PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

D

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

OMB No. 1545-0047 2 7

Open to Public

| | | t of the Tre /enue Serv | | Go to www. | irs.gov/Form99 | 0 for instructions a | nd the late | est inform | nation. | | In | spect | ion | |
|---------------|---|----------------------------|----------------------|--|---------------------|-------------------------|--------------|------------|---|----------|-------------------------|---------|---------------------|--|
| | | | | ar year, or tax year beginning | - | 07/01,2017, | | | | 06 | /30,20 | 18 | | |
| | | | | e of organization | | | | - | D Employer ide | | | | | |
| B | Check if a | applicable: | | NIOR ACHIEVEMENT USA | 4 | | | | 84-126 | 7604 | : | | | |
| | Add | | Doing | business as | | | | | | | | | | |
| | change Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele | | | | | | | | | | | | | |
| | - | al return | ONF | E EDUCATION WAY | | | | | (719) 54 | 0 - 80 | 000 | | | |
| - | Fina | il return/ | | pr town, state or province, country, a | nd ZIP or foreign p | ostal code | | | (| | | | | |
| - | Ame | ninated ended | | JORADO SPRINGS, CO 8 | • • | | | | G Gross receipts | s \$ | 32. | 084. | 017. | |
| - | | lication | | e and address of principal officer: | | AKOWSKI, PRE | IS & CE | 0 | H(a) Is this a grou | | | Yes | X No | |
| | pend | ding | | E EDUCATION WAY COLO | | | | 0 | subordinates H(b) Are all subord | ? | | Yes | No | |
| | Tax_0 | xempt sta | | X 501(c)(3) 501(c) (|) (insert n | | | 527 | | | st. (see instru | L | | |
| J | | | | JA.ORG | | 10.) 4947 (a)(1) | | 527 | H(c) Group exem | | | , | 16 | |
| | | of organ | | | Association | Other | I Voo | r of forma | tion: 1992 M | | | | CO | |
| | art I | | mmary | | | | Liea | | | | n legal doll | licite. | | |
| | | | | , be the organization's mission or | most significant | Entivition TA EM | POWERS | YOUNG | PEOPLE T | 0 01 | IN THE | TR | | |
| • | | | | SUCCESS THROUGH VC | | | | | | | | 110 | | |
| Governance | | | | E/SKILLS IN FINAN L | | | | | | | | | | |
| erne | 2 | | | $x \rightarrow $ if the organization di | | | | | | | | | | |
| Ň | 3 | | | | | • | | | | I I | | | 34. | |
| ∞ ∞ | | | | ting members of the governing | | | | | | 3 | | | 33. | |
| | 4 | | | dependent voting members of the | | | | | | 4 5 | | | 88. | |
| ivit | | | | of individuals employed in cale | | | | | | | | | 33. | |
| Activities | 6 | | | of volunteers (estimate if necess | | | | | | 6 | | | 0. | |
| | | | | ed business revenue from Part VI | | | | | | 7a 7b | | | 0. | |
| | | net ui | Ileiateu | business taxable income from F | -0111 990-1, line | 34 | | | Prior Year | 10 | Curr | ent Ye | ar | |
| | 8 | Contri | hutiona | and grants (Part)/III line 1h) | | | | | 9,237,93 | 5 | | | 791. | |
| anı | 9 | | | and grants (Part VIII, line 1h) | | | | | 4,850,38 | | | | $\frac{751}{016}$. | |
| Revenue | 3 | | | ice revenue (Part VIII, line 2g) | | | | | 494,10 | | | | $\frac{010.}{031.}$ | |
| Re | | | | come (Part VIII, column (A), line | | | | | 9,810,93 | | | | | |
| | 11 | | | e (Part VIII, column (A), lines 5, | | | | | 24,393,36 | | 24,864, | | | |
| | 12 | | | - add lines 8 through 11 (must | | | | | 2,685,80 | | | | 960. | |
| | 13 14 | | | milar amounts paid (Part IX, colu | | 2,005,00 | 0. | 5,. | , 100 | 0 | | | | |
| | 4.5 | | | to or for members (Part IX, colur | | 9,914,21 | 10 | 224 | 153. | | | | | |
| Expenses | 15 | | | er compensation, employee bene | , | · · · · · · | | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0. | 10, | 521, | 0. | |
| ben | 104 | | Sionaria Sundroia | fundraising fees (Part IX, column sing expenses (Part IX, column (E | (A), IIIIe TTe) | 1 213 647 | | • | | | | | | |
| Ĕ | 17 | | | es (Part IX, column (A), lines 11 | _ | 11,949,49 | 11 (| 194 | 896. | | | | | |
| | | | | | | | | | 24,549,51 | | | | | |
| | 18 | | • | es. Add lines 13-17 (must equal | | · /· / · · · · | | · – – – | -156,14 | | 24,954,009 | | | |
| r s | 19 | Reven | lue less | expenses. Subtract line 18 from | line 12 | <u></u> | | Begin | ning of Current | | | of Yea | | |
| ats c ance | 20 21 22 | Total | /' | Port V line 16) | | | | Legi | 26,213,97 | | | | 934. | |
| \sse Bala | 20 | | | Part X, line 16) | | | | • | 5,543,12 | | | | 802. | |
| und / | 21 | | | s (Part X, line 26) | | | | • | 20,670,85 | | | | 132. | |
| | art II | | | fund balances. Subtract line 21 Block | from line 20. | <u></u> | | • | 20,070,03 | 0. | 20,0 | , | 192. | |
| | | | | , I declare that I have examined this | s return including | | ules and sta | tements | and to the best of | fmyki | | and he | lief it is | |
| tru | e, corr | ect, and | complete | . Declaration of preparer (other than | officer) is based o | n all information of wh | ich preparer | has any k | nowledge. | | nowiedge i | | | |
| | | | | | | | | | | | | | | |
| Sign | | | Signatur | e of officer | | | | | Date | | | | | |
| He | | | 0 | | | | | | | | | | | |
| | | | Type or | print name and title | | | | | | | | | | |
| | | _ | | parer's name | Preparer's signatu | ure | Date | | Check | if P | TIN | | | |
| Paie | d | | 4 R S | | | | | | self-employ | | P0095 | 896 | 6 | |
| Pre | parer | · | | ▶BKD, LLP | | | | | Firm's EIN ► 4 | | | | | |
| Use | Only | | name | 111 SOUTH TEJON, SUITE 80 | | TNCC CO 90003 00 | 10 | | | | $\frac{100200}{471-42}$ | | | |
| Ma | v the | - | | this return with the preparer | | | | | Thome no. | | X Ye | | No | |
| | | | | ion Act Notice, see the separate | | | / • • • • • | | | | | | (2017) | |
| 1 01 | 1 ape | 51 W OI K | uuuu | ion Act Notice, see the separate | | | | | | | FUII | | (2017) | |

| Cumulative E-File History 2017 | | | | | | | | | | |
|--------------------------------|----------------------------|----------|--|--|--|--|--|--|--|--|
| FED | | | | | | | | | | |
| Locator: 71762E | | | | | | | | | | |
| Taxpayer Na | me: Junior Achievement USA | <u>i</u> | | | | | | | | |
| Return Ty | /pe: 990, 990 | | | | | | | | | |
| Submitted Date | 10/23/2018 9:39:10 AM |] | | | | | | | | |
| Acknowledgement Da | ate 10/23/2018 9:57:05 AM | | | | | | | | | |
| Status | Accepted | | | | | | | | | |
| Submission ID | 84022720182965000056 | | | | | | | | | |
| Print | | Close | | | | | | | | |

| _ | m 990 (2017) | Page 2 |
|------------|---|------------------------|
| Pa | art III Statement of Program Service Accomplishments | |
| _ | Check if Schedule O contains a response or note to any line in this Part III | X |
| 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 0. | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? | Yes X No |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service | ses as measured by |
| - | expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 19,462,340. including grants of \$ 3,534,960.) (Revenue \$ 1 | 14,834,387.) |
| | THE ORGANIZATION ASSISTED ITS US AREAS IN SETTING UP AND/OR MAINTAINING THEIR OWN ORGANIZATION TO ADMINISTER JUNIOR | |
| | ACHIEVEMENT PROGRAMS. JA'S MEMBERS REACHED APPROXIMATELY 4.8 | |
| | MILLION ELEMENTARY THROUGH POST-SECONDARY STUDENTS FOR THE YEAR | |
| | ENDED 6/30/2018. | |
| | | |
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| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 19,462,340. | |
| JSA 7E1 | 020 1.000 | Form 990 (2017) |
| | 71762E 5974 4/13/2019 4:49:13 PM 4607 | PAGE 4 |

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|--------|---|-----------|--------|--------|
| Part | IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | 37 | |
| • | complete Schedule A. | 1 | X X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 2 | Λ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | х |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | х | |
| 5 | election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 4 | 21 | |
| 5 | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III. | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 5 | | |
| Ŭ | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I. | 6 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | <u> </u> | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | Х | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 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 | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| 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)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | v | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 404 | | х |
| 40 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | X |
| 13 | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 140 | | |
| b | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| 10 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 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 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |

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|----------|--|------------|-----|---------------|
| Part | V Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 20 a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | X |
| 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 | | v | |
| | employees? If "Yes," complete Schedule J. | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 240 | | Х |
| b | through 24d and complete Schedule K. If "No," go to line 25a. | 24a 24b | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | | |
| 254 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV. | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | 37 |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | v |
| 20 | Part I. | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 32 | | Х |
| 22 | complete Schedule N, Part II | 32 | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| 54 | or IV, and Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| - | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |

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| Par | | | | |
|--------|---|----------|-----|------|
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | . No |
| 4.0 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Tes | NU |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| C | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 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 | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ► | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | 5a | | Х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?. | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| ou | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | Х |
| | 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 | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7. | | Х |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | 21 |
| - | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | | |
| 0 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | / 11 | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966?. | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | 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.) | 120 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| d | 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 | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

| Form 9 | JUNIOR ACHIEVEMENT USA 84-126 | 7604 | I | Page 6 |
|----------|--|---------|--------|---------------|
| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below | , and | for a | "No" |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | | | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Х |
| Sect | ion 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 3 | 4 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 3 | 3 | | |
| 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 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | 37 |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 6 | X | A |
| 6 | Did the organization have members or stockholders? | 0 | - 21 | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 7a | | x |
| b | one or more members of the governing body? | 74 | | |
| b | stockholders, or persons other than the governing body? | 7b | х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| 0 | the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | .) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X | |
| 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 | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | v | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | 4.0 % | x | |
| | rise to conflicts? | 12b | - 21 | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12c | x | |
| 42 | describe in Schedule O how this was done | 13 | X | |
| 13 | Did the organization have a written whistleblower policy? | 14 | X | |
| 14 15 | Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by | | | |
| 15 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| ~ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | Х |
| 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 | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>CA, CT, NY</u> , | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply | n 501(e | c)(3)s | s only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 40 | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in | erest | policy | y, and |
| 20 | financial statements available to the public during the tax year. | le · 🕨 | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record Edward PRIEM II ONE EDUCATION WAY COLORADO SPRINGS, CO 80906 719-540-6235 | 10. 🏲 | | |

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Page 7

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an Independent Contractors | d | | | | | | | | | |
|------------|--|---|--|--|--|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VII. | | | | | | | | | | |
| Section A. | . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | | | |

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

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

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

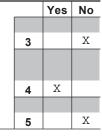
___ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | Pos neck ss pe | erson | e than c is both cor/trust employee | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|---|------|-------|----------------------|-------|--|----|---|---|--|
| | | | | | | | | | | |
| (1)AINAR D. AIJALA, JR. | 2.00 | | | | | | | | 0 | 0 |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | 0. |
| (2) EVELYN ANGELLE | 2.00 | 37 | | 3.7 | | | | _ | | ^ |
| TREASURER | 0. | X | | Х | | | | 0. | 0. | 0. |
| (3)ALAN S. ARMSTRONG | 2.00 | 37 | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | 0. |
| (4)CATHERINE S. BRUNE | 2.00 | v | | | | | | 0. | 0. | 0. |
| DIRECTOR (5)RODNEY D. BULLARD | 2.00 | X | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (6) JAMES M. CARROLL | 2.00 | | | | | | | 0. | 0. | |
| DIRECTOR | 0. | x | | | | | | 0. | 0. | 0. |
| (7)LYNNE FORD | 2.00 | | | | | | | | 0. | |
| DIRECTOR (THROUGH 11/17) | 0. | x | | | | | | 0. | 0. | 0. |
| (8)JEFF HANSBERRY | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | x | | | | | | 0. | 0. | 0. |
| (9)PERRY HEWITT | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | 0. |
| (10)KYLE H. HYBL | 2.00 | | | | | | | | | |
| SECRETARY | 0. | x | | Х | | | | 0. | 0. | 0. |
| (11)CLYDE D. KEATON | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (12)LOREN C. KLUG | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | Ο. | 0. |
| (13)LARRY LEVA | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (14)ROBERT LLOYD | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | 0. |

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| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | ss pe | ition more rson | e than o is both or/trust employee | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|------------|-------|-------|-----------------------|---|------|---|---|--|
| 15) PAUL E. MCKNIGHT | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | |
| 16) JULIE A. MONACO CHAIR | 2.00 | x | | х | | | | 0. | 0. | (|
| | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | x | | | | | | 0. | 0. | |
| 18) RICHARD A. WOODS | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | |
| 19) JACK E. KOSAKOWSKI | 40.00 | | | | | | | | | |
| PRESIDENT & CEO | 0. | X | | Х | | | | 483,916. | 0. | 50,56 |
| 20) ASHEESH ADVANI | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | |
| 21) CHARLES GARCIA | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | |
| 22) DAVID PAUL | 2.00 | | | | | | | | | |
| DIRECTOR (THROUGH 4/18) | 0. | Х | | | | | | 0. | 0. | |
| 23) DOUGLAS OLSON | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | |
| 24) DR. KERRY HEALEY | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | |
| 25) LAWRENCE SIDWELL | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | |
| 1b Sub-total | | | | | | | | 0. | 0. | |
| c Total from continuation sheets to Part VII | , Section A | | | | | | | 3,166,360. | 0. | 579,43 |
| d Total (add lines 1b and 1c) | | | | | | | | 3,166,360. | 0. | 579,43 |
| 2 Total number of individuals (including but n reportable compensation from the organiza | | hose 23 | | d al | oove | e) who | o re | eceived more than | \$100,000 of | |

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



Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 |
|--|--------------------------------|----------------------------|
| ATTACHMENT 1 | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 16 | e listed above) who received | |
| A21 | | - 000 |

| Form 990 (2017) Part VII Section A. Officers, Directors, 7 | Trustees, Ke | y En | nplo | yee | es, | and H | ligl | hest Compensat | ed Employees (c | ontinu | | Page 8 |
|---|--|----------------|---------------------------|---|--------------------------------------|---------------------------------|-----------------|--|--|----------------|---|--------|
| (A) Name and title | (B) Average hours per week (list any hours for | (do r box, | not cl unles er and | (C Posi heck ss pe d a d | ;) ition more rson irect | e than c is both or/trust | ne an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | E ai con | (F) stimated mount of other npensati | f |
| | related organizations below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | orę ar | rom the ganizatio nd related anization | d |
| 26) MICHELLE LEE | 2.00 | | | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | | | 0 |
| 27) RANDAL CAIN DIRECTOR | 2.00 | x | | | | | | 0. | 0. | | | 0 |
| 28) RICHARD NEGRIN, ESQ. | 2.00 | | | | | | | | 0. | | | |
| DIRECTOR | 0. | x | | | | | | 0. | 0. | | | 0 |
| 29) TIMOTHY BAXTER | 2.00 | | | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | | | 0 |
| 30) TRIPP DAVIS | 2.00 | | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | | | С |
| 31) ARNOLD EVANS | 2.00 | | | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | | | С |
| 32) DENISE C. JOHNSON | 2.00 | | | | | | | | | | | |
| DIRECTOR (THROUGH 4/18) | 0. | X | | | | | | 0. | 0. | | | C |
| 33) DINO E. ROBUSTO DIRECTOR | 2.00 | X | | | | | | 0. | 0. | | | 0 |
| 34) JEANETTE HERNANDEZ PRENGER | 2.00 | | | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | | | С |
| 35) JEFFREY RUSSELL | 2.00 | | | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | | | C |
| 36) RODNEY O. MARTIN | 2.00 | | | | | | | | | | | ~ |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | | | C |
| 1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) | • | | | | • • | ••• | | | | | | |
| 2 Total number of individuals (including but n reportable compensation from the organization) | ot limited to t | | liste | | | e) who | o re | ceived more than | \$100,000 of | | | |
| | | | | | | | | | | | Yes | N |
| 3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the organization and related organizations | e sum of rep greater than | oortab \$15 | ole c 50,0 | com 00? | pen <i>If</i> | satior <i>"Ye</i> s | ח ar ג," נ | nd other compens complete Schedu | sation from the <i>le J for such</i> | | | |
| individual | | | | | | | | | | 4 | X | |
| 5 Did any person listed on line 1a receive | | | | | | | | | | | | |
| for services rendered to the organization? If | "Yes," comple | te Sch | nedu | ıle J | for | such | per | son | | 5 | | 2 |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 | | | | |
|---|---|---------------------------------------|----------------------------|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► | | | | | | |

