)	131,478				PROGRAM SUPPORT
(28) JUNIOR ACHIEVEMENT OF THE CHISHOLM TRAIL, INC. 6300 RIDGLEA PLACE, SUITE 400, FORT WORTH, TX 76116-5706	75-0944915	501(C)(3)	130,736				PROGRAM SUPPORT
(29) JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NEW YORK, INC. 200 WEST RIDGE ROAD, #1, ROCHESTER, NY 14615	16-0956147	501(C)(3)	128,998				PROGRAM SUPPORT
(30) JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA, INC. 2121 CAMDEN ROAD, ORLANDO, FL 32803- 1487	59-0972112	501(C)(3)	125,631				PROGRAM SUPPORT
(31) JUNIOR ACHIEVEMENT OF OKI PARTNERS, INC. 2368 VICTORY PARKWAY, SUITE 301, CINCINNATI, OH 45206	32-0014307	501(C)(3)	113,422				PROGRAM SUPPORT
(32) JUNIOR ACHIEVEMENT OF GREATER ST. LOUIS, INC. 17339 NORTH OUTER FORTY ROAD, CHESTERFIELD, MO 63005	43-0652112	501(C)(3)	111,518				PROGRAM SUPPORT
(33) JUNIOR ACHIEVEMENT OF SOUTH TEXAS, INC. 403 E. RAMSEY, SUITE 201, SAN ANTONIO, TX 78216	74-2061852	501(C)(3)	110,941				PROGRAM SUPPORT
(34) JUNIOR ACHIEVEMENT OF RHODE ISLAND, INC. 3205 POST ROAD, #7549, WARWICK, RI 02886	05-0263443	501(C)(3)	109,824				PROGRAM SUPPORT
(35) JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE, INC. 120 POWELL PLACE, NASHVILLE, TN 37204	62-0582571	501(C)(3)	109,723				PROGRAM SUPPORT
(36) JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC. 7830 SE FOSTER ROAD, PORTLAND, OR 97206	93-0384007	501(C)(3)	106,148				PROGRAM SUPPORT
(37) JUNIOR ACHIEVEMENT OF NORTHWESTERN OHIO, INC. 1645 INDIAN WOOD CIRCLE, SUITE 104, MAUMEE, OH 43537	34-4430363	501(C)(3)	100,060				PROGRAM SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(38) JUNIOR ACHIEVEMENT OF EASTERN NORTH CAROLINA, INC. 4909 WATERS EDGE DRIVE, SUITE 220, RALEIGH, NC 27606	56-1107715	501(C)(3)	99,846				PROGRAM SUPPORT
(39) JUNIOR ACHIEVEMENT OF S. CENTRAL PENNSYLVANIA, INC. 610 S. GEORGE STREET, YORK, PA 17401	23-1598129	501(C)(3)	89,088				PROGRAM SUPPORT
(40) JUNIOR ACHIEVEMENT OF GREATER KANSAS CITY P O BOX 801686, KANSAS CITY, MO 64180	44-0604809	501(C)(3)	84,115				PROGRAM SUPPORT
(41) JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC. 1725 TWIN SPRINGS ROAD, BALTIMORE, MD 21227	52-0688275	501(C)(3)	82,262				PROGRAM SUPPORT
(42) JUNIOR ACHIEVEMENT OF THE DESERT SOUTHWEST, INC. 200 BARTLETT, SUITE 104, EL PASO, TX 79912	74-1565161	501(C)(3)	81,731				PROGRAM SUPPORT
(43) JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. 1130 COCONUT CREEK BLVD., COCONUT CREEK, FL 33066	59-0871446	501(C)(3)	81,660				PROGRAM SUPPORT
(44) JUNIOR ACHIEVEMENT OF NEW MEXICO, INC. 3002 LOUISIANA BLVD. NE, SUITE 200, ALBUQUERQUE, NM 87110	85-0416889	501(C)(3)	81,094				PROGRAM SUPPORT
(45) JUNIOR ACHIEVEMENT OF GREATER HAMPTON ROADS, INC. 4460 CORPORATION LANE, SUITE 206, VIRGINIA BEACH, VA 23462	54-0799839	501(C)(3)	77,437				PROGRAM SUPPORT
(46) JUNIOR ACHIEVEMENT OF WESTERN NEW YORK, INC. 500 CORPORATE PARKWAY, SUITE 118, UNIVERSITY CORPORATE CENTRE, AMHERST, NY 14226-1263	16-0821488	501(C)(3)	76,219				PROGRAM SUPPORT
(47) JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LAKES, INC. 4090 LAKE DRIVE SE, GRAND RAPIDS, MI 49546	38-1557861	501(C)(3)	72,613				PROGRAM SUPPORT
(48) JUNIOR ACHIEVEMENT OF GREATER MIAMI, INC. 2124 N.E. 123 STREET, SUITE 206, NORTH MIAMI, FL 33181	59-0807486	501(C)(3)	72,426				PROGRAM SUPPORT
(49) JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. 6100 GRAND AVENUE, DES MOINES, IA 50312	42-0759070	501(C)(3)	64,732				PROGRAM SUPPORT
