Return of Organization Exempt From Income Tax

	_		Retain of organization Exempt From moon											
Forr	rm 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)													
	-	of the Treasury	Do not enter Social Security numbers on this form as it may be made	public.	Open to Public									
		enue Service	Information about Form 990 and its instructions is at www.irs.gov/for	m990.	Inspection									
AF	or th	ne 2018 calen	dar year, or tax year beginning 07/01, 2018, and ending	06/30), 20 19									
P.			of organization D	Employer identification	n number									
D C	_		IOR ACHIEVEMENT USA											
	Addr chan	ige Doing	Doing Business As											
	Name	e change Numb	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
	Initia		· · · · · · · · · · · · · · · · · · ·	719) 540-8000	0									
	+		r town, state or province, country, and ZIP or foreign postal code											
	retur	m		Gross receipts \$	36,624,108									
	Appli pend	ling		a) Is this a group return for subordinates?	Yes X N									
		ONE		b) Are all subordinates included	? Yes N									
<u> </u>	Tax-e>	xempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. (see	instructions)									
J	Webs	ite: 🕨 WWW.		c) Group exemption number	1116									
		-	X Corporation Trust Association Other ► L Year of formation:	1992 M State of le	gal domicile: CO									
Pa	art I													
	1	Briefly describ	e the organization's mission or most significant activities: JA EMPOWERS YOUNG P	EOPLE TO OWN	THEIR									
e		ECONOMIC	SUCCESS THROUGH VOLUNTEER-DELIVERED PROGRAMS WHICH GI	VE THEM										
nan		KNOWLEDG	E/SKILLS IN FINAN LITERACY, WORK READINESS & ENTREPREN	EURSHIP.										
Governance	2	Check this bo	$\mathbf{x} \models \square$ if the organization discontinued its operations or disposed of more than 25% of	its net assets.										
	3		ing members of the governing body (Part VI, line 1a)		34.									
Activities &	4		ependent voting members of the governing body (Part VI, line 1b)		33.									
ritie	5	Total number	of individuals employed in calendar year 2018 (Part V, line 2a)	5	86.									
ctiv	6		of volunteers (estimate if necessary)		33.									
Ā	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12		C									
	b	Net unrelated	business taxable income from Form 990-T, line 34	7b	C									
				Prior Year	Current Year									
e	8	Contributions		9,484,791.	14,362,992									
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	1,959,016.	4,918,359									
Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	545,031.	370,388									
_	11	Other revenue		9,875,371.	9,664,609									
	12			1,864,209.	29,316,348									
	13			3,534,960.	4,429,815									
	14		to or for members (Part IX, column (A), line 4)	0.	0									
ses	15),324,153.	10,166,410									
ens	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	C									
Expen	b	Total fundrais	ing expenses (Part IX, column (D), line 25) ▶											
	17		L,094,896.	10,538,493										
	18			1,954,009.	25,134,718									
	19	Revenue less	expenses. Subtract line 18 from line 12	-89,800.	4,181,630									
Net Assets or Fund Balances				g of Current Year	End of Year									
sset	20	Total assets (F	,	5,266,934.	39,525,999									
it As	21	Total liabilities	(Part X, line 26)	1,607,802.	14,352,905									
Β ^Π	22),659,132.	25,173,094									
Pa	rt II	Signature	Block											

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

Sign Here	Signature of officer	e Preparer's signature Date Check if PTIN CPA 7/8/2020 Check if P009 , LLP Firm's EIN ► 44-0160 OUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848 Phone no. 719-471 vith the preparer shown above? (see instructions) X					
	Type or print name and title	1	Q				
	Print/Type preparer's name	Preparer's signature	1.1		Check if	PTIN	
Paid	ADAM R SMITH CPA	Idam.	12 mill	7/8/2020	self-employed	P00958966	
Preparer Use Only	Firm's name 🕨 BKD, LLP	010100		Fi	rm's EIN 🕨 44	-0160260	
Use only	Firm's address 🕨 111 SOUTH TEJON, SU	ITE 800 COLORADO SPRINC	S, CO 80903-9848	P	none no. 71	9-471-4290	
May the IF	RS discuss this return with the preparer s	Print name and title Preparer's signature Date Checkif PTIN SMITH CPA BKD, LLP Firm's EIN ▶ 44-0160260 Firm's EIN ▶ 44-0160260	No				
For Paper	work Reduction Act Notice, see the se	parate instructions.				Form 990	(2018)