| | Form 990 (2017) | intern Ka | | | | | and l | lia | haat Component | ad Employ | | ontinuo | | age 8 |
|---|--|---|--------|-------|-----------|---------------------|---|------|--|---|-------------|---------------------------|--|--------------|
| | Part VII Section A. Officers, Directors, Tru (A) Name and title | (B) Average | | | (C Pos | C) sition | | | (D) Reportable | (E) Reporta | able | Es | (F) timated | |
| | | hours per week (list any hours for related organizations below dotted line) | box, | unles | ss pe | erson | e than c is both or/trust employee | an | compensation from - the organization (W-2/1099-MISC) | compensati relate organiza (W-2/1099 | ed tions | com fro orga and | ount of other oensatio om the anization I related nization | on n I |
| (| 37) ROY A NG DIRECTOR | 2.00 | x | | | | | | 0. | | 0. | | | 0. |
| (| 38) TIMOTHY ARMIJO CFO | 40.00 | | | X | | | | | | 0. | | 65 0 | |
| (| 39) CECIL THIBODEAUX | 40.00 | | | | | | | 212,982. | | | | 65,2 | |
| , | EVP | 0. | | | Χ | | | | 345,708. | | 0. | | 54,0 | 28. |
| (| 40) SUSAN LUU SVP - BUSINESS IMPROVEMENT | 40.00 | | | Х | | | | 237,227. | | 0. | | 29,7 | 98. |
| (| 41) TIMOTHY GREINERT SVP - DEVELOPMENT | 40.00 0. | | | Х | | | | 127,789. | | 0. | | 73,7 | 23. |
| (| 42) MARY CATHERINE DESROSIERS | 40.00 | | | | | | | | | | | | |
| | SVP EDUCATION & LEARNING | 0. | | | | X | | | 239,916. | | Ο. | | 8,2 | 94. |
| (| 43) HOWARD BARTNER | 40.00 | | | | | | | | | | | | |
| | SVP - OPERATIONS | 0. | | | | Х | | | 191,438. | | 0. | | 53,3 | 18. |
| (| 44) ED GROCHOLSKI | 40.00 | | | | | | | | | | | | |
| | SVP - BRAND | 0. | | | | X | | | 241,142. | | 0. | | 36,2 | 08. |
| (| 45) LESLIE PIERCE SVP TALENT & ORGANIZATION DEV | 40.00 | | | | X | | | 215,227. | | 0. | | 36,6 | 79. |
| (| 46) STEVE SCHMIDT | 40.00 | | | | | | | | | | | | |
| | SVP - OPERATIONS | 0. | | | | X | | | 191,102. | | 0. | | 37,9 | 79. |
| (| 47) CHRISTINE KUNTZ | 40.00 | - | | | | x | | 148,998. | | 0. | | 35,9 | 10 |
| | | 0. | | | | | _ A | | 140,990. | | 0. | | 55,9 | 49. |
| | 1b Sub-total | | | • • • | • • | •• | • • • | | | | | | | |
| | c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c) | - | | | ••• | ••• | | | | | | | | |
| | 2 Total number of individuals (including but not | limited to tl | hose l | iste | | | | o re | eceived more than | \$100,000 | of | | | |
| | reportable compensation from the organization | ו 🕨 | 23 | 3 | | | | | | | | | Yes | No |
| | 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | | 3 | 100 | X |
| | organization and related organizations gre | | | | | | | | | | | | | |
| | individual | | | | | | | | | | | 4 | Х | |
| | 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | | | | | | | | | | | 5 | | Х |
| | Section B. Independent Contractors | | | | | | | | | | | | | |
| | Complete this table for your five highest com compensation from the organization. Report c year. | | | | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | ervices | С | (C) ompens | ation | |
| | | | | | | | | _ | | | | | | |

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

| (A) | (B) | | | (C) | | | (D) | (E) | | (F) | |
|---|---|-----------------------------------|----------------------------|-------------------------------------|-------------------------------------|---------------|---|---|-----------|--|-----------|
| Name and title | Average hours per week (list any hours for | box, office | not che unless r and | Positic eck m perso a dire | ore than in is both ctor/true | h an stee) | Reportable compensation from the | Reportable compensation from related organizations | an com | stimated nount of other npensati | of ion |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | org an | rom the ganizatio d related anization | on ed |
| 8) JACQUELINE DANT | 40.00 | | | | | | | | | | |
| VP - OPERATIONS | 0. | | | | X | | 145,252. | 0. | | 34,2 | 23 |
| 9) KRIS PONCIROLI | 40.00 | | | | | | | | | | |
| VP DONOR RELATIONS & DEV SVCS | 0. | | | | X | | 133,366. | 0. | | 26,0 | 33 |
| 0) JEANNINE REILLY | 40.00 | | | | | | | | | | |
| VP - EDUCATION DELIVERY & TECH | 0. | | | | X | | 135,864. | 0. | | 11,2 | 2(|
| 1) THOMAS THOMAS VP - EVALUATION & RESEARCH | 40.00 | - | | | x | | 116,433. | 0. | | 26,1 | 1 (|
| | | - | | | | | | | | | |
| | | - | | | | | | | | | |
| | | | | | | | | | | | |
| | | - | | | | | | | | | |
| | | - | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c) 2 Total number of individuals (including but not line) | ection A | | | ••• | | | ceived more than | \$100.000 of | | | |
| reportable compensation from the organization | | 23 | | | , 11 | | | ÷ | | Yes | Т |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | 3 | 105 | |
| 4 For any individual listed on line 1a, is the sorganization and related organizations greated individual | eater than | \$15 | 0,00 | 0? | lf "Ye | es," | complete Schedu | le J for such | | X | |
| individual | | • • • | | • • | | • • | | | 4 | | ł |
| 5 Did any person listed on line 1a receive or | | | | | | | I . A I | | | | 1 |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 | | | | |
|--|----------------------------------|---------------------------------------|----------------------------|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► | | | | | | | |

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--------|--|----------------------|-----------------------------|--|---|--|
| nts nts | 1a | Federated campaigns | 34,424. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | | |
| An A | с | Fundraising events 1c | | | | | |
| ilar | d | Related organizations | | | | | |
| Sim | е | Government grants (contributions) 1e | | | | | |
| utio | f | All other contributions, gifts, grants, | | | | | |
| đ | | and similar amounts not included above . 1f | 9,450,367. | | | | |
| nd | g | Noncash contributions included in lines 1a-1f: \$ _ | | | | | |
| | h | Total. Add lines 1a-1f | <u></u> | 9,484,791. | | | |
| Program Service Revenue | | | Business Code | | | | |
| eve | 2a | AREA LICENSE FEES | 611710 | 4,956,046. | 4,956,046. | | |
| e R | b | SUPPORT FEES | 611710 | 2,970. | 2,970. | | |
| zic | с | | | | | | |
| Se | d | | | | | | |
| am. | е | | | | | | |
| ıĝo | f | All other program service revenue | | | | | |
| 6 | g | Total. Add lines 2a-2f | <u></u> | 4,959,016. | | | |
| | 3 | Investment income (including divide | ends, interest, | | | | |
| | | and other similar amounts). | | 367,934. | | | 367,934. |
| | 4 | Income from investment of tax-exempt bon | · | 0. | | | |
| | 5 | Royalties | | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | с | Rental income or (loss) | | | | | |
| | d | (i) Oiti | (ii) Other | 0. | | | |
| | 7a | | | | | | |
| | | assets other than inventory 2,998,776 | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses 2,821,679 | | | | | |
| | C . | Gaill Of (IOSS) | | 155 005 | | | 155.005 |
| | d | Net gain or (loss) | | 177,097. | | | 177,097. |
| iue | 8a | Gross income from fundraising | | | | | |
| ver | | events (not including \$ | | | | | |
| Å. | | of contributions reported on line 1c). | | | | | |
| Other Reven | | See Part IV, line 18 | | | | | |
| Ô | b c | Less: direct expenses | | 0. | | | |
| | | | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| | b | | a | | | | |
| | c b | Net income or (loss) from gaming activities | | 0. | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | IVa | , , , , , , , , , , , , , , , , , , , | a 13,650,671. | | | | |
| | b | | b 4,398,129. | | | | |
| | c | Net income or (loss) from sales of inventory | | 9,252,542. | 9,252,542. | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | MISCELLANEOUS | 900099 | 622,829. | 622,829. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 622,829. | | | |
| | 12 | Total revenue. See instructions. | | 24,864,209. | 14,834,387. | | 545,031. |
| JSA | | | | | | | Form 990 (2017) |

Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.

| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus | st complete all column | | | |
|---|------------------------------|--|--|---------------------------------------|
| Check if Schedule O contains a resp | | | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organizations | | | | |
| and domestic governments. See Part IV, line 21 | 3,403,060. | 3,403,060. | | |
| 2 Grants and other assistance to domestic | 0 | | | |
| individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 131,900. | 131,900. | | |
| 4 Benefits paid to or for members | 0. | 1017000 | | |
| 5 Compensation of current officers, directors, | | | | |
| trustees, and key employees | 2,917,594. | 2,159,020. | 641,871. | 116,703. |
| 6 Compensation not included above, to disgualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 5,389,885. | 4,543,673. | 431,191. | 415,021. |
| 8 Pension plan accruals and contributions (include | | | | |
| section 401(k) and 403(b) employer contributions) | 854,820. | 720,613. | 68,386. | 65,821. |
| 9 Other employee benefits | 646,740. | 545,202. | 51,739. | 49,799. |
| 10 Payroll taxes | 515,114. | 434,241. | 41,209. | 39,664. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 217,634. | 105,335. | 56,150. | 56,149. |
| c Accounting | 76,985. | 19,246. | 57,739. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 82,107. | | 82,107. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 11g expenses on Schedule O.) | 1,098,523. | 763,473. | 225,197. | 109,853. |
| 12 Advertising and promotion | 659,996. | 626,996. | 33,000. | |
| 13 Office expenses | 451,030. | 263,853. | 155,650. | 31,527. |
| 14 Information technology | 1,562,153. | 1,079,448. | 482,705. | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 738,650. | 222,481. | 406,996. | 109,173. |
| 17 Travel | 605,630. | 454,828. | 55,718. | 95,084. |
| 18 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 120,933. | 19,228. | 97,351. | 4,354. |
| 20 Interest | 71. | 18. | 53. | |
| 21 Payments to affiliates | 1,355,497. | 338,874. | 1,016,623. | 10.000 |
| 22 Depreciation, depletion, and amortization | 203,988. | 150,258. | 40,838. | 12,892. |
| 23 Insurance | 29,516. | 8,855. | 20,661. | |
| 24 Other expenses. Itemize expenses not covered | | | | |
| above (List miscellaneous expenses in line 24e. If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O.) | 0 441 E40 | 2 226 451 | 172 240 | 21 740 |
| a JA PROGRAM EXPENSES | 2,441,540. | 2,236,451. | 173,349. | 31,740. |
| bEVALUATIONS cSUBSCRIPTIONS & DUES | 329,999. 53,257. | 305,579. 33,339. | 24,420. 16,510. | 3,408. |
| dTRAININGS | 269,641. | 228,656. | 31,548. | 9,437. |
| | 797,746. | 667,713. | 67,011. | 63,022. |
| e All other expenses | 24,954,009. | 19,462,340. | 4,278,022. | 1,213,647. |
| 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the | 21,994,009. | 19,702,340. | 7,4/0,044. | 1,413,047. |
| organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| fundraising solicitation. Check here if | | | | |
| following SOP 98-2 (ASC 958-720) | 0. | | | Farm 990 (201 |

JSA 7E1052 1.000

Form **990** (2017)

| Page | 1 | 1 |
|------|---|---|
|------|---|---|

| art X | | | | |
|--|--|---------------------------------|----------|---------------------------|
| | Check if Schedule O contains a response or note to any line in this P | art X | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 5,756,528. | 1 | 5,868,768 |
| 2 | Savings and temporary cash investments | 340,522. | 2 | 427,500 |
| 3 | Pledges and grants receivable, net | 1,744,776. | 3 | 1,855,512 |
| 4 | Accounts receivable, net | 929,339. | 4 | 931,365 |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. | | | |
| | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section | 0. | 5 | |
| 6 | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| 2 | organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | |
| 7 8 | Notes and loans receivable, net | 0. | 7 | 0 500 01 |
| 8 | Inventories for sale or use | 3,570,277. | 8 | 2,580,31 |
| 9 | Prepaid expenses and deferred charges | 262,628. | 9 | 655,80 |
| 10 a | Land, buildings, and equipment: cost or | | | |
| | other basis. Complete Part VI of Schedule D 10a 11,663,619. | 1 527 641 | | 1 407 20 |
| | Less: accumulated depreciation 10b 10,236,293. | | 10c | 1,427,32 |
| 11 | Investments - publicly traded securities | 12,072,268. | 11 | 11,520,35 |
| 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | |
| 14 15 | Intangible assets | 0. | 14 15 | |
| 16 | Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) | 26,213,979. | 15 | 25,266,93 |
| 17 | Accounts payable and accrued expenses | 4,787,093. | 17 | 3,383,34 |
| 18 | Grants payable | 0. | 18 | - , , - |
| 19 | Deferred revenue | 77,974. | 19 | 152,62 |
| 20 | Tax-exempt bond liabilities | 0. | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 609,406. | 21 | 998,54 |
| | Loans and other payables to current and former officers, directors, | | | |
| | trustees, key employees, highest compensated employees, and | | | |
| 22 | disqualified persons. Complete Part II of Schedule L | 0. | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 68,656. | 23 | 73,28 |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 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 | 0. | 25 | 4 600 00 |
| 26 | Total liabilities. Add lines 17 through 25 | 5,543,129. | 26 | 4,607,80 |
| | Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 14,997,328. | 27 | 15,554,27 |
| 28 | Temporarily restricted net assets | 5,673,522. | 28 | 5,104,85 |
| 29 | Permanently restricted net assets | 0. | 29 | |
| 27 28 29 30 31 32 33 | Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 20,670,850. | 33 | 20,659,13 |
| 34 | Total liabilities and net assets/fund balances | 26,213,979. | 34 | 25,266,93 |

4607

| Form 9 | 90 (2017) | | | Pa | ge 12 | | |
|--------|--|---------|------|-------------------------|--------------|--|--|
| Part | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| 1 | | 1 | 24,8 | | | | |
| 2 | | 2 | 24,9 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -89,800. 20,670,850. | | | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 78,0 | | | |
| 6 | Donated services and use of facilities | 6 | | | 0. | | |
| 7 | Investment expenses | 7 | | | 0. | | |
| 8 | Prior period adjustments | 8 | | | 0. | | |
| 9 | | 9 | | | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | |
| | | 0 | 20,6 | 59,1 | .32. | | |
| Part | | | | | | | |
| | 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 X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," exp | lain in | | | | | |
| | Schedule O. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | led or | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | X Separate basis Separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov | ersight | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | intant? | 2c | Х | | | |
| | If the organization changed either its oversight process or selection process during the tax year, exp | lain in | | | | | |
| | Schedule O. | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set f | orth in | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | go the | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit | s. | 3b | | | | |

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047 6 4

| Nume of the organization Employer identification number 84-1267604 UNIOR ACHLEVEMENT USA Enployer identification number 84-1267604 PartI Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because II 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)(III). 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). 6 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)(V). 7 X An organization described in section 170(b)(1)(A)(V). 8 A corganization described in section 170(b)(1)(A)(V). 9 An arginular research organization described in section 170(b)(1)(A)(V). 9 An organization that normally receives: (1) more than 331/a % of its support from contributions, membership fees, and gross receipts from activities related to time 30, 37/a % of its support from contributions, and (2) no more than 331/a % of its support from contributions and (2) no more than 331/a % of its support from contributions of, or to carry out th |
|--|
| Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(i). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). 5 An organization apperated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). 7 X no roganization that normally receives a substantial part of its support from a governmental unit or from the general publi described in section 170(b)(1)(A)(iv). (Complete Part II.) 9 An argincultural research organization described in section 170(b)(1)(A)(ix) 9 An organization that normally receives: (1) more than 331/a % of its support from contributions, membership fees, and gross receipts from activities related bit is severpt (1 norticons - subjec) to carini accino 509(a)(2). Nor ore than 331/a % of its support from granization after june 30, 1975. See section 509(a)(2) no more than 331/a % of its support form granization strueses a staxable in conselito, the durectors of the section 509(a) |
| The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(11(A)(I). A should described in section 170(b)(13(A)(II). (Itach Schedule E (Form 990 or 990-E2).) A medical research organization operated in conjunction with a hospital described in section 170(b)(11(A)(III). Enter the hospital's name, city, and state: Image: State of the image: State of the image in |
| 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 or 990-E2).) 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). 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)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An argicultural research organization described in section 170(b)(1)(A)(x)(x) operated in conjunction with a land-grant 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 secmpt functions - subject to certain exceptions, and (2), no more than 331/3 % of its support from genization after June 30, 1975. See section 509(a)(2). 11 An organization organized and operated exclusively to the shore port more then soly: 400 (a) (a). 12 An organization and unrelated subjecs laxable income lessocion 511 tax) from businesses active for mo |
| 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization 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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general publ described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An anginultural research organization described in section 170(b)(1)(A)(v). 9 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 functiones taxable income (less section 511 tax) from businesses acquired by the organization adperated exclusively for the benefit of, to perform the functions of, or to carry out the purpose of one or more publicly supported organizations described or supporting organization ado perated exclusively for the supporting organization(s). Specifical and operated exclusively for the section 509(a)(1). 11 An organization organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), by having context the purposed organization. Stop mate complete Part IV, Sections A and B. |
| A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A fieldral, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X an organization that normally receives a substantial part of its support from a governmental unit or from the general publid described in section 170(b)(1)(A)(vi). (Complete Part II.) A normanity trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(x) 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: An organization that normally receives: (1) more than 33/a % of its support from contributions, membership fees, and gross support from gross investment income and unrelated business taxable income (less section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public supported organization situation operated, supervised, or controlled by its supported 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 supported organization supervised, or controlled by its supported organization(s). by having co |
| 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 i section 170(b)(1)(A)(v). (Complete Part II.) 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general publid described in section 170(b)(1)(A)(v). (Complete Part II.) 7 XA norganization that normally receives a substantial part of its support from 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 or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land-grant on the describes of soles (20, 000 more than 33/13 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33/13 % of its supported by the organization organized and operated exclusively to test for public supporting organized on grant declusively to test for public supporting organized section 599(a)(2). (Conselee Part II) 11 An organization organized and operated exclusively for the benefit of t |
| hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described i section 170(b)(1)(A)(iv). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). A n organization that normally receives a substantial part of its support from a governmental unit or from the general publid described in section 170(b)(1)(A)(iv). A community trust described in section 170(b)(1)(A)(vi). Complete Part II.) A community trust described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or an on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33/r3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33/r3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to the benefit of to perform the functions of to carry out the purpose of one or more publicly supported organization sdescribes the type of supporting organization and operated exclusively for the benefit of to perform the functions of to carry out the purpose of one or more publicly supported organization describes the type of supporting organization(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), t |
| An organization operated for the benefit of a college or university owned or operated by a governmental unit described i section 170(b)(1)(A)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A n agricultural research organization described in section 170(b)(1)(A)(x) 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: 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 buisiness taxable income (less section 509(a)(2). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Check the box in lines 12a hrough 12d that describes the fype of supporting organization(s), typically by giving the supporting organization supervised or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled in connection with its supported organization(s), the purpose organization supervised or controlled in connection with its supported organization(s), the supporting organization supervised or controlled in con |
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| Total Schedule A (Form 990 or 990-EZ) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 207 |