(50) JUNIOR ACHIEVEMENT OF WISCONSIN, INC. 111111 WEST LIBERTY DRIVE, MILWAUKEE, WI 53224	39-0826295	501(C)(3)	63,638				PROGRAM SUPPORT
(51) JUNIOR ACHIEVEMENT OF MEMPHIS AND THE MID-SOUTH, INC. 516 TILLMAN ST., MEMPHIS, TN 38112	62-0549549	501(C)(3)	58,233				PROGRAM SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(52) JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 1401 W. MUHAMMED ALI BLVD., LOUISVILLE, KY 40203	61-0476694	501(C)(3)	56,172				PROGRAM SUPPORT
(53) JUNIOR ACHIEVEMENT OF SOUTHERN MASSACHUSETTS, INC. 128 UNION STREET, SUTIE 304, NEW BEDFORD, MA 02740	04-3193575	501(C)(3)	49,313				PROGRAM SUPPORT
(54) JUNIOR ACHIEVEMENT OF SOUTHWEST VIRGINIA, INC. 110 CAMPBELL AVENUE, SUITE 1, ROANOKE, VA 24011	54-0628293	501(C)(3)	49,208				PROGRAM SUPPORT
(55) JUNIOR ACHIEVEMENT OF THE PALM BEACHES & TREASURE COAST, INC. 700 S. ROSEMARY AVE., SUITE 204-105, WEST PALM BEACH, FL 33401	59-2333738	501(C)(3)	49,204				PROGRAM SUPPORT
(56) JUNIOR ACHIEVEMENT OF SAN DIEGO COUNTY, INC. 4756 MISSION GORGE PLACE, SAN DIEGO, CA 92120	95-1727087	501(C)(3)	48,957				PROGRAM SUPPORT
(57) JUNIOR ACHIEVEMENT OF NORTH LOUISIANA, INC. 212 TEXAS STREET, SUITE 101, SHREVEPORT, LA 71101	72-0595081	501(C)(3)	46,686				PROGRAM SUPPORT
(58) JUNIOR ACHIEVEMENT OF DELAWARE, INC. 522 S. WALNUT STREET, WILMINGTON, DE 19801	51-0078199	501(C)(3)	45,571				PROGRAM SUPPORT
(59) JUNIOR ACHIEVEMENT OF GREATER CLEVELAND, INC. 1422 EUCLID AVENUE, SUITE 952, CLEVELAND, OH 44115	34-0733164	501(C)(3)	44,050				PROGRAM SUPPORT
(60) JUNIOR ACHIEVEMENT OF THE TRIAD, INC. 3220 NORTHLINE AVENUE, GREENSBORO, NC 27408	56-0844838	501(C)(3)	41,416				PROGRAM SUPPORT
(61) JUNIOR ACHIEVEMENT OF GREATER NEW ORLEANS, INC. 5100 ORLEANS AVENUE, NEW ORLEANS, LA 70124	72-0469314	501(C)(3)	39,820				PROGRAM SUPPORT
(62) JUNIOR ACHIEVEMENT OF SOUTH DAKOTA, INC. 300 S. PHILLIPS AVE., SUITE L102, SIOUX FALLS, SD 57104	46-0306352	501(C)(3)	39,542				PROGRAM SUPPORT
(63) JUNIOR ACHIEVEMENT OF MAHONING VALLEY, INC. NORTHWOOD CENTER, 1601 MOTOR INN DR., # 305, GIRARD, OH 44420	34-1714400	501(C)(3)	39,490				PROGRAM SUPPORT
(64) JUNIOR ACHIEVEMENT OF EASTERN IOWA, INC. 324 3RD STREET SE, SUITE 200, CEDAR RAPIDS, IA 52401-1841	42-0919209	501(C)(3)	37,424				PROGRAM SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(65) JUNIOR ACHIEVEMENT OF OKLAHOMA, INC. 3947 S. 103RD EAST AVE., TULSA, OK 74146	73-0757053	501(C)(3)	36,079				PROGRAM SUPPORT
(66) JUNIOR ACHIEVEMENT OF SOUTHWESTERN INDIANA, INC. 431 E. DIAMOND AVENUE, EVANSVILLE, IN 47711	35-6048156	501(C)(3)	35,471				PROGRAM SUPPORT
(67) JUNIOR ACHIEVEMENT OF SACRAMENTO, INC. P O BOX 255602, SACRAMENTO, CA 95865- 5602	94-6080866	501(C)(3)	34,377				PROGRAM SUPPORT
(68) JUNIOR ACHIEVEMENT OF HAWAII, INC. 1888 KALAKAUA AVENUE, SUITE C-312, HONOLULU, HI 96813	99-0088861	501(C)(3)	30,775				PROGRAM SUPPORT
(69) JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO, INC. 4353 EXECUTIVE CIRCLE NW, CANTON, OH 44718	34-0940986	501(C)(3)	30,469				PROGRAM SUPPORT
(70) JUNIOR ACHIEVEMENT OF CENTRAL VIRGINIA, INC. 1801 LIBBIE AVE., SUITE 203, RICHMOND, VA 23226	54-0803325	501(C)(3)	27,033				PROGRAM SUPPORT
(71) JUNIOR ACHIEVEMENT OF GREATER BATON ROUGE & ACADIANA P O BOX 77576, BATON ROUGE, LA 70879	72-0485727	501(C)(3)	26,637				PROGRAM SUPPORT
(72) JUNIOR ACHIEVEMENT OF CENTRAL OHIO, INC. 68 E. 2ND AVENUE, COLUMBUS, OH 43201	31-4385042	501(C)(3)	24,455				PROGRAM SUPPORT