OMB No. 1545-0047

JUNIOR	ACHIEVEMENT	USA

_	n 990 (201		Page 2
Pa	art III	Statement of Program Service Accomplishments	
4	Driafly d	Check if Schedule O contains a response or note to any line in this Part III	X
		PIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.	
		DITIONAL MISSION INFORMATION ON SCHEDULE O.	
2		rganization undertake any significant program services during the year which were not listed on the $_$	
	prior For If "Yes,"	n 990 or 990-EZ?	Yes X No
3		organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
		escribe these changes on Schedule O.	
	expenses	the organization's program service accomplishments for each of its three largest program services, . Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allow expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 19,338,689. including grants of \$ 4,429,815.) (Revenue \$ 14,5	82,968.)
		GANIZATION ASSISTED ITS US AREAS IN SETTING UP AND/OR	
		EMENT PROGRAMS. JA AREAS REACHED APPROXIMATELY 4.77 MILLION	
		TARY THROUGH POST-SECONDARY STUDENTS FOR THE YEAR ENDED	
	6/30/2)19.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(0000		/
4c	(Code: _) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	011		
4d	-	pgram services (Describe in Schedule O.)	
40	(Expense	s\$ including grants of \$)(Revenue \$) gram service expenses ► 19,338,689.	
JSA	-		Form 990 (2018)
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-	90 (2018)		F	Page 3
Part	V 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,"		х	
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Λ	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
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		Х	
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	Λ	
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	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		Х
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			v
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		х
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		- 21
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
40	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		х
20 2	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	
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Part	IV Checklist of Required Schedules (continued)			
	_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		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			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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			
		24a		Х
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
		24c		
Ь		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254		25a		х
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	2.Ja		
U				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			х
		25b		
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			37
		26		X
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		Х
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		Х
29		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
		30		Х
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	•••		
•-		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34		24	Х	
25 0		34		X
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
20		35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		37	
		38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA		Form	990	(2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 86			
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
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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 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).			
	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	.		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Form §	JUNIOR ACHIEVEMENT USA 84-126	7604	F	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.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	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 Q.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
	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			х
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
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	-		
J	the year by the following:			
а	The governing body?	8a	Х	
b	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	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		37	
	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.	40-	Х	
12a		12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
10	describe in Schedule O how this was done	13	X	
13 14	Did the organization have a written whistleblower policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	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				
	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		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA, CT, NY$,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)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			¹²	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.	•		
20	State the name, address, and telephone number of the person who possesses the organization's books and record EDWARD PRIEM II ONE EDUCATION WAY COLORADO SPRINGS, CO 80906 719-540-6235	5 F		
10.4		Form	990	(2018)
JSA				

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	anc
	Independent Co	ontra	actors								

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.

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

(A) Name and Title	(B)			Doc						
Name and Title		(10.11			ition			(D)	(E)	(F)
	Average hours per					e than o is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					or/trust		from	related	other
	hours for							the	organizations	compensation
	related	Individual trustee or director	stitu	Officer	Key employee	ighe nplo	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	dual	Ition	ň	mplc	st cc yee	4	(W-2/1099-MISC)		organization and related
	line)	trus	al tru		yee	ompe				organizations
		fee	Institutional trustee			Highest compensated employee				
						ted				
(1)AINAR D. AIJALA, JR.	2.00									
DIRECTOR	0.	x						0.	Ο.	0.
(2)EVELYN ANGELLE	2.00									
TREASURER	0.	x		Х				0.	Ο.	0.
(3)ALAN S. ARMSTRONG	2.00									
DIRECTOR	0.	Х						0.	Ο.	0.
(4)CATHERINE S. BRUNE	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(5) RODNEY D. BULLARD	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(6) JAMES M. CARROLL	2.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(7)JEFF HANSBERRY	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)PERRY HEWITT	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)KYLE H. HYBL	2.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(10) ^{CLYDE} D. KEATON	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) ^{LOREN} C. KLUG	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) ^{LARRY} LEVA	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)ROBERT LLOYD	2.00									
DIRECTOR	0.	X						0.	0.	0.
(14) PAUL E. MCKNIGHT	2.00									
DIRECTOR	0.	Х						0.	0.	0.

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Form 990 (2018)

(A)	(B)			(0)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related	box, office	unles er and	Posi heck ss pe d a d	ition more rson irect	e than o is both or/trust ⊈ ⊒:	an	Reportable compensation from the	Reportable compensation from related organizations	am com	timated ount of other pensations	f on
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	anizatio I related Inizatior	on d
5) JULIE A. MONACO DIRECTOR	2.00	x						0.	0.			0
6) JONAS PRISING	2.00											
DIRECTOR	0.	X						0.	0.			0
7) RICHARD A. WOODS CHAIR	2.00	x		x				0.	0.			0
8) JACK E. KOSAKOWSKI	40.00											
PRESIDENT AND CEO	0.	Х		Х				519,654.	0.		46,5	70ز
9) ASHEESH ADVANI DIRECTOR	2.00	x						0.	0.			C
0) CHARLES GARCIA	2.00											
DIRECTOR	0.	X						0.	0.			(
1) DOUGLAS OLSON DIRECTOR	2.00	x						0.	0.			C
2) DR. KERRY HEALEY DIRECTOR	2.00							0	0.			
3) LAWRENCE SIDWELL DIRECTOR	0.	x						0.	0.			0
4) MICHELLE LEE DIRECTOR	2.00	x						0.	0.			C
5) RANDAL CAIN	2.00	21						0.	0.			
DIRECTOR	0.	х						0.	0.			(
1b Sub-total							►	0.	0.		<u> </u>	0
c Total from continuation sheets to Part VII,	Section A	• • •	• •	• •	• •			3,363,049. 3,363,049.	0.		83,4 83,4	
d Total (add lines 1b and 1c)											UJ, I	
reportable compensation from the organizati		26		uu		<i>s)</i> wiid			\$100,000 OI			
											Yes	N
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	50,0	00?	lf	"Yes	s," (complete Schedu	le J for such		37	
<i>individual</i>.5 Did any person listed on line 1a receive o										4	X	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "										5		Х
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 ► 20	e listed above) who received	
		000