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Schedule A (Form 990 or 990-EZ) 2017

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

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|--|---------------------|-------------------|--------------------------|-----------------|------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,619,828. | 12,449,756. | 7,793,927. | 9,237,935. | 9,484,791. | 48,586,237. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 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 | 9,619,828. | 12,449,756. | 7,793,927. | 9,237,935. | 9,484,791. | 48,586,237. |
| 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) | | | | | | 14,631,282. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 33,954,955. |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 9,619,828. | 12,449,756. | 7,793,927. | 9,237,935. | 9,484,791. | 48,586,237. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 260,283. | 419,746. | 498,146. | 433,997. | 367,934. | 1,980,106. |
| 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. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 50,566,343. |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | 97,449,600. |
| 13 | First five years. If the Form 990 is for organization, check this box and stop here | <u> </u> | | | | | |
| Sec | tion C. Computation of Public Sup | • | | | | | |
| 14 | Public support percentage for 2017 (li | ne 6, column (f |) divided by line | 11, column (f)) . | | 14 | 67.15% |
| 15 | Public support percentage from 2016 | | | | | 15 | 64.15 % |
| 16a | 331/3% support test - 2017. If the org | - | | | | | |
| | box and stop here. The organization q | | 2 11 | 0 | | | |
| b | 331/3% support test - 2016. If the org | | | | | | |
| 47- | this box and stop here . The organization | • | | • | | | |
| 17a | 10%-facts-and-circumstances test - 2 | - | | | | | |
| | 10% or more, and if the organization | | | | | - | |
| | Part VI how the organization meets t | | | - | | | |
| h | organization | | | | | | |
| α | | | · | | | | |
| | 15 is 10% or more, and if the orga Explain in Part VI how the organizati | | | | | | - |
| | | | | | • | | |
| 18 | supported organization Private foundation. If the organization | | | | | | |
| 10 | • | | | | | | |
| | instructions | | | | | | · · · · · · · · · · · · · · · · · · · |

Schedule A (Form 990 or 990-EZ) 2017

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

(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.)

| Sec | tion A. Public Support | | | | | | |
|--------------|---|---------------------|---------------------|--------------------|----------------|------------------|---------------------|
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| • | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| • | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| • | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| , a | 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. | | | | | | 1 |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| • | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| 40 | carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is f | or the organization | tion's first. secc | nd. third. fourth. | or fifth tax v | ear as a section | n 501(c)(3) |
| | organization, check this box and stop here | 0 | | | , | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2017 (line 8 | , column (f) divide | ed by line 13, colu | mn (f)) | | 15 | % |
| 16 | Public support percentage from 2016 Sche | | | | | 16 | % |
| Sec | tion D. Computation of Investmen | t Income Perc | entage | | | · · · | |
| 17 | Investment income percentage for 2017 (li | | | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2016 | | | | | 18 | % |
| 19 a | 331/3% support tests - 2017. If the or | | | | | e than 331/3%, | and line |
| | 17 is not more than 331/3%, check th | - | | | | | |
| b | 331/3% support tests - 2016. If the orga | | - | | | | |
| | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization | | • | 0 1 | . , | | |
| JSA 7E122 | 1 1.000 | | | | 5 | Schedule A (Form | 990 or 990-EZ) 2017 |
| 1 - 1 2 2 | 71762E 5974 4/13/2019 4 | :49:13 PM | | 4 | 607 | | PAGE 2 |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- **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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **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

84-1267604

| Schedu | le A (Form 990 or 990-EZ) 2017 | 001 | F | Page 5 |
|-------------|--|---------|----------|---------------|
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Secu | on B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, | | 103 | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i> | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | Did the experimetion provide to each of its supported experimetions, by the last day of the fifth month of the | | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | | |
| | | 3 | | |
| | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a b | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | INSTRUC | <u> </u> | No |
| 2 | Activities Test. Answer (a) and (b) below. | | 103 | 110 |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | 24 | | |
| - | activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| b | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Schedule A (Form 990 or 990-EZ) 2017 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | ization | s | Page |
|--|----------|----------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | in in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organiz | ations r | nust complete Sectio | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| | | | |

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

| Sect | V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions | | | Current Year | | |
|--------|---|-----------------------------|--|---|--|--|
| 1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | e di i e di | | |
| 2 | | | | | | |
| - | organizations, in excess of income from activity | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | | |
| | (provide details in Part VI). See instructions. | | | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 | | |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | | | |
| | (reasonable cause required-explain in Part VI). See | | | | | |
| | instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | | | |
| а | | | | | | |
| b | From 2013 | | | | | |
| С | From 2014 | | | | | |
| d | From 2015 | | | | | |
| е | From 2016 | | | | | |
| f | Total of lines 3a through e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2017 distributable amount | | | | | |
| i | Carryover from 2012 not applied (see instructions) | | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2017 from | | | | | |
| | Section D, line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2017 distributable amount | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | | | |
| - | any. Subtract lines 3g and 4a from line 2. For result | | | | | |
| | greater than zero, explain in Part VI . See instructions. | | | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | | | |
| • | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| o a | Excess from 2013 | | | | | |
| a b | Excess from 2014 | | | | | |
| - | Excess from 2014 | | | | | |
| c d | Excess from 2016 | | | | | |
| u | | | | | | |

Page 8

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule B (Form 990, 990-EZ,

Filers of:

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

JUNIOR ACHIEVEMENT USA

| Organization | type (| check | one | ١ |
|--------------|--------|-------|-------|---|
| organization | Lype (| | UTIC, | ŀ |

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| |

| Form 990 or 990-EZ | X 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.

Section:

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| o. | Name, address, and ZIP + 4 | Total c |
|------------------|-----------------------------------|---------|
| 5 | | \$ |
| ı) D. | (b) Name, address, and ZIP + 4 | Total c |
| 6 | | \$ |
| | | • |
| ⁰⁰ 7: | 1762E 5974 11/12/2018 1:30:15 PM | |

| (a) | (b) | (c) | (d) |
|--|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$536,200. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 2 | | \$801,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 3 | | \$300,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 4 | | \$788,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u> </u> | | \$ 571,583. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u> 6 </u> | | \$600,050. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I

Name of organization JUNIOR ACHIEVEMENT USA

Page **2**

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

4607

| ⁰⁰⁰ 7 | 1762E | 5974 | 11/12/2018 | 1:30:15 | PM | |
|---------------------|-------|------|------------|---------|----|--|

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

4607

Name of organization JUNIOR ACHIEVEMENT USA

Employer identification number 84-1267604

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|---|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 7 | | \$ 300,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 8 | | \$ 200,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 9 | | \$250,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 10 | | \$200,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 11 | | \$350,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 12 | | \$300,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |

| Schedule |
|----------|
| |
| |

4607

| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|--------------------------------------|--|
| | \$1,000,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ontributors (see instructions). Use duplicate copie | s of Part I if additional space is n | eeded. |
| | | 84-1267604 |

200,000.

Part I

(a)

No.

13

(a)

No.

14

(a) No.

15

(a) No.

(a) No.

(a) No.

Name of organization JUNIOR ACHIEVEMENT USA

Employer identification number

Χ

Person Payroll

Noncash (Complete Part II for noncash contributions.) Page **2**

| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-----------------------------------|----------------------------|--|
| | \$271,315. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| | Schedu | le B (Form 990, 990-EZ, or 990-PF) (2017 |

\$

| Name of organization | JUNIOR ACHIEVEMENT USA | Employer identification number |
|----------------------|------------------------|--------------------------------|
| | | 84-1267604 |

| Part II | Noncash Property (see instructions). Use duplicate copies of | of Part II if additional space is ne | eded. |
|---------------------------|--|---|----------------------|
| (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, 990-EZ, or 990-PF) (2017)

JSA 7E1254 1.000

| Schedule B (Form 990, 990-EZ, or 990-PF) (2017) | Page 4 |
|--|----------------------------------|
| Name of organization JUNIOR ACHIEVEMENT USA | Employer identification number |
| | 84-1267604 |
| Part III Exclusively religious, charitable, etc., contributions to organizations described | in section 501(c)(7), (8), or |
| (10) that total more than \$1,000 for the year from any one contributor. Comp | lete columns (a) through (e) and |

| | (10) that total more than \$1,000 for 1 the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition | ons completing Par e year. (Enter this in | t III, enter the total formation once. S | |
|---------------------------|---|--|--|-------------------------------------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use | | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transf | | nship of transferor to transferee |
| () N | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transf Id ZIP + 4 | - | nship of transferor to transferee |
| (a) No. from | (b) Purpose of gift | (c) Use | | (d) Description of how gift is held |
| Part I | | | | |
| | Transferee's name, address, an | (e) Transf | - | nship of transferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | | (c) Treach | | |
| | Transferee's name, address, an | (e) Transf Id ZIP + 4 | | nship of transferor to transferee |
| | | | | |

4607

| ection 501(c) (other than section | | | | |
|---|--|---|--|---|
| | on 501(c)(3)) organizations: Complete | Parts I-A and C below. L | Jo not complete Part I-B. | |
| ection 527 organizations: Comportant Comportant | onete Part I-A only. on Form 990, Part IV, line 4, or Forr | n 990 EZ Part VI lino / | 7 (Lobbying Activitios) the | |
| | that have filed Form 5768 (election u | | | |
| | | | • | |
| organization answered "Yes," | on Form 990, Part IV, line 5 (Prox | () | , , | • |
| • | | | | |
| | anizations: Complete Part III. | | | |
| • | | | | |
| | | | | |
| | | | | |
| | 0 | political campaign ac | ctivities in Part IV. (see ir | nstructions for |
| | | | | |
| | | | | |
| Volunteer hours for political | campaign activities (see instruction | ons) | | |
| -B Complete if the o | organization is exempt under | section 501(c)(3). | | |
| Enter the amount of any exc | ise tax incurred by the organization | on under section 495 | 5▶\$ | |
| | | | | |
| | | | | |
| | | | | Yes No |
| | | | | - |
| I-C Complete if the o | organization is exempt under | section 501(c), ex | cept section 501(c)(3 | 5). |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Did the filing organization file | Eorm 1120_DOL for this year? | | Ψ | Yes No |
| Enter the names, addresses | and employer identification num | ber (EIN) of all section | on 527 political organiz | ations to which the filing |
| | | | | |
| | | | | |
| as a separate segregated fur | id or a political action committee | (PAC). If additional sp | ace is needed, provide i | nformation in Part IV. |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | | | | contributions received and |
| | | | tunds. If none, enter -0 | promptly and directly delivered to a separate |
| | | | | political organization. If |
| | | | | none, enter -0 |
| | | | | |
| | | - | | |
| | | | | |
| | | - | | |
| | | | | |
| | | - | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | | | |
| | | _ | | |
| | | | | |
| | organization answered "Yes," see separate instructions), then Section 501(c)(4), (5), or (6) orga of organization IOR ACHIEVEMENT USA II-A Complete if the o Provide a description of the definition of "political campa Political campaign activity ex Volunteer hours for political I-B Complete if the o Enter the amount of any exc Enter the amount of any exc If the organization incurred a Was a correction made? If "Yes," describe in Part IV. I-C Complete if the o Enter the amount directly e activities Enter the amount of the filir 527 exempt function expetine Ine 17b Did the filing organization file Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur | organization answered "Yes," on Form 990, Part IV, line 5 (Provise separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. of organization IOR ACHIEVEMENT USA I-A Complete if the organization is exempt under Provide a description of the organization's direct and indirect definition of "political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Volunteer hours for political campaign activities (see instruction I-B Complete if the organization is exempt under Enter the amount of any excise tax incurred by the organization If the organization incurred a section 4955 tax, did it file Form Was a correction made? If "Yes," describe in Part IV. I-C Complete if the organization is exempt under Enter the amount directly expended by the filing organization activities Enter the amount of the filing organization's funds contribute 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. E line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification num organization made payments. For each organization listed, e the amount of political contributions received that were pror as a separate segregated fund or a political action committee | organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate in see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. of organization IOR ACHIEVEMENT USA I-A Complete if the organization is exempt under section 501(c) or Provide a description of the organization's direct and indirect political campaign activities") Political campaign activities (see instructions). Volunteer hours for political campaign activities (see instructions). Volunteer hours of poly excise tax incurred by the organization under section 501(c)(3). Enter the amount of any excise tax incurred by organization managers under section 495 Enter the amount of any excise tax incurred by organization managers under section 150 (c) (c), excite the amount directly expended by the filing organization for section 501(c), excite the amount directly expended by the filing organization for section 527 exactivities. Enter the amount directly expended by the filing organization for section 527 exactivities. Total exempt function expenditures. Add lines 1 and 2. Enter here and on For line 17b. Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all sectio organization made payments. For each organization listed, enter the amount paid the amount of political contributions received that were promptly and directly de as a separate segregated fund or a political action committee (PAC). If additional spec | Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer ide of organization 84-126' I-A Complete if the organization is exempt under section 501(c) or is a section 527 organ Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see in definition of "political campaign activity expenditures (see instructions) \$ |

Political Campaign and Lobbying Activities

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

| JSA | | | | | |
|--------|--------|------|-----------|---------|----|
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Inspection

(Form 990 or 990-EZ)

SCHEDULE C

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

| Sch | edule C (Form 990 or 990-EZ) 2017 JUNLOR | ACHIEVEMENT USA | 84-1 | 267604 Page Z |
|-----|--|--|--|------------------------------------|
| Pa | art II-A Complete if the organization section 501(h)). | on is exempt under section 501(c)(3) and | l filed Form 5768 (ele | ction under |
| Α | | longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures). | ach affiliated group mem | ber's name, |
| В | Check ► if the filing organization che | ecked box A and "limited control" provisions ap | oly. | |
| | | ying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence | public opinion (grass roots lobbying) | | |
| k | Total lobbying expenditures to influence | a legislative body (direct lobbying) | | |
| C | : Total lobbying expenditures (add lines 1 | a and 1b) | | |
| C | I Other exempt purpose expenditures | | 24,954,009. | |
| e | Total exempt purpose expenditures (add | d lines 1c and 1d) | 24,954,009. | |
| f | Lobbying nontaxable amount. Enter th | e amount from the following table in both | | |
| | columns. | | 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. | | |
| ç | J Grassroots nontaxable amount (enter 25 | 5% of line 1f) | 250,000. | |
| ł | I Subtract line 1g from line 1a. If zero or le | ess, enter -0- | 0. | 0. |
| i | Subtract line 1f from line 1c. If zero or le | ss, enter -0- | 0. | 0. |
| j | | on either line 1h or line 1i, did the organiza | ation file Form 4720 | |
| | reporting section 4911 tax for this year? | | | 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 Expen | ditures During 4-Ye | ear Averaging Period | 1 | |
|--|-----------------|---------------------|----------------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (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 | | | | | |
| 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 | | | | | |

| Schedule | C 1 | (Eorm | 000 | or | 000 | | 2017 |
|----------|-----|-------|-----|----|------|------|------|
| Schedule | C I | | 990 | OI | 990. | ·ヒム) | 2017 |

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

| Far | n "Voo" rooponoo on linoo to through ti holow provide in Dort IV o dotailed | (a) | | (b) |
|-----|---|--------|--------|--------|
| | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity. | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | |
| | referendum, through the use of: | | | |
| а | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. | | | |
| С | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| 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 be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| С | 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? | | | |
| Pa | t III-A Complete if the organization is exempt under section 501(c)(4), section 501 | (c)(5) | , or s | ection |

| | 501(c)(6). | | | |
|---|---|---|-----|----|
| | | | 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 prior year? | | | |

| Part III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s | sectio | 'n |
|------------|--|----------|---------------|
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Pa answered "Yes." | rt III-/ | A, line 3, is |
| | | | |

| 1 | Dues, assessments and similar amounts from members | 1 | |
|---|---|----|--|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | | |
| | political expenses for which the section 527(f) tax was paid). | | |
| а | Current year | 2a | |
| b | Carryover from last year. | 2b | |
| | Total | - | |
| 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 lobbying | | |
| | | 4 | |
| 5 | and political expenditure next year? | 5 | |
| | | | |