(73) JUNIOR ACHIEVEMENT OF ALASKA, INC. 639 W. INTERNATIONAL AIRPORT RD., SUITE 38, ANCHORAGE, AK 99518	92-0045091	501(C)(3)	23,143				PROGRAM SUPPORT
(74) JUNIOR ACHIEVEMENT OF NORTHEASTERN NEW YORK, INC. P O BOX 1487, ALBANY, NY 12201	14-1429763	501(C)(3)	23,041				PROGRAM SUPPORT
(75) JUNIOR ACHIEVEMENT OF THE EASTERN SHORE, INC. 301 TILGHMAN ROAD, SUITE 101, SALISBURY, MD 21804	52-1461040	501(C)(3)	22,733				PROGRAM SUPPORT
(76) JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, INC. 611 N. WEBER ST., SUITE 201, COLORADO SPRINGS, CO 80903	84-6009223	501(C)(3)	22,598				PROGRAM SUPPORT
(77) JUNIOR ACHIEVEMENT OF NORTHERN INDIANA, INC. 550 E. WALLEN ROAD, FORT WAYNE, IN 46825	35-0922731	501(C)(3)	22,295				PROGRAM SUPPORT
(78) JUNIOR ACHIEVEMENT OF WESTERN MASSACHUSETTS,INC. P O BOX 15167, SPRINGFIELD, MA 01115	04-2088304	501(C)(3)	21,894				PROGRAM SUPPORT
(79) JUNIOR ACHIEVEMENT OF KANSAS, INC. PO BOX 781751, WICHITA, KS 67278	48-0731855	501(C)(3)	21,111				PROGRAM SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(80) JUNIOR ACHIEVEMENT OF OCOEE REGION, INC. P.O. BOX 2202, CLEVELAND, TN 37320-2202	62-6052833	501(C)(3)	20,822				PROGRAM SUPPORT
(81) JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC. 13241 UNIVERSITY DR., SUITE 102, FORT MEYERS, FL 33907	65-0503084	501(C)(3)	20,428				PROGRAM SUPPORT
(82) JUNIOR ACHIEVEMENT OF THE MIDLANDS, INC. 13506 W. MAPLE ROAD, SUITE 101, OMAHA, NE 68164	47-0468426	501(C)(3)	18,744				PROGRAM SUPPORT
(83) JUNIOR ACHIEVEMENT OF NORTHEASTERN PENN., INC. 600 BALTIMORE DRIVE, WILKES-BARRE, PA 18702	23-1700209	501(C)(3)	17,988				PROGRAM SUPPORT
(84) JUNIOR ACHIEVEMENT OF EAST TENNESSEE, INC. 2135 N. CHARLES G. SEIVERS BLVD., CLINTON, TN 37716	62-0810145	501(C)(3)	16,151				PROGRAM SUPPORT
(85) JUNIOR ACHIEVEMENT OF GREATER FAIRFIELD COUNTY, INC. 100 BEARD SAWMILL ROAD, SUITE 605, SHELTON, CT 06484	06-0644315	501(C)(3)	14,362				PROGRAM SUPPORT
(86) JUNIOR ACHIEVEMENT OF NORTHERN NEVADA, INC. 1575 DELUCCHI LANE, SUITE 207A, RENO, NV 89502	88-6005167	501(C)(3)	11,304				PROGRAM SUPPORT
(87) JUNIOR ACHIEVEMENT OF CENTRAL ILLINOIS, INC. 508 HIGH POINT LANE, EAST PEORIA, IL 61611	37-0657600	501(C)(3)	11,043				PROGRAM SUPPORT
(88) JUNIOR ACHIEVEMENT OF ARKANSAS, INC. 321 MAPLE STREET, NORTH LITTLE ROCK, AR 72114	71-0658775	501(C)(3)	10,993				PROGRAM SUPPORT
(89) JUNIOR ACHIEVEMENT OF THE SPACE COAST, INC. 1275 SOUTH PATRICK DRIVE, SUITE A-2, SATELLITE BEACH, FL 32937	59-2461562	501(C)(3)	9,423				PROGRAM SUPPORT
(90) JUNIOR ACHIEVEMENT OF CHATTANOOGA, INC. 5721 MARLIN, SUITE 3400, CHATTANOOGA, TN 37411-5510	62-0636297	501(C)(3)	9,181				PROGRAM SUPPORT
(91) JUNIOR ACHIEVEMENT OF MAINE, INC. 565 CONGRESS ST., SUITE 306, PORTLAND, ME 04101	01-0275159	501(C)(3)	8,368				PROGRAM SUPPORT
(92) JUNIOR ACHIEVEMENT OF THE HEARTLAND, INC. 800 12TH AVENUE, MOLINE, IL 61265	36-2684253	501(C)(3)	7,965				PROGRAM SUPPORT
(93) JUNIOR ACHIEVEMENT OF TRI-CITIES TN/VA, INC. 330 BROAD STREET, SUITE 1, KINGSPORT, TN 37660	62-0757847	501(C)(3)	7,128				PROGRAM SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(94) JUNIOR ACHIEVEMENT OF LINCOLN, INC. 631 L STREET, LINCOLN, NE 68508	47-0535692	501(C)(3)	5,402				PROGRAM SUPPORT
(95) 3DE NATIONAL, LLC 3565 PIEDMONT ROAD NE, BUILDING 1, SUITE 460, ATLANTA, GA 30305	83-1444494	501(C)(3)	160,126				PROGRAM SUPPORT