	Form 990 (2018) Part VII Section A. Officers, Directors, True	istoos Ko	VER	nlo			and L		hast Companyat	od Employ	1005 /0	ontinuc		Page 8
	Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any	(do r box,	not ch unles	Pos heck	c) ition more	e than c is both	one an	(D) Reportable compensation from	(E) Reporta compensation relate	ible on from	Es am	(F) timated tount of other	
		hours for related organizations below dotted line)	office of Individual trustee or director	and Institutional trustee	a Officer	Key employee	or/true Highest compensated employee	e) Former	- the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensation om the anization d related anization	n d
(26) RICHARD NEGRIN, ESQ. DIRECTOR	2.00	x						0.		0.			0.
(27) TIMOTHY BAXTER	2.00												
	DIRECTOR	0.	Х						0.		0.			0.
(28) TRIPP DAVIS	2.00	37						0		0			0
(DIRECTOR 29) ARNOLD EVANS	0.	X						0.		0.			0.
(DIRECTOR	0.	x						0.		0.			0.
(30) DINO E. ROBUSTO	2.00												
	DIRECTOR	0.	х						0.		0.			0.
(31) JEANETTE HERNANDEZ PRENGER	2.00												
	DIRECTOR	0.	X						0.		0.			0.
(32) JEFFREY RUSSELL	2.00	37						0		0			0
(DIRECTOR 33) RODNEY O. MARTIN	0.	X						0.		0.			0.
(DIRECTOR	0.	x						0.		0.			0.
(34) ROY A NG	2.00												
	DIRECTOR	0.	х						0.		0.			0.
(35) MONICA HOWARD DOUGLAS DIRECTOR	2.00	Х						0.		0.			0.
(36) LAURA NEWINSKI	2.00												
	DIRECTOR	0.	Х						0.		0.			0.
	 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 l reportable compensation from the organization 	limited to tl		iste				re	eceived more than	\$100,000	of			
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes	No X
	4 For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,0	00?	lf	"Yes	s,"	complete Schedu	le J for	such	4	X	
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		Х
	Section B. Independent Contractors 1 Complete this table for your five highest component compensation from the organization. Report conversation.													
	(A) Name and business add	ress							(B) Description of se	ervices	С	(C) Compens	sation	
								_						

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 ►

	(1)	(=)				• •			(=)	(=)		(
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	erson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	a	(F) Estimated mount o other mpensati	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the ganizatic nd relate ganizatio	on ed
7)	BECKY FRANKIEWICZ	2.00											_
	DIRECTOR	0.	Х						0.	0.			
8)	CECIL THIBODEAUX	40.00											
	EVP	0.			Х				366,467.	0.		53,9	91
9)	SUSAN LUU	40.00											
	SVP - BUSINESS IMPROVEMENT	0.			Х				269,232.	0.		27,3	34
0)	TIMOTHY GREINERT	40.00											
	SVP - DEVELOPMENT	0.			Х				280,106.	0.		62,2	21
1)	EDWARD PRIEM II	40.00											
	CFO	0.			Х				83,392.	0.		7,4	48
2)		40.00											
	SVP EDUCATION AND LEARNING	0.				Х			248,666.	0.		7,5	56
3)		40.00											
	SVP - OPERATIONS	0.				Х			194,200.	0.		45,4	45
4)	ED GROCHOLSKI	40.00											
	SVP - BRAND	0.				Х			246,485.	0.		30,4	49
5)	LESLIE PIERCE	40.00											
	SVP TALENT AND ORGANIZATION DE	0.				Х			241,251.	0.		30,9	9(
6)	STEVE SCHMIDT	40.00											
	SVP - OPERATIONS	0.				Х			199,596.	0.		31,4	45
7)	CHRISTINE KUNTZ	40.00											
	VP - OPERATIONS	0.					Х		153,666.	0.		35,2	22
c d	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	imited to t		liste	d al	bove	e) who	re	ceived more than	\$100,000 of			
			20	,								Vee	Т
	Did the encoderation list and from "	an al'ssat		1					lavaa ay biyb			Yes	┢
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	le J for su	ch ind	ividı	ual	•••		••			3		
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual.	ater than	\$15	0,0	00?	If	"Yes	s," (complete Schedu	le J for such	4	X	
	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	uni	related organization	on or individual	5		
	ction B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization. Report c											ĸ	