Part IV Supplemental Information

JSA 7E1266 1.000

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PAGE 34

Page **3**

Page 4

Part IV Supplemental Information (continued)

| SCHEE | 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, 1 ▲ Attach to Form 990. | 2a, or 12b. | Open to Public |
|-----|--|---|--|--|--|
| | rtment of the Treasury al Revenue Service | Go to www.irs.gov | Form990 for instructions and the latest | information. | Inspection |
| _ | of the organization | ~ | | Employer identif | |
| JUN | IIOR ACHIEVEME | INT USA | | 84-1267 | 604 |
| Ра | rt I Organiza | tions Maintaining Donor Adv | ised Funds or Other Similar Fund | ls or Accounts. | |
| | Complete | e if the organization answered | "Yes" on Form 990, Part IV, line 6 | ò. | |
| | | | (a) Donor advised funds | (b) Funds a | nd other accounts |
| 1 | Total number at e | nd of year | | | |
| 2 | | of contributions to (during year) | | | |
| 3 | Aggregate value o | of grants from (during year) | | | |
| 4 | Aggregate value a | at end of year | | | |
| 5 | Did the organizati | ion inform all donors and donor | advisors in writing that the assets | held in donor advise | ed |
| | funds are the orga | inization's property, subject to the | e organization's exclusive legal contro | l? | Yes No |
| 6 | Did the organizati | on inform all grantees, donors, a | and donor advisors in writing that gra | ant funds can be use | d |
| | only for charitable | e purposes and not for the bene | fit of the donor or donor advisor, or | for any other purpos | e |
| | conferring imperm | issible private benefit? | | | . Yes No |
| Ра | | tion Easements. | | | |
| | | - | "Yes" on Form 990, Part IV, line 7 | | |
| 1 | | • | organization (check all that apply). | | |
| | | n of land for public use (e.g., rec | · | ation of a historically i | • |
| | | of natural habitat | Preserva | ation of a certified his | toric structure |
| | | n of open space | | | |
| 2 | - | | eld a qualified conservation contributi | | |
| | | ast day of the tax year. | | | he End of the Tax Year |
| а | | | | | |
| b | | | · · · · · · · · · · · · · · · · · · · | | |
| C | | | historic structure included in (a) | | |
| d | | | acquired after 7/25/06, and not on | | |
| • | | | | | animation duminan tha |
| 3 | | | nsferred, released, extinguished, or te | erminated by the org | anization during the |
| 4 | tax year ► | | nuction accompant is located | | |
| 4 | | | rvation easement is located ▶ garding the periodic monitoring, ins | | ¢ |
| 5 | • | | sements it holds? | | |
| 6 | | | | | Yes No |
| 0 | | nours devoted to monitoring, inspec | ting, handling of violations, and enforcin | g conservation easemen | nts during the year |
| 7 | Amount of expens | es incurred in monitoring inspect | ting, handling of violations, and enforc | ing conservation ease | ments during the year |
| ' | ►\$ | | ing, handing of violations, and emore | ing conservation case | shents during the year |
| 8 | | | 2(d) above satisfy the requirements of | section 170(h)(4)(B)(i | i) |
| - | | - | | | |
| 9 | | | conservation easements in its revenu | | |
| | | o 1 | of the footnote to the organization's fi | | |
| | | ounting for conservation easeme | | | |
| Ра | rt III Organiza | tions Maintaining Collections | of Art, Historical Treasures, or C | Other Similar Asset | ts. |
| | Complete | e if the organization answered | "Yes" on Form 990, Part IV, line 8 | 8. | |
| 1a | If the organization works of art, hist public service, pro | n elected, as permitted under SF orical treasures, or other simila vide, in Part XIII, the text of the fo | FAS 116 (ASC 958), not to report ir assets held for public exhibition, potnote to its financial statements tha | n its revenue stateme education, or resea t describes these iten | ent and balance shee arch in furtherance o ns. |
| b | If the organization works of art, hist | n elected, as permitted under S | SFAS 116 (ASC 958), to report in ar assets held for public exhibition, | its revenue stateme | ent and balance shee |
| | | | ······ | | \$ |
| | (ii) Assets include | d in Form 990, Part X | | | \$ |
| 2 | | | rt, historical treasures, or other sim | | |
| | - | | FAS 116 (ASC 958) relating to these | | 0 / 1 |
| а | | | | | \$ |

| а | Revenue included on Form 990, Part VIII, line 1 | ▶\$_ |
|------------|---|----------|
| b | Assets included in Form 990, Part X | ▶\$ |
| - | Demonstrate Deduction Act Nation and the Instructions for Forms 200 | <u> </u> |
| For | Paperwork Reduction Act Notice, see the Instructions for Form 990. | Sche |
| For JSA | Paperwork Reduction Act Notice, see the instructions for Form 990. | Sche |

Schedule D (Form 990) 2017

OMB No. 1545-0047

2017

JUNIOR ACHIEVEMENT USA

| Schee | lule D (Form 990) 2017 | | | | | | | | | | | Р | age 2 |
|-------|---|--------------|------------------------|--------------|-------------|----------------------|---------|----------|--------------------|------------|-------------------|------------|--------------|
| Par | t III Organizations Maintaining | g Collec | tions of | Art, Hist | torical T | reasur | es, | or Oth | ner Simil | ar Asse | ts (cor | tinue | ed) |
| 3 | Using the organization's acquisition collection items (check all that apply | | on, and c | other recor | ds, chec | k any c | of the | follow | ing that a | are a sigr | nificant (| ise o | f its |
| а | Public exhibition |). | | d | loan | or excha | ande | program | ns | | | | |
| b | Scholarly research | | | e | Other | | ango | prograi | | | | | |
| c | Preservation for future genera | ations | | • | | | | | | | | | |
| 4 | Provide a description of the organi | | ollections | and expla | ain how t | hev fu | rther | the or | nanization' | s exemp | t purpos | e in | Part |
| - | XIII. | Zution o | Chectionio | | | iney rui | | | gamzation | o oxomp | r puipor | 0 111 | i uit |
| 5 | During the year, did the organization | n solicit or | · receive d | Ionations o | fart hist | orical tr | easu | res or i | other simil | ar | | | |
| Ŭ | assets to be sold to raise funds rathe | | | | | | | | | _ | Yes | | No |
| Par | t IV Escrow and Custodial Arra | | | | | Jiganiz | ation | 0 001100 | | | | | 1.10 |
| T UI | Complete if the organizatio | | | s" on Forn | n 990. P | art IV. I | line 9 |). or re | ported ar | n amoun | t on Fo | m | |
| | 990, Part X, line 21. | | | | | | | | | | | | |
| 1a | Is the organization an agent, trustee | | | | - | | | | | _ | | | 1 |
| | included on Form 990, Part X? | | | | | | • • • | | | L | Yes | X | No |
| b | If "Yes," explain the arrangement in | Part XIII | and comp | plete the fo | llowing tal | ole: | | | | | | | |
| | | | | | | | | | A | mount | | | |
| С | Beginning balance | | | | | | 1c | | | | | | |
| d | Additions during the year | | | | | | 1d | | | | | | |
| е | Distributions during the year | | | | | | 1e | | | | | | |
| f | Ending balance | | | | | | 1f | | | | | | 1 |
| 2a | Did the organization include an amo | | | | | | | | | | X Yes | | No |
| | If "Yes," explain the arrangement in | Part XIII. | Check he | ere if the e | xplanatior | has be | en pr | ovided | on Part XII | I <u></u> | | . X | |
| Par | | | | | - 000 D | | | 0 | | | | | |
| | Complete if the organizatio | | | | | | | | (N | | () - | | |
| | | (a) Curre | nt year | (b) Pric | or year | (c) Tw | /o year | s back | (d) Three y | /ears back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | | | |
| b | Contributions | | | | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | | | | |
| | and losses | | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | | | |
| | and programs | | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | | |
| 2 | Provide the estimated percentage of | of the curr | ent year e | end balanc | e (line 1g, | columr | ו (a)) | held as | : | | | | |
| а | Board designated or quasi-endowme | | | _% | | | | | | | | | |
| b | Permanent endowment | | | | | | | | | | | | |
| С | Temporarily restricted endowment | | % | | | | | | | | | | |
| | The percentages on lines 2a, 2b, an | | | | | | | | | | | | |
| 3a | Are there endowment funds not in the | ne posses | ssion of th | ne organiza | ation that | are hel | d and | d admir | nistered for | the | Г | | |
| | organization by: | | | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | | | 3a(ii) | | |
| | If "Yes" on line 3a(ii), are the related | • | | | | | R | | | | 3b | | |
| 4 | Describe in Part XIII the intended us | | | | | | | | | | | | |
| Par | Complete if the organizati | on answ | ered "Ye | s" on Forr | m 990, F | Part IV, | line | 11a. S | ee Form | 990, Par | t X, line | 10. | |
| | Description of property | | (a) Cost or (invest | | (b) Cost (| or other ba ther) | asis | | cumulated eciation | (0 | l) Book va | ue | |
| 1a | Land | | (invest | | · · · · | 260,73 | 30. | uepr | COIAUUII | | 1,2 | 50.7 | 30. |
| b | Buildings | | | | | 20,47 | | 4.0 | 89,547. | | | - | 24. |
| c | Leasehold improvements | •••• | | | | , -, | | -,0 | | | | - , > | |
| d | Equipment | | | | | 180,69 | 90. | 3 | 75,018. | | 1 |)5,6 | 72. |
| | Other | | | | | 301,72 | | | 71,728. | | | | 00. |
| | I. Add lines 1a through 1e. (Column (| | equal Forn | n 990, Part | | | | | | | 1,4 | | |

Schedule D (Form 990) 2017

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| Page | - 3 |

JUNIOR ACHIEVEMENT USA 84-1267604 Schedule D (Form 990) 2017 Part VII **Investments - Other Securities.** 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, col. (B) line 12.) ▶ 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. (c) Method of valuation: (a) Description of investment (b) Book value 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, col. (B) line 13.) Part IX Other Assets. 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) (2) (3)(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization 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 (2)(3)(4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 7E1270 1.000 Schedule D (Form 990) 2017

| JUNIOF | ACHIEVEMENT | USA |
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| Schedu | le D (Form 990) 2017 | | Page 4 |
|--------|---|----------|--------------------|
| Part | | 'n. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 26,471,835. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | · | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | <u>.</u> | |
| е | Add lines 2a through 2d | 2e | 5,142,586. |
| 3 | Subtract line 2e from line 1 | 3 | 21,329,249. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| с | Add lines 4a and 4b | 4c | 3,534,960. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 24,864,209. |
| Part | | urn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 26,483,553. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | • | |
| b | Prior year adjustments | | |
| с | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 5,064,504. |
| 3 | Subtract line 2e from line 1 | 3 | 21,419,049. |
| 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.) | | |
| С | Add lines 4a and 4b | 4c | 3,534,960. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 24,954,009. |
| Part | | | |
| Provid | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F | art V, I | ne 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.

SEE PAGE 5

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B

TRUST, ESCROW, AND CUSTODIAL ARRANGEMENTS:

THE ORGANIZATION ASSISTS ITS AREAS IN SETTING UP THEIR OWN ORGANIZATIONS TO ADMINISTER JUNIOR ACHIEVEMENT PROGRAMS. THE ORGANIZATION HOLDS FUNDS ON BEHALF OF CERTAIN MEMBERS FOR THEIR U.S. EXPENSES. THESE ARE INCLUDED IN CASH AND INVESTMENTS ON THE STATEMENTS OF FINANCIAL POSITION AND TOTAL \$557,873 AS OF JUNE 30, 2018.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

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.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE ON BOOKS, NOT ON RETURN COST OF GOODS SOLD RECLASSED FROM EXPENSE

AND NETTED AGAINST REVENUE

4,398,129

SCHEDULE D, PART XI, LINE 4B OTHER REVENUE ON RETURN, NOT ON BOOKS DESIGNATED CONTRIBUTIONS TO US JA OFFICES AND MEMBER NATIONS TREATED AS AGENCY TRANSACTIONS FOR FINANCIAL STATEMENT PURPOSES 3,534,960*

 Schedule D (Form 990) 2017
 JUNIOR ACHIEVEMENT USA

 Part XIII
 Supplemental Information (continued)

 SCHEDULE D, PART XII, LINE 2D

 OTHER EXPENSES ON BOOKS, NOT ON RETURN:

 COST OF GOODS SOLD RECLASSED FROM EXPENSE

 AND NETTED AGAINST REVENUE

 SCHEDULE D, PART XII, LINE 4B

OTHER EXPENSES ON RETURN, NOT ON BOOKS:

DESIGNATED CONTRIBUTIONS TO US JA OFFICES AND

MEMBER NATIONS TREATED AS AGENCY TRANSACTIONS

FOR FINANCIAL STATEMENT PURPOSES

3,534,960*

* THE ORGANIZATION ASSUMES ACKNOWLEDGMENT RESPONSIBILITY FOR THESE GRANTS. THIS IS THE MOST EFFICIENT APPROACH WITH NUMEROUS LOCAL AREAS AND MEMBER NATIONS BENEFITTING FROM AN INDIVIDUAL GRANT. THEREFORE, THE ORGANIZATION INCLUDES THE GRANT REVENUE AND GRANT EXPENSE ON FORM 990.

JSA 7E1226 1.000

| | IEDULE F | Staten | nent of A | ctivities | Outside the Unit | ted States | OMB No. 1545-0047 | | | | | | |
|-------------|---|-----------------|---|---|--|---|-------------------------------------|--|--|--|--|--|--|
| (Fo | rm 990) | ► Complete | e if the organiza | | 'Yes" on Form 990, Part IV, | line 14b, 15, or 16. | 2017 | | | | | | |
| | tment of the Treasury al Revenue Service | ► G | o to www.irs.go | | to Form 990. nstructions and the latest int | formation. | Open to Public Inspection | | | | | | |
| | of the organization | | | | | Employer ide | ntification number | | | | | | |
| JUN | IOR ACHIEVEME | NT USA | | | | 84-12 | 67604 | | | | | | |
| Par | | formation o | | Outside the U | nited States. Complete i | if the organization an | swered "Yes" on | | | | | | |
| 1 | • | | | | substantiate the amount of | 0 | | | | | | | |
| | - | - | | | e, and the selection criteri | | | | | | | | |
| | grants of assistant | e: | | | | | X Yes No | | | | | | |
| 2 | For grantmakers. assistance outside | | | ganization's p | rocedures for monitoring | the use of its gra | nts and other | | | | | | |
| 3 | | on. (The follov | ving Part I, line | 3 table can be | e duplicated if additional sp | pace 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 a program service, describe specific type service(s) in the regio | of expenditures for and investments | | | | | | |
| (1) | NORTH AMERICA | | 0. | 0. | GRANTMAKING | | 17,300. | | | | | | |
| (2) | EUROPE | | 0. | 0. | GRANTMAKING | | 25,000. | | | | | | |
| (3) | SOUTH AMERICA | | 0. | 0. | GRANTMAKING | | 10,000. | | | | | | |
| (4) | EAST ASIA AND THE | PACIFIC | 0. | 0. | GRANTMAKING | | 45,000. | | | | | | |
| (5) | SUB-SAHARAN AFRIC | A | 0. | 0. | GRANTMAKING | | 34,600. | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| <u>(13)</u> | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| 3a b | Sub-total Total from sheets to Part I | continuation | | | | | 131,900. | | | | | | |
| с | Totals (add lines | | | | | | 131,900. | | | | | | |
| | aperwork Reduction | | e the Instruction | s for Form 990. | | Sch | edule F (Form 990) 2017 | | | | | | |

| USA |
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| JUNIOR . |

84-1267604

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Schedule F (Form 990) 2017
Part II Grants ar

| (1) $1000000000000000000000000000000000000$ | | DE/ICELAND/GREENLAND I AMERICA SAHARAN AFRICA AMERICA I AMERICA MERICA SAHARAN AFRICA AMERICA AMERICA SAHARAN AFRICA ASIA/PACIFIC | TO SUPPORT PROGRAMS TO SUPPORT PROGRAMS. TO SUPPORT PROGRAMS TO SUPPORT PROGRAMS TO SUPPORT PROGRAMS TO SUPPORT PROGRAMS TO SUPPORT TO SUPPORT TO SUPPORT | 10,000. 10,000. 7,300. 7,300. 10,000. 20,000. 15,000. | | |
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| | | | PROGRAMS | 10,000. | | |
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| (16) | (15) | | | | | |
| (16) | | | | | | |
| | (16) | | | | | |