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	GRANTS ARE TO JA AREA OFFICES ONLY. THE FUNDING FOR THE GRANTS IS PROVIDED BY DONORS WHO PLACE RESTRICTIONS ON THE USE OF THE GRANTS. GRANT USAGE REQUIREMENTS VARY BY DONOR. THE REPORTING REQUIRED IS SUBMITTED TO THE ORGANIZATION'S GRANT STEWARD OR DIRECTLY TO THE DONOR.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JUNIOR ACHIEVEMENT OF GEORGIA, INC. 275 NORTHSIDE DRIVE, NW, BLDG C, 3RD FLOOR, ATLANTA, GA 30314
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JUNIOR ACHIEVEMENT OF NEW YORK, INC. 200 W. 41ST STREET, SUITE 800, NEW YORK, NY 10036
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JUNIOR ACHIEVEMENT OF GREATER BOSTON, INC. 80 CITY SQUARE, BOSTON, MA 02129
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA, INC. 6250 FOREST LAWN DRIVE, LOS ANGELES, CA 90068
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JUNIOR ACHIEVEMENT OF DALLAS, INC. 3000 PEGASUS PARK DRIVE, SUITE 720, DALLAS, TX 75247
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JUNIOR ACHIEVEMENT OF CHICAGO 651 WEST WASHINGTON BLVD., SUITE 404, CHICAGO, IL 60661
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JUNIOR ACHIEVEMENT OF SOUTHEAST TEXAS, INC. 2115 E. GOVERNORS CIRCLE, HOUSTON, TX 77092
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JUNIOR ACHIEVEMENT OF GREATER WASHINGTON, INC. 919 18TH STREET, NW, SUITE 901, WASHINGTON, DC 20006