	(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 ►		

Part VII Section A. Officers, Directors, Tru (A)	(B)	,		, (C				(D)	(E)		(F)	
(A) Name and title	(D) Average hours per week (list any hours for	box,	iot ch unless r and	Posi ieck i s per a di	tion more rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		(F) Estimate amount other ompensa	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		from th organizat and relat rganizati	tion ted
8) JACQUELINE DANT	40.00					37		140.014			2.2	
VP - OPERATIONS 9) KRIS PONCIROLI	0. 40.00					X		149,814.		0.	33,	, 53
VP DONOR RELATIONS AND DEV SVC	0.					Х		139,490.		0.	26,	,47
0) JEANNINE REILLY VP - EDUCATION DELIVERY AND TE	40.00					v		142 240		0	16	00
1) JEANETTE LEE	0. 40.00					X		143,249.		0.	16,	, 00
VP DEVELOPMENT	0.					Х		127,781.		0.	27,	, 87
				Ţ								
 1b Sub-total c Total from continuation sheets to Part VII, Sector diamondle di	limited to ti	· · ·	istec				> re	eceived more than	\$100,000 of			
		20	,								Yes	s
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3		
4 For any individual listed on line 1a, is the	sum of rep	ortab	le co	omp	pen	satior	n ai	nd other compens	sation from the			
organization and related organizations gre										4	X	Т
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue col	mpen	satio	on f	rom	n any	un	related organization	on or individual	5		
Section B. Independent Contractors					-		1					
 Complete this table for your five highest com compensation from the organization. Report c year. 											x	
(A) Name and business add	lress							(B) Description of se	ervices		C) ensatior	า
							+				_	
							+					

Form	990	(2018)
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Par	t VII	Statement of Reven	nue					
		Check if Schedule O co	ontains a respor	nse or note to an	y line in this Part VII	<u> </u>		<u> </u>
					(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	1a	12,698.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Am C	с	Fundraising events						
ilar İlar	d	Related organizations	1d					
ons, Sim	е	Government grants (contribu	utions) 1e					
utio	f	All other contributions, gifts,	grants,					
et ib		and similar amounts not included		14,350,294.				
Con	g	Noncash contributions included						
	h	Total. Add lines 1a-1f	<u></u>		14,362,992.			
Program Service Revenue				Business Code	4 015 200	4 015 000		
Rev	2a	AREA LICENSE FEE SUPPORT FEES		611710 611710	4,915,286.	4,915,286.		
ce	b	SUPPORT FEES		011/10	5,075.	3,073.		
erv	C							
S E	d							
gra	e f	All other program service rev	(00110					
Pro	g	Total. Add lines 2a-2f		▶	4,918,359.			•
	3		cluding dividen					
		and other similar amounts).			410,191.			410,191.
	4	Income from investment of	tax-exempt bond	proceeds . ►	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)	(i) Securities	(ii) Other	0.			
	7a	Gross amount from sales of	3,189,575.	() 0				
		assets other than inventory	3,109,373.					
	b	Less: cost or other basis	3,229,378.					
	с	and sales expenses Gain or (loss)	-39,803.					
	d	Net gain or (loss)			-39,803.			-39,803.
0		Gross income from fundra						
anue		events (not including \$	0					
Other Revenue		of contributions reported on						
erF		See Part IV, line 18	a	0.				
đ	b	Less: direct expenses						
	С	Net income or (loss) from fu	Indraising events	· · · · · ▶	0.			
	9a	Gross income from gaming						
		See Part IV, line 19						
		Less: direct expenses			0.			
	C	Net income or (loss) from g	-		0.			
	10a	Gross sales of invent returns and allowances	•	13,370,823.				
	b	Less: cost of goods sold		4 070 000				
	c b	Net income or (loss) from sa	les of inventory		9,292,441.	9,292,441.		
		Miscellaneous Revenu		Business Code				
	11a	MISCELLANEOUS REVENUE		900099	372,168.	372,168.		
	b							
	с			ļ				
	d	All other revenue						
	е	Total. Add lines 11a-11d			372,168.			
	12	Total revenue. See instruction	ons		29,316,348.	14,582,968.		370,388.