Schedule F (Form 990) 2017 Enter total number of other organizations or entities 3

| USA | |
|-------------|--|
| ACHIEVEMENT | |
| JUNIOR | |

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2017 Part III

| | (h) Method of valuation (book, FMV, appraisal, other) | | | | | | | | | | | | | | | | | | | Schedule F (Form 990) 2017 |
|--|---|---|-----|-----|-----|-----|-----|---|-----|----|------|------|------|------|------|------|------|------|------|----------------------------|
| | (g) Description of noncash assistance | | | | | | | | | | | | | | | | | | | Sche |
| | (f) Amount of noncash assistance | | | | | | | | | | | | | | | | | | | |
| | (e) Manner of cash disbursement | | | | | | | | | | | | | | | | | | | |
| | (d) Amount of cash grant | | | | | | | | | | | | | | | | | | | |
| | (c) Number of recipients | | | | | | | | | | | | | | | | | | | |
| itional space is needed. | (b) Region | | | | | | | | | | | | | | | | | | | |
| Part III can be duplicated if additional space is needed | (a) Type of grant or assistance | | | | | | | | | | | | | | | | | | | |
| | | £ | (2) | (3) | (4) | (5) | (9) | Ē | (8) | 6) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | |

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| Schedu | le F (Form 990) 2017 | | 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 | X 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 | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>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)</i> | Yes | X 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? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X 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 | X No |
| | | | Schedule F (Form 990) 2017 |

Page 5

Schedule F (Form 990) 2017

 Part V
 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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, QUESTION 2

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

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

GRANTS ARE PROVIDED BY DONORS WHO PLACE RESTRICTIONS ON THE USE OF THE

MONIES. GRANT USAGE REQUIREMENTS VARY BY DONOR. THE REPORTING REQUIRED

IS SUBMITTED TO THE ORGANIZATION'S GRANT STEWARD OR DIRECTLY TO THE

DONOR.

| Department of the Treasury Internal Revenue Service Co to www.irs.gov/Form990 for the latest information. Inspectio Name of the organization JUNIOR ACHIEVEMENT Employer identification number Name of the organization JUNIOR ACHIEVEMENT B4-1267604 JUNIOR ACHIEVEMENT B4-1267604 B4-1267604 JUNIOR Actual Information on Grants and Assistance B4-1267604 B4-1267604 Part I General Information on Grants and Assistance B4-1267604 B4-1267604 Part I Central information on Grants and Assistance? B4-1267604 B4-1267604 1 Does the organization maintain records to substantiate the amount of the grants or assistance? Employer identification and the grants or assistance? Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Describe in Fart IV the organization answered "Yes" on Form Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form | n on Grants and | ► Got | | Attach to Form 990 | | | | |
|--|-----------------------------|------------------------------------|------------------------------------|---|---------------------------------------|--|---|---------------------------------------|
| JUNIOR ACHIEVEMENT USA JUNIOR ACHIEVEMENT USA Part General Informatio 1 Does the organization mair the selection criteria used t 2 Describe in Part IV the org. | on on Grants and | | o www.irs.gov/ | Go to www.irs.gov/Form990 for the latest information. | atest information. | | | Inspection |
| S S S | on on Grants and | | | | | | Employer identification number 84-1267604 | ation number 4 |
| s s s | | I Assistance | | | | | _ | |
| SC | to award the grants | ibstantiate the s or assistance | e amount of the ې? | unt of the grants or assistance | ice, the grantees' | ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | or assistance, and | X Yes No |
| | anization's proced | ures for mon | toring the use c | f grant funds in the | United States. | | |] |
| 990, Part IV, line 2 | Assistance to D | omestic Orç ent that rece | anizations an | d Domestic Gov n \$5,000. Part II | ernments. Com can be duplicate | Grants and Other Assistance to Domestic Organizations and Domestic Governments . Complete if the organization answer 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | tion answered "Y∈ e is needed. | ss" on Form |
| 1 (a) Name and address of organization or government | rganization | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) JUNIOR ACHIEVEMENT OF ALABAMA, INC. | MA, INC. | | | | | | | SUPPORT |
| P O BOX 19307 BIRMINGHAM, AL 35219 | г 35219 | 63-0340866 | 501(C)(3) | 23,158. | | | | NOISSIM |
| (2) JUNIOR ACHIEVEMENT OF ARKANSAS, INC. | SAS, INC. | , | | | | | | SUPPORT |
| 1001 TECH. DR., STE 201, LIJ | STE 201, LIT ROCK, AR 72223 | 71-0658775 | 501(C)(3) | 24,337. | | | | NOISSIM |
| (3) JUNIOR ACHIEVEMENT OF ARIZONA, INC | NA, INC. | | | | | | | SUPPORT |
| 636 W. SOUTHERN AVENUE TEMPE, AZ 85282 | E, AZ 85282 | 86-0184349 | 501(C)(3) | 55,654. | | | | NOISSIM |
| (4) JA OF SOUTHERN CALIFORNIA, INC. | INC. | , | | | | | | SUPPORT |
| 6250 FOREST LAWN DR, LOS ANGELES, CA 90068 | GELES, CA 90068 | 95-1799192 | 501(C)(3) | 93,794. | | | | NOISSIM |
| (5) JUNIOR ACHIEVEMENT OF SACRAMENTO, | MENTO, INC. | | | | | | | SUPPORT |
| P O BOX 255602 SACRAMENTO, CA 95865-5602 | CA 95865-5602 | 94-6080866 | 501(C)(3) | 13,131. | | | | NOISSIM |
| (6) JUNIOR ACHIEVEMENT OF SAN DIEGO COUNTY, | IEGO COUNTY, INC | | | | | | | SUPPORT |
| 4756 MISSION GORGE PLACE SAN DIEGO CA 92120 | N DIEGO CA 92120 | 95-1727087 | 501(C)(3) | 57,154. | | | | NISSION |
| (7) JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA | ERN CALIFORNIA | | | | | | | SUPPORT |
| 3003 OAK RD., WALNUT CREEK, CA 94597 | CA 94597 | 94-1322179 | 501(C)(3) | 79,194. | | | | NOISSIM |
| (8) JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO | ERN COLORADO | , | | | | | | SUPPORT |
| 2320 W COLORADO AVE COLORADO SPGS, CO 80904 | O SPGS, CO 80904 | 84-6009223 | 501(C)(3) | 15,930. | | | | NOISSIM |
| (9) JUNIOR ACHIEVEMENT - ROCKY MOUNTAIN, | MOUNTAIN, INC. | , | | | | | | SUPPORT |
| 1445 MARKET, SUITE 200 DENVER, CO 80202 | ER, CO 80202 | 84-0430495 | 501(C)(3) | 48,561. | | | | NOISSIM |
| (10) JUNIOR ACHIEVEMENT OF GREATER FAIRFIELD CTY | ER FAIRFIELD CTY | , | | | | | | SUPPORT |
| 835 MAIN STREET BRIDGEPORT, CT 06604 | CT 06604 | 06-0644315 | 501(C)(3) | 32,280. | | | | NOISSIM |
| (11) JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND | WEST NEW ENGLAND | | | | | | | SUPPORT |
| 70 FARMINGTON AVE. HARTFORD, CT 06105 | , CT 06105 | 06-0665972 | 501(C)(3) | 96,016. | | | | MISSION |
| (12) JUNIOR ACHIEVEMENT OF GREATER WASHINGTON | ER WASHINGTON | | | | | | | SUPPORT |
| | INGTON, DC 20036 | 54-0788947 | 501(C)(3) | 32,565. | | | | NOISSIM |
| | on 501(c)(3) and g | government o | rganizations list | ed in the line 1 tab | le . | | | |
| 3 Enter total number of other organizations listed in the line 1 table | organizations list | | 1 table | | • | | | |