SCHEDULE J Compensation Information				OMB No.	1545-0	047	
(Form	990)	For certain Officers, Directors, Trustees, Key Employ	ees, and Hi	ghest	20	23	2
		Compensated Employees Complete if the organization answered "Yes" on Form	990, Part IV,	, line 23.	Open t		
	ent of the Treasury Revenue Service	Attach to Form 990. Go to <i>www.irs.gov/Form</i> 990 for instructions and the la	atest inform	nation.	Inspe		
Name o	f the organization			Employer identificati	on number		
	R ACHIEVEMEN			84-1	267604		
Part	Questio	ns Regarding Compensation				N.	
1a		ropriate box(es) if the organization provided any of the following ection A, line 1a. Complete Part III to provide any relevant informat			orm	Yes	No
		or charter travel	•	•			
	Travel for c	5					
	🗌 Tax indemr	ification and gross-up payments	lues or initia	ation fees			
	Discretiona	ry spending account	h as maid,	chauffeur, chef)			
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2	directors, trus	nization require substantiation prior to reimbursing or allov tees, and officers, including the CEO/Executive Director, rega	rding the it		line		
	la?		• • •		· 2	~	
3	organization's	, if any, of the following the organization used to establish the organization used to establish the organization. CEO/Executive Director. Check all that apply. Do not check an eation to establish compensation of the CEO/Executive Director.	y boxes for	r methods used by	a		
	•	tion committee					
	•	nt compensation consultant 🗹 Compensation survey					
	✓ Form 990 o	f other organizations Image: Approval by the board	l or comper	nsation committee			
4		r, did any person listed on Form 990, Part VII, Section A, line 1; r a related organization:	a, with resp	pect to the filing			
а	Receive a seve	erance payment or change-of-control payment?			. 4a		~
b		or receive payment from a supplemental nonqualified retiremen					~
С		or receive payment from an equity-based compensation arrang			. 4c		~
	If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amou	unts for eac	ch item in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) organizations must comp	lete lines F	5_9			
5	For persons I	isted on Form 990, Part VII, Section A, line 1a, did the c contingent on the revenues of:			any		
а	The organizati	on?			. 5 a		~
b	•	ganization?			. 5 b		~
	If "Yes" on line	e 5a or 5b, describe in Part III.					
6		isted on Form 990, Part VII, Section A, line 1a, did the c contingent on the net earnings of:	organization	n pay or accrue a	any		
а	The organizati	on?			. 6a		~
b	•	ganization?			. <u>6b</u>		~
7		isted on Form 990, Part VII, Section A, line 1a, did the org described on lines 5 and 6? If "Yes," describe in Part III .				~	
8		unts reported on Form 990, Part VII, paid or accrued pursuant					
		contract exception described in Regulations section 53.4					
	In Part III				. 8		~
9		ne 8, did the organization also follow the rebuttable presunction 53.4958-6(c)?					