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Form **990** (2018)

	HIEVEMENT USA		84-12	267604 Page 1
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus				
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	4,183,691.	4,183,691.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	246,124.	246,124.		
 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees and low employees 	2,905,641.	2,150,174.	639,241.	116,226
 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 		2,130,174.	037,241.	
persons described in section 4958(c)(3)(B) 7 Other salaries and wages	0. 5,027,560.	3,579,623.	789,327.	658,610
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,038,606.	739,487.	163,061.	136,058
9 Other employee benefits	681,522. 513,081.	485,244. 365,314.	106,999. 80,554.	89,279 67,213
 Fees for services (non-employees): a Management 	0.			
b Legal	247,220. 56,575.	119,654. 14,144.	63,783. 42,431.	63,783
d Lobbying e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column	140,075.		140,075.	
(A) amount, list line 11g expenses on Schedule O.)	1,787,781. 396,697.	1,242,508. 376,862.	366,495. 19,835.	178,778
3 Office expenses 14 Information technology	344,563. 472,922.	217,737. 326,789.	112,046. 146,133.	14,780
6 Occupancy	0. 260,996.	215,322.	31,059.	14,615
 17 Travel 18 Payments of travel or entertainment expenses 	544,688.	409,061.	50,111.	85,516
for any federal, state, or local public officials 9 Conferences, conventions, and meetings	0. 74,315.	11,816.	59,824.	2,67
20 Interest	12. 1,338,377.	3. 334,594.	9. 1,003,783.	
22 Depreciation, depletion, and amortization 3 Insurance	70,772. 30,236.	53,173. 9,071.	9,601. 21,165.	7,998
4 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.)				
aJA PROGRAM EXPENSES	3,068,684. 333,074.	2,810,915. 308,427.	217,877. 24,647.	39,892
cSUBSCRIPTION & DUES	49,329.	30,880.	15,292.	3,15
dTRAININGS	128,522.	108,987.	15,037.	4,498
e All other expenses	1,193,655.	999,089.	100,267.	94,299
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 	25,134,718.	19,338,689.	4,218,652.	1,577,375
fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)	0 .			

0.

following SOP 98-2 (ASC 958-720)

Form 990 (2018)

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in the	nis Part X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	5,868,768.	1	5,577,665
2	Savings and temporary cash investments	427,500.	2	13,618,580
3	Pledges and grants receivable, net		3	2,534,78
4	Accounts receivable, net		4	810,24
5	Loans and other receivables from current and former officers, director			
	trustees, key employees, and highest compensated employe	es.		
	Complete Part II of Schedule L	0.	5	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under sect 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employ and sponsoring organizations of section 501(c)(9) voluntary employees' benefic organizations (see instructions). Complete Part II of Schedule L	ers iary	6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	3,282,47
9	Prepaid expenses and deferred charges		9	363,71
-	Land, buildings, and equipment: cost or		3	
100	other basis. Complete Part VI of Schedule D 11,608,4	74.		
Ь	Less: accumulated depreciation		10c	1,384,90
11	Investments - publicly traded securities			11,953,62
12	Investments - other securities. See Part IV, line 11			
13	Investments - program-related. See Part IV, line 11			
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	39,525,99
17	Accounts payable and accrued expenses	3,383,347.	17	3,477,60
18	Grants payable	0.	18	
19	Deferred revenue	152,626.	19	841,86
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	950,25
22	Loans and other payables to current and former officers, director			
	trustees, key employees, highest compensated employees, a			
22	disqualified persons. Complete Part II of Schedule L			
23	Secured mortgages and notes payable to unrelated third parties			9,083,18
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related th			
	parties, and other liabilities not included on lines 17-24). Complete Par		0.5	
20	of Schedule D			14,352,90
26	Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ▶ X a		20	11,352,90
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	15,554,279.	27	17,195,99
28	Temporarily restricted net assets	5,104,853.	28	7,977,10
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	complete lines 30 through 34.	Ind		
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	-
	Total net assets or fund balances	20,659,132.	33	25,173,09
34	Total liabilities and net assets/fund balances	25,266,934.	34	39,525,99

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Form 9	90 (2018)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				348.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4			718.
3	Revenue less expenses. Subtract line 2 from line 1	3				530.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4			132.
5	Net unrealized gains (losses) on investments	5		3	32,3	332.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33,</u> column (B))	10	2	25,1	73,0	094.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		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," e	xplain	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 con	npiled	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 audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in 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 und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

Form **990** (2018)