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| SCHEDULE I (Form 990) | 0 0 0 duos | Grants and (Governments complete if the organi | nd Other A its, and In ganization ansv | 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} . | o Organiza the United orm 990, Part IV, | tions, I States ^{line 21 or 22.} | | омв No. 1545-0047 20 17 |
|---|--|---|--|--|---|---|---|---------------------------------------|
| Department of the Treasury Internal Revenue Service | | ► Got | ► Att | Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. | atest information | | | Open to Public Inspection |
| Name of the organization JUNIOR ACHIEVEMENT USA | IENT USA | | | | | | Employer identification number 84-1267604 | ation number 4 |
| | General Information on Grants and Assistance | Assistance | | | | | | |
| Does the organiz the selection crit | 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? | bstantiate the s or assistance | e amount of the | ount of the grants or assistance, the grantees' eligibility | nce, the grantees' | eligibility for the grants of | or assistance, and | X Yes No |
| 2 Describe in Part | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | ures for mon | itoring the use c | of grant funds in the | e United States. | | | |
| Part II Grants an 990, Part | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | omestic Org ent that rece | Janizations an eived more tha | d Domestic Gov In \$5,000. Part II | ernments. Com can be duplicate | plete if the organiza ed if additional spac | tion answered "Ye e is needed. | "Yes" on Form |
| 1 (a) Name and or (| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) JUNIOR ACHIEVEMENT OF | T OF DELAWARE, INC. | | | | | | | SUPPORT |
| 522 S. WALNUT STR | 522 S. WALNUT STREET WILMINGTON, DE 19801 | 51-0078199 | 501(C)(3) | 34,942. | | | | NOISSIM |
| (2) JUNIOR ACHIEVEMEN | JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. | | | | | | | SUPPORT |
| 1130 COCONUT CREE | 1130 COCONUT CREEK COCONUT CREEK, FL 33066 | 59-0871446 | 501(C)(3) | 53,732. | | | | MISSIM |
| (3) JUNIOR ACHIEVEMEN | JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC. | | | | | | | SUPPORT |
| 4049 WOODCOCK DR. | 4049 WOODCOCK DR. JACKSONVILLE, FL 32207 | 59-1021800 | 501(C)(3) | 24,460. | | | | MISSIM |
| (4) JUNIOR ACHIEVEMEN | JUNIOR ACHIEVEMENT OF GREATER MIAMI, INC. | | | | | | | SUPPORT |
| | 301 71ST ST 2ND FLOOR, MIAMI BEACH FL 33141 | 59-0807486 | 501(C)(3) | 30,124. | | | | NISSIM |
| (5) JUNIOR ACHIEVEMEN | JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA, INC. | | | | | | | SUPPORT |
| 2121 CAMDEN ROAD | 2121 CAMDEN ROAD ORLANDO, FL 32803-1487 | 59-0972112 | 501(C)(3) | 10,371. | | | | MISSIM |
| (6) JUNIOR ACHIEVEMEN | JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION | | | | | | | SUPPORT |
| 13707 N. 22ND STR | 13707 N. 22ND STREET TAMPA BAY, FL 33613 | 27-3209543 | 501(C)(3) | 16,114. | | | | NOISSIM |
| (7) JA OF THE PALM BE | JA OF THE PALM BEACHES & TREASURE COAST | | | | | | | SUPPORT |
| 6903 VISTA PKWY N | 6903 VISTA PKWY N 10, W PALM BEACH FL 33411 | 59-2333738 | 501(C)(3) | 22,034. | | | | MISSIM |
| (8) JUNIOR ACHIEVEMENT OF | T OF GEORGIA, INC. | | | | | | | SUPPORT |
| 275 NORTHSIDE DR. NW ATLANTA, | NW ATLANTA, GA 30314-4600 | 58-0598050 | 501(C)(3) | 332,229. | | | | NOISSIM |
| (9) JUNIOR ACHIEVEMENT OF HAWAII, | T OF HAWAII, INC. | | | | | | | SUPPORT |
| | 1888 KALAKAUA AVE. HONOLULU, HI 96815 | 99-0088861 | 501(C)(3) | 7,011. | | | | MISSIM |
| (10) JUNIOR ACHIEVEMEN | JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. | | | | | | | SUPPORT |
| 6100 GRAND AVENUE DES MOINES, | DES MOINES, IA 50312 | 42-0759070 | 501(C)(3) | 27,820. | | | | NOISSIM |
| (11) JUNIOR ACHIEVEMENT OF IDAHO, INC | . f | | | | | | | SUPPORT |
| | T STE 200 POTSE, TH 02/00 | T&&0000-70 | | . 404 / CT | | | | NOTCOTIM |
| (12) JUNIOR ACHIEVEMEN | JUNIOR ACHIEVEMENT OF CHICAGO, INC. | | | | | | | SUPPORT |
| | 651 W. WASHINGTON BLVD. CHICAGO, IL 60661 | 36-2170141 | 501(C)(3) | 245,936. | | | | MISSION |
| | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | government o | rganizations list | ed in the line 1 tak | ole | | | |
| 3 Enter total numb For Paperwork Reductic | 3 Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice. see the Instructions for Form 990. | ed in the line ons for Form 99 | 1 table | | • | • | Sch | Schedule I (Form 990) (2017) |
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| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligbility for the grants or assistance, and the sole of grantuces in the unided States. Ite solection is for a ward the grants or assistance for a ward the grants or assistance in the sole of grantuces in the unided States. Ite solection is for a ward the grants or assistance for a ward the grants or assistance of a ward the grants or a matter or a grant in the unided States. Ite solection is for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 991. State as the and anone comment or cannad. 991. State as that anone that anone than another or | | nformation on Grants and | Assistance | 0 | | | | | |
| Describe in Part V the organization's procedures for monitoring the use of grant funds in the United States. Image: Transmission of the organization's procedures for monitoring the use of grant funds in the United States. Image: Transmission of the organization of the organization answered organization of the organization answered organization of the organization answered organization of the organization answered organization answered organization of the organization answered organization of the organization of the organization answered organization of the organization answered organization of the organization answered organization answered organization and the organization answered organization of the organization answered organization answered organization answered organization of the organization of the organization answered organization answered organization answered organization of the organization of the organization answered organization answered organization and the organization answered organization answered organization and the organization and the organization answered organization and the organization of the organization of the organization and the organization of the organization and the organ | Does the organi the selection crit | zation maintain records to su teria used to award the grants | bstantiate th s or assistanc | e amount of the | grants or assistar | ice, the grantees | ' eligibility for the grants | s or assistance, and | X Yes No |
| Image: contrast and other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if addinant space is needed. 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if addinant space is needed. 100 Name and addinant space is needed. 0 EN (application) 0.10 Name and addinant space is needed. 100 Name and addinant space is needed. 0.10 Name and addinant space is needed. 0.10 Name and addinant space is needed. 100 Name and space is needed. 0.10 Name and space is needed. 0.10 Name and space is needed. 0.10 Name and space is needed. 100 Name and space is needed. 0.10 Name and space is needed. 0.11 Name and space is needed. 0.11 Name and space is needed. 100 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 0.11 Name and space is needed. 100 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 11 Name and space is needed. 11 Name and space | | IV the organization's proced | ures for mon | iitoring the use o | of grant funds in the | United States. | | | |
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| $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | 1 (a) Name ar | d address of organization government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| OB HILD POINT LARE RAPE FORLY. IL 0.011 J7-005-000 501(013) 14,000. 14,000. OWNOR ACTIFURMENT OF NERTALINGLAND. INC. 35-032731 501(013) 14,000. 14,000. 14,000. OWNOR ACTIFURMENT OF NERTALINGLAND. INC. 35-0032731 501(013) 14,000. 23,356. 14,000. OWNOR ACTIFURMENT OF NERTALINGLAND. INC. 35-0032731 501(013) 14,000. 23,356. 14,000. ONNOR ACTIFURMENT OF THE BUINDAND. INC. 35-03071 501(013) 9,134. 23,366. 23,316. 14,000. ON OF REENVERTOR. INC. 161-0697365 501(013) 9,134. 23,366. 23,317. ON OF REENVERTOR. INC. 161-067646 501(013) 9,134. 10,134. 10,134. OWNOR ACTIFURMENT OF THE BUINDAND. INC. 161-047664 501(013) 37,947. 10,134. ON OF GENERNENTERN ACTION INC. 161-047664 501(013) 37,947. 10,134. ON OF GENERNENTERN ACTION INC. 161-047664 501(013) 37,947. 10,134. ON OF GENERNENTERN ACTION INC. 12-048777 501(013) 3 | | OF CENTRAL ILLINOIS, | | | | | | | SUPPORT |
| $ \begin{array}{ $ | | ANE EAST PEORIA, IL 61611 | 37-0657600 | 501(C)(3) | 12,096. | | | | NOISSIM |
| 001 NOBLE DRATE FORT WANE, IN 4662 $33-0922731$ $501(C(3))$ $14,000$ $14,000$ $14,000$ 01WURD A PERTERVERTOF OF CENTRAL INTERNAL, INC. $33-1092878$ $501(C(3))$ $51,206$ $501(C(3))$ $51,206$ $501(C(3))$ $8,124$ $50,121$ | (2) JUNIOR ACHIEVEMEI | IT OF NORTHERN INDIANA, INC | | | | | | | SUPPORT |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 601 NOBLE DRIVE 1 | FORT WAYNE, IN 46825 | 35-0922731 | 501(C)(3) | 14,800. | | | | NOISSIM |
| 0305 KENERORE CROSS INDIAMAPOLIS, IN 46240 35-1003655 50(0)(1) 23,369. 0 </td <td></td> <td>VT OF CENTRAL INDIANA, INC.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>SUPPORT</td> | | VT OF CENTRAL INDIANA, INC. | | | | | | | SUPPORT |
| JA OF SOUTH CENTRAL KERTUCKY, INC. $JA OF$ SOUTH CENTRAL KERTUCKY, INC. $JA OF$ SOUTH CENTRAL KERTUCKY, INC. $JA - 1/2$ E MAIN ANV. DOMLING GEEN, KY 42101 $JA - 1/2$ E MAIN ANV. DOMLING GEEN, KY 42101 $JA - 1/2$ E MAIN ANV. DOMLING GEEN, KY 42101 $JA - 1/2$ E MAIN ANV. DOMLING ONE KE ADDIANTOON, KY 42101 $JA - 1/2$ E MAIN ANV. DOMLING ONE KE ADDIANTOON, KY 42101 $JA - 1/2$ E MAIN ANV. DOMLING ONE KE ADDIANTOON, KI 40203 $JA - 1/2$ E MAIN AND E KENTUCKAAA, INC. $JA - 1/2$ E MAIN AND E KENTUCKAAA, INC. $JA - 1/2$ E MAIN AND E KENTUCKAAA, INC. $JA - 1/2$ E MAIN AND E KENTUCKAAA, INC. $JA - 1/2$ E MAIN AND E KENTUCKAAA, INC. $JA - 1/2$ E MAIN AND E KENTUCKAAA, INC. $JA - 1/2$ E MAIN AND E KENTUCKAAA, INC. $JA - 1/2$ E MAIN AND AND AND AND AND AND AND AND AND AN | 8395 KEYSTONE CR(| | 35-1003695 | 501(C)(3) | 23,369. | | | | NOISSIM |
| 440-1/2 E MAIN MCF, BOMLING GREIN, KY 42101 61-0997385 501(c)(3) 8,124. 9,124. JUNIOR ACHIEVEMENT OF THE BLUEGRASS, INC. 2320 SPURE ROAD LEXINGTON, KY 40511 61-0976694 501(c)(3) 8,124. 9,124. 2430 SPURE RADD LEXINGTON, KY 40511 61-0476694 501(c)(3) 8,124. 9,124. 1401 M MHANNED ALLI, LOUISVILLE KY 4003 61-0476694 501(c)(3) 2,3,17. 9,124. 7300 JEFFER RATON FOUGE LA 70609 72-046572 501(c)(3) 3,7,947. 9,124. 7300 JEFFER NASSACHISETTS, INC. 132.046572 501(c)(3) 3,7,947. 9,124. 7300 JEFFERSON HWY P4 BATON ROUGE LA 70609 72-046572 501(c)(3) 3,7,947. 9,124. 7300 SUTTHERN MASSACHISETTS, INC. 12-043765 10,123 3,7,947. 28,031. 10,123 7300 SUTTHERN MASSACHISETTS, INC. 12-041657 501(c)(3) 25,038. 25,038. 10,113. 7300 NOMINE TATENTS 10,112 04-208304 501(c)(3) 25,038. 10,113. 7300 NOMINE TATENT MASSACHISETTS 00,010(3) 194,1131. 10,41,131. 10,41,131. 7300 NOMINE TATEN AND SUMMAND ALLEVENDENT MA 02451 04-20837 | JA OF | AAL KENTUCKY, INC. | | | | | | | SUPPORT |
| JUNCOR AGLIERVEWENT OF THE BLUEGEASS, INC. 10000 MILL 10000 MILL $8,124$, $8,124$, 1000 1000 MILL 10000 MILL 100000 MILL 100000 MILL 1000000 MILL 10000000 MILL 100000000 MILL $1000000000000000000000000000000000000$ | 440-1/2 E MAIN A | /E, BOWLING GREEN, KY 42101 | 61-0997385 | 501(C)(3) | 8,124. | | | | NOISSIM |
| 3400 SPURR ROAD LEXINGTOM, KY 40511 61-0606480 501(C)(3) 8,124. (100) | (5) JUNIOR ACHIEVEMEI | | | | | | | | SUPPORT |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 2420 SPURR ROAD 1 | LEXINGTON, KY 40511 | 61-0606480 | 501(C)(3) | 8,124. | | | | NOISSIM |
| | | VT OF KENTUCKIANA, INC. | | | | | | | SUPPORT |
| JA OF GREATER BATON ROUGE & ACADIANA7809 JEFFERSON HWY D4 BATON ROUGE LA 7080972-048572501(c)(3)37,947.37,947.7809 JEFFERSON HWY D4 BATON ROUGE LA 7080972-048572501(c)(3)37,947.1000000000000000000000000000000000000 | 1401 W MUHAMMED i | ALI, LOUISVILLE KY 40203 | 61-0476694 | 501(C)(3) | 28,171. | | | | NISSIM |
| 7809 JEFFERSON HWY D4 BATON ROUGE LA 7080972-048572501(C)(3)37,947.010101JA OF SOUTHERN MASSACHUSETTS, INC.128 UNION ST STE 304, NEW BEDFORD, MA 0274004-3193575501(C)(3)25,038.04-31935750101JUNIOR ACHIEVEMENT OF WESTERN MASSACHUSETTS04-3193575501(C)(3)25,038.010101JUNIOR ACHIEVEMENT OF WESTERN MASSACHUSETTS04-2088304501(C)(3)25,038.010101JON ROW RT #217, SPRINGFIELD, MA 0111504-2088304501(C)(3)194,131.010101JA OF NORTHERN NEW ENGLAND, INC.04-2088304501(C)(3)194,131.010101JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC.04-2127020501(C)(3)194,131.010101JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC.04-2088275501(C)(3)37,418.010101JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC.04-2088275501(C)(3)37,418.010101JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC.01-0275159501(C)(3)37,418.010101JUNIOR ACHIEVEMENT OF MAINE, INC.01-0275159501(C)(3)37,418.01010101JUNIOR ACHIEVEMENT OF MAINE, INC.01-0275159501(C)(3)37,418.01010101JUNIOR ACHIEVEMENT OF MAINE, INC.01-0275159501(C)(3)12,664.01010101JUNIOR ACHIEVEMENT OF MAINE, INC.01-0275159501(C)(3) | | fon rouge & acadiana | | | | | | | SUPPORT |
| JA OF SOUTHERN MASSACHUSETTS, INC. JA OF SOUTHERN MASSACHUSETTS, INC. 128 UNION ST STE 304, NEW BEDFORD, MA 02740 04-3193575 501(C)(3) 25,038. 25,038. JUNIOR ACHLEVEMENT OF WESTERN MASSACHUSETTS 04-3193575 501(C)(3) 25,038. 25,038. JUNIOR ACHLEVEMENT OF WESTERN MASSACHUSETTS 04-21805 04-2088304 501(C)(3) 50,911. 25,038. JA OF NORTHERN NEW ENCLAND, INC. 04-2127020 501(C)(3) 194,131. 20,911. 20,911. JA OF NORTHERN NEW ENCLAND, INC. 04-2127020 501(C)(3) 37,418. 20,911. 20,911. JUNIOR ACHLEVEMENT OF CENTRAL MARYLAND, INC 04-2127020 501(C)(3) 37,418. 21,4,131. JUNIOR ACHLEVEMENT OF CENTRAL MARYLAND, INC 04-2127020 501(C)(3) 37,418. 21,4,131. JUNIOR ACHLEVEMENT OF CENTRAL MARYLAND, INC 04-2127020 501(C)(3) 37,418. 27,418. JUNIOR ACHLEVEMENT OF MAILLS, MD 21117 52-0688275 501(C)(3) 37,418. 21,4,131. JUNIOR ACHLEVEMENT OF MAILLEVENT OF MAILES, MD 21117 52-0688275 501(C)(3) 37,418. 21,4,131. JUNIOR ACHLEVENENT OF MAILES, MD 21117 52-0688275 </td <td>7809 JEFFERSON HI</td> <td>VY D4 BATON ROUGE LA 70809</td> <td>72-0485727</td> <td>501(C)(3)</td> <td>37,947.</td> <td></td> <td></td> <td></td> <td>NOISSIM</td> | 7809 JEFFERSON HI | VY D4 BATON ROUGE LA 70809 | 72-0485727 | 501(C)(3) | 37,947. | | | | NOISSIM |
| 128 UNION ST STE 304, NEW BEDFORD, MA 02740 04-3193575 501(C)(3) 25,038. 1000000000000000000000000000000000000 | | ASSACHUSETTS, INC. | | | | | | | SUPPORT |
| JUNIOR ACHIEVEMENT OF WESTERN MASSACHUSETTS1500 MAIN ST #217, SPRINGFIELD, MA 0111504-2088304501(c)(3)50,911.50,911.1500 MAIN ST #217, SPRINGFIELD, MA 0111504-2088304501(c)(3)194,131.50,911.1400 FIFTH AVE., STE 300 WALTHAM, MA 0245104-2127020501(c)(3)194,131.194,131.10711 RED RUN ELVO., OMINGS MILLS, MD 2111752-0688275501(c)(3)37,418.194,131.10711 RED RUN ELVO., OMINGS MILLS, MD 2111752-0688275501(c)(3)37,418.194,131.10711 RED RUN ELVO., OMINGS MILLS, MD 2111752-0688275501(c)(3)37,418.194,131.10711 RED RUN BLVD., OMINGS MILLS, MD 2111752-0688275501(c)(3)37,418.194,131.10711 RED RUN BLVD., OMINGS MILLS, MD 2111752-0688275501(c)(3)37,418.194,131.10711 RED RUN BLVD., OMINGS MILLS, MD 2111752-0688275501(c)(3)37,418.194,131.565 CONGRESS ST STE 306 PORTLAND, ME 0410101-0275159501(c)(3)12,664.126.64.565 CONGRESS ST STE 306 PORTLAND, ME 0410101-0275159501(c)(3)12,664.126.64.Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. | | 304, NEW BEDFORD, MA 02740 | 04-3193575 | 501(C)(3) | 25,038. | | | | NOISSIM |
| 1500 MAIN ST #217, SPRINGFIELD, MA 01115 04-2088304 501(C)(3) 50,911. 04 09 11 100 11 100 11 100 11 100 11 100 11 100 11 100 11 100 100 11 100 | (9) JUNIOR ACHIEVEMEI | VT OF WESTERN MASSACHUSETTS | | | | | | | SUPPORT |
| JA OF NORTHERN NEW ENGLAND, INC. 400 FIFTH AVE., STE 300 WALTHAM, MA 02451 04-2127020 501(C)(3) 194,131. JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC 04-2127020 501(C)(3) 37,418. JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC 04-2127020 501(C)(3) 37,418. JUNIOR ACHIEVEMENT OF MAINE, INC. 52-0688275 501(C)(3) 37,418. JUNIOR ACHIEVEMENT OF MAINE, INC. 10-0275159 501(C)(3) 12,664. Enter total number of section 501(C)(3) and government organizations listed in the line 1 table. 12,664. Enter total number of other organizations listed in the line 1 table. | 1500 MAIN ST #21 | | 04-2088304 | 501(C)(3) | 50,911. | | | | MISSION |
| 400 FIFTH AVE., STE 300 MALTHAM, MA 02451 04-2127020 501(C)(3) 194,131. JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC 04-2127020 501(C)(3) 37,418. JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC 04-2127020 501(C)(3) 37,418. JUNIOR ACHIEVEMENT OF MAINE, INC. 52-0688275 501(C)(3) 12,664. JES CONGRESS ST STE 306 PORTLAND, ME 04101 01-0275159 501(C)(3) 12,664. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 12,664. Enter total number of other organizations listed in the line 1 table. | | EW ENGLAND, INC. | | | | | | | SUPPORT |
| JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC 10711 RED RUN BLVD., OWINGS MILLS, MD 21117 52-0688275 JUNIOR ACHIEVEMENT OF MAINE, INC. JUNIOR ACHIEVEMENT OF MAINE, INC. 555 CONGRESS ST STE 306 PORTLAND, ME 04101 01-0275159 501(C)(3) 12,664. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. | 400 FIFTH AVE., 1 | STE 300 WALTHAM, MA 02451 | 04-2127020 | 501(C)(3) | 194,131. | | | | NOISSIM |
| 10711 RED RUN BLVD., OWINGS MILLS, MD 21117 52-0688275 501(C)(3) 37,418. Particular State | - | VT OF CENTRAL MARYLAND, INC | | | | | | | SUPPORT |
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| 565 CONGRESS ST STE 306 PORTLAND, ME 04101 01-0275159 501(C)(3) 12,664. 12,664 | | VT OF MAINE, INC. | | | | | | | SUPPORT |
| | 565 CONGRESS ST | STE 306 PORTLAND, ME 04101 | 01-0275159 | 501(C)(3) | 12,664. | | | | NISSIM |
| | | ver of section 501(c)(3) and <u>c</u> | government c | organizations list | ed in the line 1 tab | le | | | |
| | 3 Enter total numb | per of other organizations lister | ed in the line | 1 table | · · · | | | | |
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| Department of the Treasury Internal Revenue Service Name of the organization JUNIOR ACHIEVEMENT USA JUNIOR ACHIEVEMENT USA | | | ganization ans | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | orm 990, Part IV, | 1111 A 1 A 1 | | Onen to Public |
|---|--|----------------|--|--|---------------------------------------|---|---|---------------------------------------|
| vame of the organization JUNIOR ACHIEVEMENT Part General Inform | | ► Go 1 | o www.irs.gov/ | Go to www.irs.gov/Form990 for the latest information. | atest information | | | Inspection |
| I 1 | USA | | | | | | Employer identification number 84-1267604 | ation number 4 |
| | General Information on Grants and Assistance | Assistance | 6 | | | | _ | |
| Does the organization the selection criteria us | Does the organization maintain records to substantiate the am the selection criteria used to award the grants or assistance? | bstantiate the | e amount of the | grants or assista | ice, the grantees' | ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | or assistance, and | X Yes |
| 2 Describe in Part IV the | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | ures for mon | itoring the use o | g the use of grant funds in the United | • | | - |] |
| Part II Grants and Oth 990, Part IV, lir | 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. | omestic Org | janizations a n eived more th <i>ɛ</i> | d Domestic Gov In \$5,000. Part II | ernments. Com can be duplicate | plete if the organiza ed if additional spac | ltion answered "Y∈ e is needed. | ss" on Form |
| 1 (a) Name and address of organization or government | ss of organization nent | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) JUNIOR ACHIEVEMENT OF S | SOUTHEASTERN MICHIGAN | | | | | | | SUPPORT |
| 577 E. LARNED, SUITE 200 DETROIT, MI | 00 DETROIT, MI 48226 | 38-1348535 | 501(C)(3) | 22,590. | | | | NOISSIM |
| (2) JA OF THE MICHIGAN GREAT LAKES, INC. | AT LAKES, INC. | | | | | | | SUPPORT |
| 2650 E. BELTLINE SE, GRND RPDS, MI 49546 | ND RPDS, MI 49546 | 38-1557861 | 501(C)(3) | 23,926. | | | | NOISSIM |
| (3) JA OF NORTH CENTRAL MICHIGAN, INC. | CHIGAN, INC. | | | | | | | SUPPORT |
| 309 E. INDIAN STREET MIDLAND, | DLAND, MI 48640-6823 | 38-6081685 | 501(C)(3) | 8,124. | | | | NOISSIM |
| (4) JA OF THE UPPER MIDWEST, INC | , INC. | | | | | | | SUPPORT |
| 1800 WHITE BEAR AVE N, MAPLEWOOD, MN 55109 | MAPLEWOOD, MN 55109 | 41-1424988 | 501(C)(3) | 89,903. | | | | NOISSIM |
| (5) JUNIOR ACHIEVEMENT OF GREATER ST. LOUIS INC | FREATER ST. LOUIS INC | | | | | | | SUPPORT |
| 17339 N OUTER FORTY, CHESTERFIELD, MO 63005 | HESTERFIELD, MO 63005 | 43-0652112 | 501(C)(3) | 50,171. | | | | NOISSIM |
| (6) JUNIOR ACHIEVEMENT OF GREATER KANSAS CITY | FREATER KANSAS CITY | | | | | | | SUPPORT |
| 4001 BLUE PKWY 210 KANSAS CITY, MO 64130 | 3AS CITY, MO 64130 | 44-0604809 | 501(C)(3) | 23,736. | | | | NOISSIM |
| (7) JUNIOR ACHIEVEMENT OF CENTRAL CAROLINAS | CENTRAL CAROLINAS | | | | | | | SUPPORT |
| 201 S TRYON ST LL 100 CHARLOTTE, NC 28202 | CHARLOTTE, NC 28202 | 56-0672085 | 501(C)(3) | 28,961. | | | | NOISSIM |
| (8) JUNIOR ACHIEVEMENT OF THE TRIAD, INC. | THE TRIAD, INC. | | | | | | | SUPPORT |
| 3220 NORTHLINE AVENUE GREENSBORO, NC | FREENSBORO, NC 27408 | 56-0844838 | 501(C)(3) | 7,779. | | | | NOISSIM |
| (9) JUNIOR ACHIEVEMENT OF NEW JERSEY, | JEW JERSEY, INC. | | | | | | | SUPPORT |
| 360 PEAR BLOSSOM DRIVE EDISON, NJ | EDISON, NJ 08837 | 22-1774147 | 501(C)(3) | 98,140. | | | | NOISSIM |
| (10) JUNIOR ACHIEVEMENT OF WESTERN NEW YORK, | VESTERN NEW YORK, INC | | | | | | | SUPPORT |
| 275 OAK STREET, SUITE 222 BUFFALO, NY 14203 | 222 BUFFALO, NY 14203 | 16-0821488 | 501(C)(3) | 32,717. | | | | NOISSIM |
| (11) JUNIOR ACHIEVEMENT OF NEW YORK, INC | JEW YORK, INC. | | | | | | | SUPPORT |
| 420 LEXINGTON AVE #205, NEW YORK, NY 10170 | NEW YORK, NY 10170 | 13-3031828 | 501(C)(3) | 397,161. | | | | MISSION |
| (12) JUNIOR ACHIEVEMENT OF EAST CENTRAL OHIO | LAST CENTRAL OHIO | | | | | | | SUPPORT |
| 4353 EXECUTIVE CIRCLE NW CANTON, OH 44718 | W CANTON, OH 44718 | 34-0757173 | 501(C)(3) | 9,403. | | | | NOISSIM |
| | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | jovernment o | rganizations lis | ted in the line 1 tak | le | | | |
| | | | l table | | • | | | |