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

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

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

		(B) Breakdown of W-2 ar	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Mantawakia		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990
JACK KOSAKOWSKI	(i)	571,022	282,019	5,182	13,200	23,392	894,815	0
1 PRESIDENT & CEO (END 06/2024)	(ii)	0	0	0	0	0	0	0
TIMOTHY GREINERT	(i)	336,770	135,048	4,356	13,200	28,481	517,855	0
2 EVP & CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
MARY CATHERINE DESROSIERS	(i)	330,062	94,112	4,356	13,200	886	442,616	0
3 CHIEF ED/LEARNING TECH OFFICER	(ii)	0	0	0	0	0	0	0
EDWARD GROCHOLSKI	(i)	293,411	78,534	2,838	13,200	25,431	413,414	0
4 CHIEF MARKETING OFFICER	(ii)	0	0	0	0	0	0	0
SRIDHAR THODUPUNOORI	(i)	272,238	73,994	1,518	11,346	26,871	385,967	0
5 CHIEF INFO TECHNOLOGY OFFICER	(ii)	0	0	0	0	0	0	0
CATHERINE MILONE	(i)	264,037	79,171	2,838	13,200	20,942	380,188	0
6 CHIEF DEV OFFICER	(ii)	0	0	0	0	0	0	0
EDWARD PRIEM, II	(i)	259,523	77,014	660	13,200	5,026	355,423	0
7 CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
	(i)	245,169	60,000	2,838	6,567	12,841	327,415	0
CHIEF HUMAN RESOURCES & DIVERSITY OFFICER	(ii)	0	0	0	0	0	0	0
JACQUELINE DANT	(i)	207,092	55,042	2,497	10,737	25,463	300,831	0
9 SVP - OPERATIONS	(ii)	0	0	0	0	0	0	0
STEVEN SCHMIDT	(i)	199,896	48,238	3,643	10,088	21,109	282,974	0
10 SVP - OPERATIONS	(ii)	0	0	0	0	0	0	0
MARK FIORE	(i)	175,466	0	1,114	7,256	27,215	211,051	0
11 SVP - HR	(ii)	0	0	0	0	0	0	0
JEANNINE REILLY	(i)	173,469	0	2,033	7,089	20,711	203,302	0
12 VP - ED DELIVERY AND TECH SOLU	(ii)	0	0	0	0	0	0	0
THOMAS THOMAS	(i)	166,069	0	3,940	6,846	24,958	201,813	0
13 VP - EVALUATION & RESEARCH	(ii)	0	0	0	0	0	0	0
GEORGE LANDSNESS	(i)	168,820	0	1,051	6,883	20,692	197,446	0
14 VP - INFRASTRUCTURE/SVC MGMT	(ii)	0	0	0	0	0	0	0
	(i)	173,095	0	1,976	6,923	639	182,633	0
15 VP - USER STRATEGY/LEARNING EX	(ii)	0	0	0	0	0	0	0
	(i)							
16	(ii)							

Schedule J (Form 990) 2023

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	FIRST CLASS TRAVEL FOR MEMBERS OF SENIOR LEADERSHIP TEAM TO GLOBAL LEADERSHIP CONFERENCE IN THAILAND TO ENABLE WORKING WHILE TRAVELING. NOT TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 7 - 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'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 BARKET DATA FOR THAT EXECUTIVE'S POSITION FOR TARGET PERFORMANCE AND THE UPPER QUARTILE OF THE SOLON IN DETERMINING THE LEVEL OR ACHIEVEMENT OF CERTAIN PERFORMANCE MEASUREMENTS. THE COMMITTEE ALSO ANNUALLY EXAMINES THE COMPARABLE MARKET DATA FOR THESE POSITION. IN DETERMINING THE EXECUTIVE'S DOSITION FOR SUPERIOR 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 BO

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

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

ation. Open to Public Inspection

84-1267604

Name of the organization

Department of the Treasury Internal Revenue Service

JUNIOR	ACHI	EVEMEN	IT USA
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Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method c noncash cont			
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded .	~	4	52,003	MARKET VA	UE		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution-Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	s, Part V, Donee Acknowled		29	0		
							Yes	No
30a	During the year, did the organization							
	28, that it must hold for at least 3 used for exempt purposes for the	entire hold				30a		~
	If "Yes," describe the arrangement							
31	Does the organization have a contributions?	• ·	otance policy that require	-	onstandard	31	~	
32a	Does the organization hire or use contributions?					32a		~
b	If "Yes," describe in Part II.					-		
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

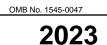
Return Reference - Identifier	Explanation
SCHEDULE M, PART I, LINE 1 - EXPLANATION FOR NUMBER OF CONTRIBUTIONS REPORTED	THE NUMBER OF CONTRIBUTIONS REPORTED IS THE NUMBER OF CONTRIBUTIONS RECEIVED, NOT THE NUMBER OF INDIVIDUAL ITEMS CONTRIBUTED.

SCHEDULE	0
(Form 990)	

Department of Treasury Internal Revenue Service

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

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.