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

OMB No. 1545-0047 6 72

		t of the Treasury venue Service		► Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of th	ne organization						Employer identif	
-		R ACHIEVEM				<u> </u>		84-12676	
Pa				•	<u> </u>			art.) See instructions	
	orga				is: (For lines 1 throug	-		,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-	-	rganization described				
4			-		conjunction with a nos	spital de	scribed li	n section 170(b)(1)(A)	(III). Enter the
5		hospital's nam			a college or universit		d or one	rated by a governme	ental unit described in
5		-	-	complete Part II.)	a college of universit	y owned	u or ope	aled by a governme	
6		-			rnmental unit describe	d in sect	ion 170(b)(1)(Δ)(y)	
7	X		-	-			-		om the general public
•		-		(1)(A)(vi). (Comple	-	pport in	om a go		oni the general public
8)(1)(A)(vi). (Complete	Part II.)			
9						-		l in conjunction with a	land-grant college
-		-					-	name, city, and state o	
		university:	·		, , , , , , , , , , , , , , , , , , ,	,			5
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f ent income and u n after June 30, 19	unctions - subject to	certain e able inco (a)(2). (0	exception ome (lese Complete		n 331/3 % of its
12		An organizatio	on organized a	and operated exclu	sively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or mor	e publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		🗌 Type I. A ຣເ	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting c	organization. Y	ou must complet	e Part IV, Sections A	and B.			
b		Type II. A st	upporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or m	anagement o	f the supporting o	rganization vested in	the sam	e persor	is that control or mar	age the supported
	_	_ organization	(s). You must	complete Part IV	Sections A and C.				
С								n with, and functiona	lly integrated with,
			•		s). You must comple				
d			-			-		ection with its suppor	- · ·
			-			-		ution requirement and	d an attentiveness
			-	-	mplete Part IV, Sect				. .
е			-					hat it is a Type I, Type I	п, туре п
f	Ent				ionally integrated sup		organizai	ion.	
g			• •	•	orted organization(s).				•••••
		ame of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()		- g	() =	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
(A)									
(B)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For I	Paper	work Reduction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018

JSA 8E1210 1.000 71762E 5974 7/8/2020 7:26:34 AM

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,449,756.	7,793,927.	9,237,935.	9,484,791.	14,362,992.	53,329,401.
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 5	Total. Add lines 1 through 3 The portion of total contributions by	12,449,756.	7,793,927.	9,237,935.	9,484,791.	14,362,992.	53,329,401.
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						13,750,398.
6	Public support. Subtract line 5 from line 4						39,579,003.
	tion B. Total Support						39,379,003.
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	12,449,756.	7,793,927.	9,237,935.	9,484,791.	14,362,992.	53,329,401.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	419,746.	498,146.	433,997.	367,934.	410,191.	2,130,014.
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						55,459,415.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	96,450,328.
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	port Percenta	ge				
14	Public support percentage for 2018 (li		•			14	71.37%
15	Public support percentage from 2017					15	67.15 %
16a	331/3% support test - 2018. If the org	-					
	box and stop here. The organization qu			-			
b	331/3% support test - 2017. 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						
Ø	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga Explain in Part VI how the organization						-
					-	-	
18	supported organization Private foundation. If the organization						
10	C						
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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.)

	tion A. Public Support	1				1	1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
1 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.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 22()	(1) 00 (5	() 00 (0	()) 0.0 (7	() 22 (2	(0 T)
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						_
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business	-					
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	Total support. (Add lines 9, 10c, 11, and 12.)	4			6:641- 4		
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f	-					
14	Total support. (Add lines 9, 10c, 11,and 12.)First five years. If the Form 990 is forganization, check this box and stop here						
14 Sec	Total support. (Add lines 9, 10c, 11, and 12.)First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup	port Percenta	ge				▶
14 Sec 15	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8)	port Percenta , column (f), divid	l ge led by line 13, colu	mn (f))		. 15	▶
14 Sec 15 16	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Schere	port Percenta , column (f), divic edule A, Part III, lin	l ge led by line 13, colu	mn (f))			▶
14 Sec 15 16 Sec	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment	port Percenta , column (f), divic edule A, Part III, lin at Income Perc	ige led by line 13, colu ne 15 centage	mn (f))	·····	. 15	· · · · · ► □ % %
14 Sec 15 16 Sec	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li	port Percenta , column (f), divic edule A, Part III, lii tt Income Perc ne 10c, column (led by line 13, colu ne 15 centage (f), divided by line	mn (f))	·····	. 15	· · · · · ▶ □ % %
14 15 16 Sec 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li Investment income percentage from 2017	port Percenta , column (f), divic edule A, Part III, lii at Income Perc ne 10c, column (Schedule A, Part	ied by line 13, colu ne 15 Centage (f), divided by line III, line 17	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17 18	· · · · · ▶ % % %
14 15 16 Sec 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li	port Percenta , column (f), divic edule A, Part III, lii at Income Perc ne 10c, column (Schedule A, Part	ied by line 13, colu ne 15 Centage (f), divided by line III, line 17	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17 18	· · · · · ▶ □ % % %
14 15 16 Sec 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li Investment income percentage from 2017	port Percenta , column (f), divic edule A, Part III, lin at Income Perc ne 10c, column (Schedule A, Part ganization did n	led by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the box	mn (f)) 13, column (f))	d line 15 is more	. 15 16 17 18 e than 331/3%	▶ % % % , and line
15 <u>16</u> Sec 17 18 19 a	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li Investment income percentage from 2017 331/3% support tests - 2018. If the or	port Percenta , column (f), divic edule A, Part III, lin tt Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto	Ige led by line 13, colu ne 15 centage (f), divided by line (f), divid	mn (f)) 13, column (f)) c on line 14, and anization qualifies	d line 15 is more s as a publicly	15 16 17 18 e than 331/3% supported orga	▶ % % % , and line nization . ▶
14 15 16 Sec 17 18 19 a	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li Investment income percentage from 2017 331/3% support tests - 2018. If the or 17 is not more than 331/3%, check the	port Percenta , column (f), divic edule A, Part III, lin tt Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto anization did not	led by line 13, colume 15 centage (f), divided by line III, line 17 ot check the box p here. The organ check a box on l	mn (f)) 13, column (f)) 3 on line 14, and anization qualified ine 14 or line 15	d line 15 is more s as a publicly 9a, and line 16 is	15 16 17 18 e than 331/3% supported orga more than 331/3%	► % % % , and line nization .►
14 15 16 Sec 17 18 19 a	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li Investment income percentage for 2018 331/3% support tests - 2018. If the or 17 is not more than 331/3%, check th 331/3% support tests - 2017. If the organization	port Percenta , column (f), divic edule A, Part III, lin tt Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto anization did not t this box and s	Ige led by line 13, colume 15 Centage (f), divided by line III, line 17 ot check the box p here. The orgatic check a box on litop here. The orgatic top here. The orgatic	mn (f)) 13, column (f)) t on line 14, and anization qualifie line 14 or line 15 ganization qualifi	d line 15 is more s as a publicly Da, and line 16 is es as a publicly	15 16 17 18 e than 331/3% supported orga s more than 331 supported orga	▶ % % % , and line nization . ► 1/3 %, and nization ►