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| 1 (a) Name and address of organization or government (b) EN (c) IRC section (i splitable) (b) Amount of non- grant (c) Amount of non- grant | dditional space is needed. |
| | thod of valuation (g) Description of (h) Purpose of grant FMV, appraisal, noncash assistance or assistance |
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| 3 Enter total number of other organizations listed in the line 1 table | |

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| | Comp | complete if the organi | ganization ans ► Δ₩ | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990 | orm 990, Part IV, | ation answered "Yes" on Form 990, Part IV, line 21 or 22. | | ∕∠U L I Open to Public |
|--|---|-------------------------|---|--|---|---|---------------------------------------|---------------------------------------|
| Department of the Treasury Internal Revenue Service | | ► Co | to www.irs.gov | ► Go to <i>www.irs.gov/Form990</i> for the latest information. | atest information | | | Inspection |
| | | | | | | | len | ttion number |
| Dart I General Informatio | ACHLEVEMENT USA General Information on Grants and Assistance | Assistance | | | | | 84-TZ0/004 | 4 |
| 1 Does the organiz | Does the organization maintain records to substantiate the am | bstantiate th | e amount of the | e grants or assistar | nce, the grantees | ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | or assistance, and | X Ac |
| 2 Describe in Part I | the selection differing used to award the grants of assistance? | ures for mor | er itoring the use | g the use of grant funds in the L | e United States. | | | 3 |
| Part II Grants an 990, Part I | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | omestic Orgent that rec | janizations ar eived more tha | id Domestic Gov an \$5,000. Part II | ernments. Com can be duplicat | plete if the organiza ed if additional space | tion answered "Ye e is needed. | "Yes" on Form |
| 1 (a) Name and or g | 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) JUNIOR ACHIEVEMENT | T OF MIDDLE TENNESSEE, INC | | | | | | | SUPPORT |
| 120 POWELL PLACE P | 120 POWELL PLACE NASHVILLE, TN 37204 | 62-0582571 | 501(C)(3) | 17,312. | | | | NOISSIM |
| (2) JUNIOR ACHIEVEMENT OF CENTRAL TEXAS, | T OF CENTRAL TEXAS, INC. | | | | | | | SUPPORT |
| P O BOX 684571 AUSTIN, TX 78768 | STIN, TX 78768 | 74-1688335 | 501(C)(3) | 81,122. | | | | NOISSIM |
| (3) JUNIOR ACHIEVEMENT | | | | | | | | SUPPORT |
| 200 BARTLETT, SUITE 104 EL PASO, | TE 104 EL PASO, TX 79912 | 74-1565161 | 501(C)(3) | 6,543. | | | | MISSION |
| (4) JUNIOR ACHIEVEMENT | JUNIOR ACHIEVEMENT OF THE CHISHOLM TRAIL | | | | | | | SUPPORT |
| 6300 RIDGLEA PLACE #400, | E #400, FT WORTH, TX 76116 | 75-0944915 | 501(C)(3) | 33,384. | | | | NOISSIM |
| (5) JUNIOR ACHIEVEMENT | JUNIOR ACHIEVEMENT OF SOUTHEAST TEXAS, INC. | | | | | | | SUPPORT |
| 2115 E. GOVERNORS | GOVERNORS CIRCLE, HOUSTON, TX 77092 | 74-1153957 | 501(C)(3) | 113,190. | | | | MISSION |
| (6) JUNIOR ACHIEVEMENT OF DALLAS, | INC. | | | | | | | SUPPORT |
| | | 75-0881589 | 501(C)(3) | 61,623. | | | | MISSION |
| (7) JUNIOR ACHIEVEMENT OF SOUTH TEXAS, | T OF SOUTH TEXAS, INC. | | | | | | | SUPPORT |
| | 403 E RAMSEY #201, SAN ANTONIO TX, 78216 | 74-2061852 | 501(C)(3) | 31,009. | | | | MISSION |
| (8) JUNIOR ACHIEVEMENT OF UTAH, INC. | r of UTAH, INC. | | | | | | | SUPPORT |
| 515 SOUTH 700 E Si | 515 SOUTH 700 E SALT LAKE CITY, UT 84102 | 87-0225875 | 501(C)(3) | 11,473. | | | | NOISSIM |
| (9) JUNIOR ACHIEVEMENT OF WISCONSIN, INC. | T OF WISCONSIN, INC. | | | | | | | SUPPORT |
| | 11111 WEST LIBERTY DR, MILWAUKEE WI 53224 | 39-0826295 | 501(C)(3) | 40,887. | | | | NOISSIM |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| 2 Enter total number | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | jovernment o | rganizations lis | ted in the line 1 tab | le | | | 69 |
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| ACHIEVEMENT | e I (Form 990) (2017) |
| JUNIOR | Schedule |

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. Part III

| | | - | 2 | e | 4 | 5 | 9 | 2 |
|---|--|---|---|---|---|---|---|---|
| - | (a) Type of grant or assistance | | | | | | | |
| | (b) Number of recipients | | | | | | | |
| | (c) Amount of cash grant | | | | | | | |
| | (d) Amount of non-cash assistance | | | | | | | |
| | (e) Method of valuation (book, FMV, appraisal, other) | | | | | | | |
| | (f) Description of non-cash assistance | | | | | | | |

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

Part IV

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

MOST OF THE FUNDING FOR THE GRANTS IS TO US JA OFFICES ONLY. GRANTS ARE GRANT PROVIDED BY DONORS WHO PLACE RESTRICTIONS ON THE USE OF THE MONIES. THE REPORTING REQUIRED IS SUBMITTED TO USAGE REQUIREMENTS VARY BY DONOR.

THE ORGANIZATION'S GRANT STEWARD OR DIRECTLY TO THE DONOR.

Schedule I (Form 990) (2017)

JSA

| (Fori | EDULE J m 990) nent of the Treasury Revenue Service | For certain Officers, Dire Con ► Complete if the organizatio | Association Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 990 for instructions and the latest information. | 23. | MB No. 20 Open to Insp | 17 | olic |
|-------|--|---|---|---|---------------------------------|-----|------|
| Name | of the organization | • | | Employer identificatio | | | |
| JUN | IOR ACHIEV | EMENT USA | | 84-1267604 | | | |
| Part | Question | s Regarding Compensation | l | | | | |
| | 990, Part VII, First-cla Travel fo Tax inde Discretio | Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th | ovided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as, maid, chain ne organization follow a written policy residence for | y these items. personal use nal residence on fees nauffeur, chef) egarding payment | | Yes | No |
| | explain | | penses described above? If "No," com | | 1b | | |
| 2 | directors, trus | stees, and officers, including the CEC | to reimbursing or allowing expenses D/Executive Director, regarding the items | - | | | |
| | 1a? | | | | 2 | | |
| 3 | organization's related organ X Comper X Indepen X Form 99 During the ye | CEO/Executive Director. Check all the ization to establish compensation of th isation committee dent compensation consultant 10 of other organizations | nization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study X Approval by the board or compensation Part VII, Section A, line 1a, with respect to | ds used by a art III. ation committee | | | |
| а | | | ayment? | | 4a | | Х |
| b | | | ntal nonqualified retirement plan? | | 4b | | X |
| c | | | ased compensation arrangement? | | 4c | | Х |
| | If "Yes" to an | y of lines 4a-c, list the persons and p | rovide the applicable amounts for each it rganizations must complete lines 5-9. | | | | |
| 5 | compensation | n contingent on the revenues of: | , line 1a, did the organization pay or accrue | - | | | |
| | | | | | 5a | | X |
| b | | rganization? e 5a or 5b, describe in Part III. | | | 5b | | X |
| 6 | For persons I compensation | isted on Form 990, Part VII, Section A, a contingent on the net earnings of: | , line 1a, did the organization pay or accrue | | | | |
| a | | | | | 6a | | X |
| b | | rganization? | | | 6b | | X |
| 7 | For persons | listed on Form 990, Part VII, Sectio | on A, line 1a, did the organization provescribe in Part III | | 7 | x | |
| 8 | Were any am | ounts reported on Form 990, Part VII, | paid or accrued pursuant to a contract the | at was subject | 1 | | |
| | | • | Regulations section 53.4958-4(a)(3)? If | | | | 37 |
| | | | | | 8 | | X |
| 9 | | | low the rebuttable presumption proced | | 9 | | |

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

Schedule J (Form 990) 2017

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| CHIEVEMENT | |
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| JUNIOR | |
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Page 2

Schedule J (Form 990) 2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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.

| 6. 18,957. 6. 18,957. 1. 18,922. 4. 21,014. 5. 679. 7. 20,901. 7. 20,388. 1. 10,924. 1. 20,388. 1. 20,388. 1. 20,388. 3. 11,910. 3. 11,910. | | | (B) Breakdown of W-2 and/ | of W-2 and/or 1099-MIS | or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|---|----------|---------------------------|------------------------|---|--------------------------------|----------------|----------------------|--|
| KOWSKI 1 416,121. 63,439. 4,356. 31,606. 18,95 JO 10 191,800. 17,673. 3,509. 46,322. 18,95 JO 10 10. 0. 7,471. 16,55 BAUX 0 302,150. 39,202. 4,356. 37,471. 16,55 BAUX 0 209,262. 27,091. 874. 8,784. 21,01 INDEDESIDER 0 209,262. 15,514. 23,052. 1,350. 7,615. 67 INDEDESIDER 0 215,514. 23,052. 1,350. 7,615. 20,90 INDEDESIDER 0 212,416. 27,371. 1,555. 16,187 20,90 INDEXT 0 212,416. 27,371. 1,355. 16,187 20,90 INT 0 212,416. 27,371. 1,355. 16,187 20,90 INT 0 17,91. 15,559. 16,187 20,90 16,187 20,90 | (A) Name and Title | | (i) Base compensation | | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| (h) (h) <th(h)< th=""> <th(h)< th=""> <th(h)< th=""></th(h)<></th(h)<></th(h)<> | JACK E. KOSAKOWSKI | Ē | | 3,43 | m, | > | 8,95 | 534,479. | |
| JO 10 191,800 17,673 3,509 46,322 18,92 REMUX 0 302,150 37,671 16,55 37,471 16,55 REMUX 0 302,150 37,001 874 8,784 21,01 REMUX 0 302,150 37,091 874 8,784 21,01 REVENT 0 302,150 27,091 874 8,784 21,01 REVENT 0 30,1514 23,052 1,350 7,615 67 REVENT 0 173,349 16,046 2,043 32,417 20,00 RENT 0 173,349 16,046 2,043 32,417 20,02 RENT 0 212,416 27,371 1,355 16,187 20,02 RENT 0 212,416 27,371 1,355 16,187 20,02 RENT 0 212,416 27,371 1,355 16,187 20,02 RENT 0 212,416 | PRESIDENT & CEO | € | | 0 | .0 | | | | |
| (h) (h) <td>TIMOTHY ARMIJO</td> <th>Ξ</th> <td>191</td> <td>7,67</td> <td>, ⁵</td> <td>6</td> <td>8,92</td> <td>278,226.</td> <td></td> | TIMOTHY ARMIJO | Ξ | 191 | 7,67 | , ⁵ | 6 | 8,92 | 278,226. | |
| BAUX (0 302,150. 39,202. 4,356. 37,471. 16,55 REVENENT (0) 209,262. 27,091. 874. 8,784. 10,010. REVENENT (0) 209,262. 27,091. 874. 8,784. 21,01 REVENENT (0) 215,514. 23,052. 1,350. 7,615. 67 RENTING (0) 173,349. 16,046. 2,043. 32,417. 20,90 RENTING (0) 170,161. 11,355. 16,187. 20,01 RENTING (0) 170,181. 18,929. 17,922. 10,92 RENTING (0) 1764.00. 26,699. 17,922. 10,91 MITZ (0) | 2 ^{CFO} | (ii) | | .0 | .0 | | | | |
| (ii) (i) (i) <td>닙</td> <th>Ξ</th> <td></td> <td>9,20</td> <td>, 35</td> <td>7,47</td> <td>6,55</td> <td>399,736.</td> <td></td> | 닙 | Ξ | | 9,20 | , 35 | 7,47 | 6,55 | 399,736. | |
| Revenesary (0) 209,262. 27,091. 874. 8,784. 21, REVENENT (0) 215,514. 23,052. 1,350. 7,615. 21, RENDESSOLIE (0) 215,514. 23,052. 1,350. 7,615. 20, RENUNG (0) 173,349. 16,046. 2,043. 32,417. 20, RENUNG (0) 173,349. 16,046. 2,043. 32,417. 20, RENUNG (0) 173,349. 16,046. 2,043. 32,417. 20, RENUNDEV (0) 212,416. 27,371. 1,355. 16,187. 20, REALINE (0) 212,416. 27,371. 1,355. 16,187. 20, Ch (0) 170,181. 18,929. 4,061. 25,755. 10, NUTZ (0) 170,181. 18,929. 17,921. 17,921. 20, MUTZ (0) 144,355. 0. 2,569. 17,922. 21,1, | 3 EVP 3 | (| | .0 | .0 | | | | |
| PROTEMENT (H) 0. | SUSAN LUU | Ξ | 209,26 | 7,09 | | ٢, | 1,01 | 267,025. | |
| NRE DESROSIE 0 215,514. 23,052. 1,350. 7,615. ENNING 0 173,349. 16,046. 2,043. 32,417. 20, ERR 0 173,349. 16,046. 2,043. 32,417. 20, ERR 0 173,349. 16,046. 2,043. 32,417. 20, ER 0 212,416. 27,371. 1,355. 16,187. 20, IT 0 170,181. 18,929. 4,061. 25,755. 10, IT 0 17,591. 20, 10, 11, IT 0 146,400. 0. 2,755. 10, IT 0 146,400. 0. 2,759. 17,591. | 4^{SVP} - BUSINESS IMPROVEMENT | (| | .0 | .0 | | | | |
| EMENTICI (I) 0. 173,349. 16,046. 2.043. 32,417. 20, I.T. (I) 0. 10 212,416. 27,371. 1.555. 16,187. 20, I.T. (I) 190,183. 20,983. 4,061. 25,755. 10, I.T. (I) 170,181. 18,929. 1,992. 17,591. 20, I.T. (I) 170,181. 18,929. 1,992. 17,591. 20, I.T. (I) 170,181. 18,929. 1,992. 17,591. 20, I.T. (I) 146,400. 0. 2,598. 17,592. 18, I.T. (I) 144,355. 0. 0. 17,592. 21, I.T. (I) <td>MARY CATHERINE DESROSIE</td> <th>-</th> <td>215,51</td> <td>3,05</td> <td>, 35</td> <td>></td> <td>679.</td> <td>248,210.</td> <td></td> | MARY CATHERINE DESROSIE | - | 215,51 | 3,05 | , 35 | > | 679. | 248,210. | |
| | 5 SVP EDUCATION & LEARNING | (| | .0 | .0 | | | | |
| (h) 0. 0 | HOWARD BARTNER | Ξ | 173 | 6,04 | ,04 | 2,41 | ò | 244,756. | |
| II (0 $212,416$ $27,371$ $1,355$ $16,187$ $20,02$ II (0 $190,183$ $27,371$ $1,355$ $16,187$ $20,02$ II (0 $190,183$ $20,983$ $4,061$ $25,755$ $10,92$ II (0 $170,181$ $18,929$ $1,992$ $17,591$ $20,38$ NTZ (0 $170,181$ $18,929$ $1,992$ $17,922$ $18,02$ NTZ (0 $146,400$ 0 0 $2,598$ $17,922$ $18,02$ NTZ (0 $144,355$ 0 0 $2,5699$ $20,37$ ANT (0 $132,558$ 0 0 0 0 0 NERT (1 $132,558$ 0 0 0 0 0 0 NERT (1 $132,558$ 0 0 0 0 0 0 (1 $127,030$ 0 0 | 6 SVP - OPERATIONS | 1 | | .0 | .0 | | | | |
| (ii) (i) (i) <td>ED GROCHOLSKI</td> <th>Ξ</th> <td>212</td> <td>7,37</td> <td>ľ,</td> <td>6,18</td> <td>,02</td> <td>277,350.</td> <td></td> | ED GROCHOLSKI | Ξ | 212 | 7,37 | ľ, | 6,18 | ,02 | 277,350. | |
| E (1) 190,183 20,983 4,061 25,755 10,92 NLEATION DEV (1) 170,181 18,929 1,992 17,591 20,38 NT (1) 170,181 18,929 1,992 17,591 20,38 NT (1) 170,181 18,929 17,922 18,02 NT (1) 146,400 0 20,929 17,922 18,02 NT (1) 144,355 0 2,598 17,922 18,02 ANT (1) 144,355 0 2,929 17,922 18,02 ANT (1) 144,355 0 2,569 17,922 18,02 ANT (1) 132,558 0 0 0 20,37 State 132,558 0 132,559 5,659 5,659 20,37 NERT (1) 127,030 0 759 61,813 11,91 MERT (1) 127,030 0 759 | 7^{SVP} - BRAND | (ii) | | .0 | .0 | | | | |
| NITATION DEV (n) (n) (n) (17,591, 0, 17,591, 20,38) (n) (n) (n) (n) (n) (n) (n) (n) (n) (n | LESLIE PIERCE | Ξ | | 0,98 | 0 | 5,75 | 0,92 | 251,906. | |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 8 SVP TALENT & ORGANIZATION DEV | 1 | | .0 | .0 | | | | |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | STEVE SCHMIDT | Ξ | 170 | 8,92 | 6, | 7 | 0,38 | 229,081. | |
| INTZ (0) 146,400 0. 2,598. 17,922. 18,02 ANT (i) 144,355. 0. 0 2,598. 17,922. 18,02 ANT (i) 144,355. 0. 0 2156. 21,61 ANT (i) 144,355. 0. 0 21,620. 21,61 ANT (i) 132,558. 0. 0. 20,01 0. 21,610. 20,37 ALT (i) 132,558. 0. 0. 0. 12,620. 20,37 Start (i) 132,558. 0. 0. 0. 12,610. 20,37 Start (i) 127,030. 0. 0. 759. 61,813. 11,91 INERT (i) 127,030. 0. 759. 61,813. 11,91 INERT (i) 127,030. 0. 759. 61,813. 11,91 INERT (i) 10. 127,030. 0. 0. 61 | 9 ^{SVP -} OPERATIONS | (II) | | .0 | .0 | | | | |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | CHRISTINE KUNTZ | Ξ | | .0 | 5 | 7 | 8,02 | 184,947. | |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 10 ^{VP} - OPERATIONS | (ii) | | .0 | .0 | | | | |
| (ii) 0. 0. 0. 0. DLI (i) 132,558. 0. 808. 5,659. 20,37 \$ & DEV SVCS (i) 132,558. 0. 808. 5,659. 20,37 \$ & DEV SVCS (i) 127,030. 0. 0. 759. 61,813. 11,91 NERT (i) 127,030. 0. 0. 759. 61,813. 11,91 NERT (i) 127,030. 0. 0. 759. 61,813. 11,91 NERT (i) 10. 0. 0. 759. 61,813. 11,91 (i) 10. 0. 0. 0. 759. 61,813. 11,91 (i) 10. 0. 0. 0. 10. 11,91 11,91 (i) 10. 10. 10. 10. 10. 11,91 11,91 (i) 10. 10. 10. 10. 10. 10. 11,91 | | Ξ | | .0 | 897. | 5 | 1,61 | 179,483. | |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 11 ^{VP - OPERATIONS} | (ii) | | .0 | .0 | | | | |
| S & DEV SVCS (I) 0. 0. 0. 11,91 NERT (I) 127,030. 0. 759. 61,813. 11,91 (II) 0. 0. 759. 61,813. 11,91 (II) 0. 0. 0. 759. 61,813. 11,91 (I) 0. 0. 0. 0. 10. 11,91 (I) 10 1 10 1 1 1 (I) 10 1 1 1 1 1 (I) 10 1 1 1 1 1 1 (I) 1 1 1 1 1 1 1 1 | | Ξ | | .0 | 808. | , 65 | 0,37 | 159,396. | |
| INERT (i) 127,030. 0. 759. 61,813. 11,91 (ii) 0. 0. 0. 0. 0. 11,91 (ii) 0. 0. 0. 0. 0. 0. 11,91 (ii) 0. 0. 0. 0. 0. 0. 0. (ii) 0. | | (ii) | | .0 | .0 | | | | |
| (i) (i) (i) (i) (i) (i) (i) (i) (i) | TIMOTHY GREINERT | Ξ | | .0 | ß | 1,81 | 1,91 | 201,512. | |
| | 13 ^{SVP -} DEVELOPMENT | (ii) | | .0 | .0 | | | | |
| | | Ξ | | | | | | | |
| | 14 | (ii) | | | | | | | |
| | | Ξ | | | | | | | |
| (j) | 15 | (ii) | | | | | | | |
| | | Ξ | | | | | | | |
| 16 (ii) | 16 | 1 | | | | | | | |