Open to Public Inspection

Name of the Organization		Employer Identification Number
JUNIOR ACHIEVEMENT USA		84-1267604
	1	
Return Reference - Identifier	Explanation	
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE SOLE MEMBER OF THE ORGANIZATION IS JA WORLDWIDD FROM THE MEMBER FOR THE FOLLOWING: - AMENDMENT, MODIFICATION, OR RESTATEMENT OF THE AR BYLAWS; - MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLU' (JA USA), OR THE SALE, LEASE OR EXCHANGE, OR OTHER DIS CONVEYANCE OF ALL OF SUBSTANTIALLY ALL OF ITS NET AS: - ANY MATERIAL CHANGE IN ANY CURRENT NONPROFIT PURF - ENTERING INTO ANY OPERATING AGREEMENT BETWEEN JA	TICLES OF INCORPORATION OR TION OF JUNIOR ACHIEVEMENT USA SPOSITION, TRANSFER OR SETS; POSES AND OBJECTIVES OF JA USA;
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	APPROVAL MUST BE OBTAINED FROM THE MEMBER FOR THE MODIFICATION, OR RESTATEMENT OF THE ARTICLES OF INCO CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF JUI THE SALE, LEASE OR EXCHANGE, OR OTHER DISPOSITION, TH SUBSTANTIALLY ALL OF ITS NET ASSETS; ANY MATERIAL CHA PURPOSES AND OBJECTIVES OF JA USA; ENTERING INTO ANY JA USA AND ANY OF ITS LOCAL AREAS.	DRPORATION OR BYLAWS; MERGER, NIOR ACHIEVEMENT USA (JA USA), OR RANSFER OR CONVEYANCE OF ALL OF NGE IN ANY CURRENT NONPROFIT
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED BY OUR EXTERNAL AUDIT FIRM Y FINANCE TEAM. A DRAFT OF THE COMPLETED FORM 990 IS SI ENTIRE BOARD TO REVIEW BEFORE FILING THE 990 WITH THE	UPPLIED VIA A WEBSITE LINK FOR THE
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT VIA EMAI INTERESTED PARTIES EACH YEAR REQUESTING VERIFICATIO CONFLICT IS DISCLOSED IN CONNECTION WITH ANY ACTUAL INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EX GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACT: OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLO MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE IN LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WH CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. TH MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS	IN OF POSSIBLE CONFLICTS. IF A OR POSSIBLE CONFLICT OF INSTENCE OF THE INTEREST AND BE S TO THE DIRECTORS AND MEMBERS POWERS CONSIDERING THE DSURE OF THE INTEREST AND ALL TERESTED PERSON, HE OR SHE SHALL HILE THE DETERMINATION OF A IE REMAINING BOARD OR COMMITTEE
FORM 990, PART VI, LINE 15A - & 15B - DESCRIBE PROCESS FOR DETERMINING COMPENSATION	THE GOVERNANCE PROCESS FOR DETERMINING COMPENSA AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQ CODE SECTION 4958 TO ESTABLISH THE PRESUMPTION OF R COMPENSATION WAS REVIEWED AND APPROVED BY THE EXE SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD, WHICH IS PERSONS. BY ENGAGING AN INDEPENDENT COMPENSATION WATSON), THE COMMITTEE CONSIDERED COMPARABLE MAR AND FORM 990S OF COMPARABLE ORGANIZATIONS IN EVALU EACH INDIVIDUAL. THE COMMITTEE CONDUCTED A REVIEW O DOCUMENTED ITS DELIBERATION AND DISCUSSION IN MINUT OTHER GOVERNANCE MATERIALS OF THE ORGANIZATION. TH PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENS CEO AND OTHER TOP MANAGEMENT FOR PURPOSES OF SEC PROFESSIONAL ADVICE IN THE WRITTEN OPINION OF REASOI COMPENSATION CONSULTANT. THIS REVIEW PROCESS IS CO COMPLETED IN 2024.	QUIREMENTS IN INTERNAL REVENUE EASONABLE COMPENSATION. ECUTIVE COMPENSATION COMPRISED OF INDEPENDENT CONSULTANT (WILLIS TOWERS KET DATA FROM PUBLISHED SURVEYS ATING THE COMPENSATION FOR OF THIS COMPARABILITY DATA AND ES THAT ARE RETAINED WITH THE HE COMMITTEE FOLLOWED THE SATION PAID TO THE ORGANIZATION'S ITION 4958 BY RELYING ON NABLENESS FROM THE INDEPENDENT
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	JUNIOR ACHIEVEMENT USA MAKES ITS FINANCIAL STATEMEN CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC U	
FORM 990, PART VII - COMPENSATION	COMPENSATION DELIBERATIONS TAKE INTO ACCOUNT SERV ORGANIZATION AND ITS JA AREAS. REVENUE PRESENTED IN THE REVENUE OF THE 99 JA AREAS WHO ARE PART OF THE J OVERSEES. IN FYE 2024, REVENUE OF ALL JA AREAS TOTALE	THE FORM 990 DOES NOT INCLUDE A USA NETWORK THAT JA USA