84-1267604

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

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-	ile A (Form 990 or 990-EZ) 2018			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		<u> </u>
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations		V	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	L 2		
0000			Yes	No
1	Ware a majority of the argonization's directors or trustees during the tay year also a majority of the directors		100	
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)? <i>If "No," describe in Part VI how control</i>			
	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			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 (se	e instru	ctions)	
•	Activities Test Answer(a) and (b) below		Yes	No
2	Activities Test. Answer (a) and (b) below.			
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 organization(s) to which the organization was responsive. If these, ther in the organization was responsive in these 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			
D.	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
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	zations 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).

Schedule A (Form 990 or 990-EZ) 2018

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	vempt purposes		Current rear
2	Amounts paid to perform activity that directly furthers exer		ad	
2	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	Lations	
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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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, 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

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Employer identification number

84-1267604

JUNIOR ACHIEVEMENT USA

Organization	type	(check	one):
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Filers of:	Section:
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.

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

X 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

Part I

_

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	400,000.	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
2		\$_	713,916.	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		\$_	672,650.	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		\$_	400,000.	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
5		\$_	496,180.	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
6		\$_	400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

JSA

Employer identification number 84-1267604 Part I

(a) No.

(a) No.

8

(a) No.

9

(a) No.

10

(a) No.

11

(a) No.

12

7

JSA			
8E1253 1.000 71762E	5974	7/8/2020	7:26:34 AM

(b) Name, address, and ZIP + 4	(c)	(d)
	Total contributions	Type of contribution
	\$700,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$478,410.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$636,230.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,636,155.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$564,033.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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						_
lule I	B (Form	990,	990-EZ,	or 990	-PF) (2018	3)
					PAGE	28

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u>		\$550,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>14</u>		\$585,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>15</u>		\$450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$2,155,926.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

84-1267604

JSA

of organization	JUNIOR ACHIEVEMENT	USA	Employer identification number		
			84-1267604		

Part II	Noncash Property (see instructions). Use duplicate copies	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) (2018)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)		Page 4							
Name of org	ganization JUNIOR ACHIEVEMENT USA	Employer identification number								
		84-1267604								
Part III	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. (Complete columns (a) through (e) and							
	the following line entry. For organizati									
	contributions of \$1,000 or less for the		ee instructions.) ►\$							
	Use duplicate copies of Part III if additional space is needed.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							

	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
		(e) mansier or gift	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee							
I) No. rom 'art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
I) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
a) No. from Part I	(b) Purpose of gift		(d) Description of how gift is held						
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
i) No. rom 'art I 	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held						
i) No. rom 'art I		(e) Transfer of gift							
a) No. rom Part I 		(e) Transfer of gift							
a) No. from Part I		(e) Transfer of gift							
Part I		(e) Transfer of gift							
i) No. rom Part I 	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						
Part I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						
art I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						
'art I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