JSA

| JUNIOR ACHIEVEMENT USA 84-1267604 |
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| Schedule J (Form 990) 2017 |
| Part III 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. |
| SCHEDULE J, PART I, LINE 7 |
| DESCRIPTION OF NON-FIXED PAYMENTS: |
| THERE ARE TWO KEY COMPONENTS OF THE EXECUTIVE COMPENSATION PHILOSOPHY OF |
| JA USA: |
| 1. REWARD FOR PERFORMANCE |
| 2. PROVIDE REASONABLE AND COMPETITIVE PAY PACKAGES WITH THOSE OFFERED TO |
| LEADERS OF ORGANIZATIONS COMPARABLE TO JA USA IN TERMS OF SIZE, |
| COMPLEXITY AND MISSION IMPACT. |
| |
| AS PART OF THE REWARD FOR PERFORMANCE THE EXECUTIVE COMPENSATION |
| SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD OF GOVERNORS HAS ADOPTED THE |
| MANAGEMENT INCENTIVE COMPENSATION PLAN (MIC). MIC IS INTENDED TO |
| STIMULATE AND REWARD RESULTS AND ACHIEVEMENT NECESSARY TO ACCOMPLISH THE |
| MULTIPLE OBJECTIVES OF JA USA'S STRATEGIC PLAN. THE MIC PLAN IS DESIGNED |
| IO: |
| 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.

JSA

Schedule J (Form 990) 2017

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| Part III Supplemental Information |
| a d d |
| C) CONTROL COSTS BY PROVIDING VARIABLE COMPENSATION BASED ON PERFORMANCE |
| TO ENHANCE AFFORDABILITY AND OFFERING A COMPETITIVE INCENTIVE AND TOTAL |
| CASH COMPENSATION PROGRAM. |
| D) ENHANCE THE FOCUS, MOTIVATION AND RETENTION OF KEY ORGANIZATIONAL |
| MANAGERS . |
| IN SETTING THE ANNUAL INCENTIVE COMPENSATION OPPORTUNITIES FOR THE MIC |
| FOR EACH EXECUTIVE, THE COMMITTEE TARGETS THE MEDIAN OF THE COMPARABLE |
| MARKET DATA FOR THAT EXECUTIVE'S POSITION FOR TARGET PERFORMANCE AND THE |
| UPPER QUARTILE OF THE COMPARABLE MARKET DATA FOR THAT EXECUTIVE'S |
| POSITION FOR SUPERIOR PERFORMANCE. THERE IS A CAP ON THE AMOUNT OF |
| INCENTIVE THAT ANY EXECUTIVE CAN EARN FROM THE MIC. |
| THE COMMITTEE USES DISCRETION IN DETERMINING THE LEVEL OR ACHIEVEMENT OF |
| CERTAIN PERFORMANCE MEASUREMENTS. THE COMMITTEE ALSO ANNUALLY EXAMINES |
| THE COMPARABLE MARKET DATA FOR THESE POSITIONS, FOLLOWING THE THREE-STEP |
| GOVERNANCE PROCESS DESCRIBED IN THE REGULATIONS TO SECTION 4958 ON |
| INTERMEDIATE SANCTIONS TO ESTABLISH THE PRESUMPTION OF REASONABLE |

4607

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JSA

Schedule J (Form 990) 2017

| USA | |
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| ACHIEVEMENT 1 | |
| JUNIOR | |

Schedule J (Form 990) 2017

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. Part III Supplemental Information

COMPENSATION.

THE GOVERNORS MAY, IN THEIR SOLE DISCRETION, AND AT ANY TIME, ELECT TO

AMEND, SUSPEND, OR TERMINATE THE PLAN.

Schedule J (Form 990) 2017

JSA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number 84-1267604

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION CONTINUED:

JUNIOR ACHIEVEMENT IS THE WORLD'S LARGEST ORGANIZATION DEDICATED TO GIVING YOUNG PEOPLE THE KNOWLEDGE AND SKILLS THEY NEED TO OWN THEIR ECONOMIC SUCCESS, PLAN FOR THEIR FUTURE, AND MAKE SMART ACADEMIC AND ECONOMIC CHOICES. OUR FINANCIAL LITERACY, WORK READINESS AND ENTREPRENEURSHIP PROGRAMS EMPOWER STUDENTS TO MAKE A CONNECTION BETWEEN WHAT THEY LEARN IN SCHOOL AND HOW IT CAN BE APPLIED IN THE REAL WORLD. THIS ENHANCES THE RELEVANCE OF THEIR CLASSROOM LEARNING AND INCREASES THEIR UNDERSTANDING OF THE VALUE OF STAYING IN SCHOOL.

FORM 990, PART VI, SECTION A, LINE 6 & 7B

DESCRIBE CIRCUMSTANCES FOR HAVING MEMBERS:

THE SOLE MEMBER OF THE ORGANIZATION IS JA WORLDWIDE, INC. APPROVAL MUST BE OBTAINED FROM THE MEMBER FOR THE FOLLOWING:

- AMENDMENT, MODIFICATION, OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR BYLAWS;

- MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF JUNIOR ACHIEVEMENT USA (JA USA), OR THE SALE, LEASE OR EXCHANGE, OR OTHER DISPOSITION, TRANSFER OR CONVEYANCE OF ALL OF SUBSTANTIALLY ALL OF ITS NET ASSETS;

- ANY MATERIAL CHANGE IN ANY CURRENT NONPROFIT PURPOSES AND OBJECTIVES OF JA USA;

-ENTERING INTO ANY OPERATING AGREEMENT BETWEEN JA USA AND ANY OF ITS

Employer identification number 84-1267604

Page 2

LOCAL AREAS.

FORM 990, PART VI, SECTION B, LINE 11B DESCRIBE PROCESS TO REVIEW 990: THE FORM 990 IS PREPARED BY OUR EXTERNAL AUDIT FIRM AND IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD. A DRAFT IS SUPPLIED VIA A WEB SITE LINK FOR THE ENTIRE BOARD TO REVIEW BEFORE FILING THE FINAL 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

DESCRIBE HOW CONFLICT OF INTEREST POLICY IS MONITORED & ENFORCED: A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT VIA EMAIL OR HAND DELIVERED TO INTERESTED PARTIES EACH YEAR REQUESTING VERIFICATION OF POSSIBLE CONFLICTS. IF A CONFLICT IS DISCLOSED IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

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FORM 990, PART VI, SECTION B, LINE 15A & 15B DESCRIBE PROCESS FOR DETERMINING COMPENSATION: THE GOVERNANCE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQUIREMENTS IN INTERNAL REVENUE CODE SECTION 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION. COMPENSATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS. BY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT (WILLIS TOWERS WATSON), THE COMMITTEE CONSIDERED COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS AND FORM 990S OF COMPARABLE ORGANIZATIONS IN EVALUATING THE COMPENSATION FOR EACH INDIVIDUAL.

THE COMMITTEE CONDUCTED A REVIEW OF THIS COMPARABILITY DATA AND DOCUMENTED ITS DELIBERATION AND DISCUSSION IN MINUTES THAT ARE RETAINED WITH THE OTHER GOVERNANCE MATERIALS OF THE ORGANIZATION. THE COMMITTEE FOLLOWED THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT FOR PURPOSES OF SECTION 4958 BY RELYING ON PROFESSIONAL ADVICE IN THE WRITTEN OPINION OF REASONABLENESS FROM THE INDEPENDENT COMPENSATION CONSULTANT. THIS REVIEW PROCESS IS CONDUCTED ANNUALLY AND WAS LAST DONE IN 2017.

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

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REQUEST.

FORM 990, PART VII

COMPENSATION:

COMPENSATION DELIBERATIONS TAKE INTO ACCOUNT SERVICES PROVIDED TO THE FILING ORGANIZATION AND ITS AFFILIATES. REVENUE PRESENTED IN THE FORM 990 DOES NOT INCLUDE THE REVENUE OF THE 116 JA AREA AFFILIATES WHO ARE PART OF THE JA USA NETWORK THAT JA USA OVERSEES. IN FYE 2018, REVENUE OF ALL AFFILIATES TOTALED \$321 MILLION.

| | ATTACHMEI | NT 1 |
|--|-------------------------|--------------|
| 990, PART VII- COMPENSATION OF THE FIVE HIGHEST P | AID IND. CONTRACTORS | |
| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
| MEREDITH CORP. 1716 LOCUST DES MOINES, IA 50309 | STORAGE/ASSEMBLY | 941,987. |
| NAGARO 2001 GATEWAY PLACE SAN JOSE, CA 95110 | DEVELOP CO MATERIAL | 670,170. |
| SNI COMPANIES PO BOX 814238 HOLLYWOOD, FL 33081 | TEMP STAFFING | 388,319. |
| MANPOWER 21271 NETWORK CHICAGO, IL 60673-1212 | TEMP STAFFING | 1,302,487. |
| FABLEVISION, INC 308 CONGRESS ST. 6TH FLOOR BOSTON, MA 02210 | PROGRAM DEVELOPMENT | 447,600. |

| SCHEDULE R (Form 990) | | ► Complete if the organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. | nd Unrelated | Partnersh /, line 33, 34, 35b, 3 | ips 36, or 37. | _ | OMB No. 1545-0047 2017 |
|--|--|--|--|-------------------------------------|--|-------------------------------------|--|
| Department of the Treasury Internal Revenue Service | | Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | Attach to Form 990. n990 for instructions and the lat | est information. | | | Open to Public Inspection |
| Name of the organization | Name of the organization | | | | | Employer identificatio | Employer identification number |
| Part | Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990. Part IV line 33 | lete if the organization ar | Iswered "Yes" on F | orm 990 Part I | V line 33 | 7T-F0 | #00/0 |
| | (a) Name, address, and EIN (if applicable) of disregarded entity | entity | (b) Primary activity | (c) Legal domicile (state | (d) Total income | (e) End-of-year assets | (f) Direct controlling |
| (1) | | | | or foreign country) | | | entity |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (±) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| Part II | Identification of Related Tax-Exempt Organizations. Complete it one or more related tax-exempt organizations during the tax year. | zations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had during the tax year. | organization answe | ered "Yes" on Fo | orm 990, Part IV, | line 34, because | it had |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? |
| SEE PART VII | T VII | | | | | | Yes No |
| | | | | | | N/A | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (2) | | | | | | | |
| For Paperwor | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | .066 | - | | | Schedule | Schedule R (Form 990) 2017 |

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| Schedule R (F | Schedule R (Form 990) 2017 | | | | | | | | | | Page | ge 2 |
|---------------------|---|---|--|---------------------------------------|--|-------------------------------------|--|--|---|---|---|---|
| Part III | Identification of Related Organizations Taxable as a Partnership. Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year. | ted Organizations more related orga | Taxable anizations | | ip. Complete if artnership durinç | the organizati g the tax year. | Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ted as a partnership during the tax year. | s" on Form | 990, Part IV, | line 34, | | |
| Nan | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | al (g) Share of end-of- year assets | (h) Disproportionate allocatons? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership | age |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| Part IV | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. | ted Organizations d one or more rela | ated orga | e as a Corporati anizations treate | on or Trust. Co d as a corporati | mplete if the o on or trust dur | Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, ions treated as a corporation or trust during the tax year. | ered "Yes" | on Form 990, | Part IV | | |
| | (a) Name, address, and EIN of related organization |) I of related organization | | (b) Primary activity | tivity 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 controlled entity? | (i) Section 12(b)(13) ontrolled entity? |
| | | | | | | | | | | | Yes No | ° Z |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
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| (9) | | | | | | | | | | | | |
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| (2) | | | | | | | | | | | | |
| JSA 7E1308 1.000 | | | | _ | - | | | | Sched | ule R (Fo | Schedule R (Form 990) 2017 | :017 |
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| ∕es" on Form 990, Part IV, line 34, 35b, or 36. |
|---|
| tions. Complete if the organization answered "Yes" on Form 990, |
| Transactions With Related Organizations. |
| Part V |

| m a controlled entity | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | Yes No |
|---|--|--|--------------------|
| X X X X | Receipt of (I) interest, (III) annuities, (IIII) royalties, or (IV) rent from a controlled entity. | | |
| X X Minime Base | Dividends from related organization(s). | | |
| ed mining | - 567 | | |
| | Reimbursement paid to related organization(s) for expenses | 10 | |
| (a) (b) (c) (d) me of related organization Transaction Method of determining amount involved mount involved (c) Method of determining mount involved (c) (c) mount involved (c) (c) | Other transfer of cash or property to related organization(s) | 1r 1r 1s 1s 1s 1s 1s 1s 1s 1s 1s 1s 1s | H. |
| | (a) Name of related organization | (b) (c) (d) Transaction Amount involved Method of de type (a-s) | ermining volved |
| | | | |
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| Part VI | Unrelated Organizations Taxable as a Partnership. | xable as a Partne | | Complete if the organization answered "Yes" on Form 990, Part IV, line 37. | nization an | Iswered "Yes | " on Form 99 | 0, Part IV | ', line 37. | | | |
|-----------------------------|--|--|--|---|---|---------------------------------|--|---|--|---|----------------------------|--------------------------------|
| Provide the or gross rev | Provide the following information for each entity taxed as a partnershi or gross revenue) that was not a related organization. See instructions | entity taxed as a par anization. See instru | rtnership throug ictions regardin | ip through which the organization conducted more that regarding exclusion for certain investment partnerships. | ganization c | conducted mo | re than five pe ships. | rcent of it | p through which the organization conducted more than five percent of its activities (measured by total assets regarding exclusion for certain investment partnerships. | sured by | total ass | sets |
| | (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant Income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
| (1) | | | | ~ | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
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| Part VII | Supplemental Information |
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| | Provide additional information for responses to guestions on Schedule R. See instructions. |

SCHEDULE R, PART II, COLUMN A

RELATED ORGANIZATIONS:

JUNIOR ACHIEVEMENT USA AND ITS US AFFILIATES, MANY OF WHOM ARE INDICATED ON SCHEDULE I, ARE COVERED UNDER A 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.