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.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

JUNIOR ACHIEVEMENT USA

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section cont	g) 512(b)(13) rolled tity?
						Yes	No
(1) JUNIOR ACHIEVEMENT USA HEALTH & WELFARE (84-1223492)	EE BENEFITS	СО	501(C)(9)		JA USA	~	
12320 ORACLE BLVD, STE 310, COLORADO SPRINGS, CO 80921							
(2) 3DE NATIONAL, LLC (83-1444494)	EDUCATION	GA	501(C)(3)	7	JA USA	~	
3565 PIEDMONT ROAD NE, BLDG 1, ATLANTA, GA 30305							
(3) JUNIOR ACHIEVEMENT USA FOUNDATION (99-2646340)	SUPPORT JA USA	СО	501(C)(3)	12 TYPE I	JA USA	~	
12320 ORACLE BLVD STE 310, COLORADO SPRINGS, CO 80921							
(4)							
(5)							
(6)							
(7)							



84-1267604

Schedule R (Form 990) 2023

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (k) (a) (b) (d) (f) (g) (h) (i) (i) (c) (e) Predominant Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage income (related, related organization domicile entity income year assets allocations? amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from foreign (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) (4) (5) (6) (7)

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(Section 5 contr ent	(i) 512(b)(13) rolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
.(7)									

Schedule R (Form 990) 2023

Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Forn	n 990, Part IV, line 34	4, 35b, or 36.		
Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	e or more related organ	nizations listed in Parts	s II–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			18	3	~
b	Gift, grant, or capital contribution to related organization(s)				> ✓	
С	Gift, grant, or capital contribution from related organization(s)			10	;	~
d	Loans or loan guarantees to or for related organization(s)			10	v k	
е	Loans or loan guarantees by related organization(s)			16	•	~
f	Dividends from related organization(s)				-	~
g	Sale of assets to related organization(s)					~
h	Purchase of assets from related organization(s)					~
i	Exchange of assets with related organization(s)					~
j	Lease of facilities, equipment, or other assets to related organization(s)			1	i	~
					-	
к	Lease of facilities, equipment, or other assets from related organization(s)					~
I	Performance of services or membership or fundraising solicitations for related organization(s					
m	Performance of services or membership or fundraising solicitations by related organization(s					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					~
0	Sharing of paid employees with related organization(s)			10	>	~
р	Reimbursement paid to related organization(s) for expenses			11		~
ч q	Reimbursement paid to related organization(s) for expenses					-
ч					1 .	
r	Other transfer of cash or property to related organization(s)			1	r v	
s s	Other transfer of cash or property from related organization(s)				s V	
2	If the answer to any of the above is "Yes," see the instructions for information on who must of					lds
		(b)				<u>us.</u>
	(a) Name of related organization	Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount invo	lved
3I (1)	DE NATIONAL, LLC	В	160,126	CASH		
(2)						
(3)				l		
_(4)						
(5)				<u> </u>		
(6)				l		
		1				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	section to 501(c)(3)		Are all partners section 501(c)(3)		section 501(c)(3)	Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		(f) Share of total income				c)(3)	total income		(h) Disproportionate allocations?		Disproportionate		(j) General or managing partner?		(k) Percentage ownership
			sections 512–514)	Yes	No			Yes	No	Yes	No																									

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
	JUNIOR ACHIEVEMENT USA AND ITS JA AREAS, MANY OF WHOM ARE INDICATED ON SCHEDULE I, ARE COVERED UNDER A GROUP EXEMPTION AND ARE RELATED FOR SCHEDULE R PURPOSES. RELATED ENTITIES COVERED BY A GROUP EXEMPTION ARE NOT REQUIRED TO BE LISTED ON SCHEDULE R, PART II, HOWEVER, TRANSACTIONS BETWEEN JA USA AND THE RELATED ORGANIZATIONS ARE INDICATED ON SCHEDULE R, PART V, LINE 1.