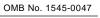
Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	tment of the Treasury al Revenue Service	► Go to	www.irs.gov/Form990 for		atest information.	Inspection
If the	organization answe		90, Part IV, line 3, or Form		6 (Political Campaign Activit	
	()()	•	Parts I-A and B. Do not comp			
			 organizations: Complete I 	Parts I-A and C below.	Do not complete Part I-B.	
	Ũ	tions: Complete Part I-	A only. 1 90, Part IV, line 4, or Form	000 E7 Part VI line 4	7 (Lobbying Activities) ther	
			iled Form 5768 (election un			
	()()		NOT filed Form 5768 (electi		•	•
If the	organization answe	red "Yes," on Form 9	90, Part IV, line 5 (Proxy		•	•
	(see separate instruc		Demalate Devt III			
	e of organization	, or (6) organizations: (Jomplete Part III.		Employer ide	ntification number
	IOR ACHIEVEME				84-126	
			ion is exempt under	section 501(c) or		
	•	•	ion's direct and indirect p	· · /	-	
1		al campaign activit	•	Solitical campaign at		
2			es (see instructions)		▶ \$	
3			activities (see instruction			
_			ion is exempt under			
1			curred by the organizatio			
2			curred by organization m			
3			1955 tax, did it file Form			
4a						
	If "Yes," describe in	n Part IV.				
Par	t I-C Complet	e if the organizat	ion is exempt under	section 501(c), ex	cept section 501(c)(3).
1		• •	by the filing organization		•	
-						
2			ation's funds contributed			
2			Add lines 1 and 2. En			
3			Add lines I and 2. En			
4			20-POL for this year?			Yes No
5			loyer identification numb			
			ch organization listed, en			
			received that were prom litical action committee (
			×.	· · · ·		
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate
						political organization. If
						none, enter -0
(1)				_		
(2)				-		
(3)				-		
(4)				-		
(5)				-		
(6)						

Political Campaign and Lobbying Activities

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

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



Open to Public

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SCHEDULE C

(Form 990 or 990-EZ)

Scr	edule C (Form 990 or 990-EZ) 2018 0 UNIOR	ACHIEVEMENI USA	84=12	167604 Page Z
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	er's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	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	Other exempt purpose expenditures		25,134,718.	
e	• Total exempt purpose expenditures (ad	d lines 1c and 1d)	25,134,718.	
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	Grassroots nontaxable amount (enter 28	5% of line 1f)	250,000.	
ł	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	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion 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 Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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 (Form 990 or 990-EZ) 2018

Sche	dule C (Form 990 or 990-EZ) 2018				7604	F	Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	r filec	l For	m 576	8		
		(a)		(b))	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1 abcd efgh j 2abcd	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: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912. If "Yes," enter the amount of any tax incurred by organization managers under section 4912.						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	C)(5),	, or s	ectior	1		
1 2 3 Pa	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	m the (c)(5) ,	prior , or s	year? ectior		Yes 3, is	No
1	Dues, assessments and similar amounts from members			1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	es of th bbyin	e g	2a 2b 2c 3 4 5			

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Part IV Supplemental Information (continued)

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SCHEE	DULE D
(Form	990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

(Form 990)		Complete if	2018		
Dong	artment of the Treasury	Fait IV, Inte 0, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 1 ▶ Attach to Form 990.	Open to Public	
	nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the	latest information.	Inspection
	e of the organization			Em	ployer identification number
_	NIOR ACHIEVEME				84-1267604
Pa		tions Maintaining Donor Adv			ounts.
	Complete	e if the organization answered	(a) Donor advised funds		(b) Funds and other accounts
	Total number at a	ad of yoor			
1		nd of year of contributions to (during year)			
2 3		of grants from (during year)			
3 4		it end of year			
5		ion inform all donors and donor	advisors in writing that the as	sets held in do	nor advised
Ū	-	nization's property, subject to the	_		
6	-	on inform all grantees, donors, a			
	-	purposes and not for the bene		-	
_	conferring imperm	issible private benefit?			Yes 🔛 No
Pa		tion Easements.			
		e if the organization answered			
1		servation easements held by the		,	
		n of land for public use (e.g., rec of natural habitat			istorically important land area ertified historic structure
		n of open space		servation of a c	
2		through 2d if the organization h	eld a qualified conservation con	tribution in the f	orm of a conservation
-		ast day of the tax year.			Held at the End of the Tax Year
а		onservation easements		2a	
b		tricted by conservation easements			
с	-	vation easements on a certified			
d		rvation easements included in (o			
	historic structure li	isted in the National Register		2d	
3	Number of conser	rvation easements modified, trar	sferred, released, extinguished,	, or terminated	by the organization during the
	tax year 🕨				
4		where property subject to conse			
5	•	ation have a written policy reg		• •	•
~		orcement of the conservation ea			
6		hours devoted to monitoring, inspec	ang, handing of violations, and en	norcing conservat	ion easements during the year
7	Amount of expens	es incurred in monitoring, inspec	ting handling of violations and e	nforcing conser	vation easements during the year
•	►\$		ting, nanaling of violations, and o	incroing concer	valien easemente aannig the year
8	,	vation easement reported on line 2	2(d) above satisfy the requirement	nts of section 17	D(h)(4)(B)(i)
)(4)(B)(ii)?			
9	In Part XIII, descri	be how the organization reports	conservation easements in its re	evenue and expe	nse statement, and
		d include, if applicable, the text o	.	on's financial sta	tements that describes the
		ounting for conservation easeme			
Pa	art III Organizat	tions Maintaining Collections e if the organization answered	of Art, Historical Treasures	, or Other Sim	ilar Assets.
	· · · · ·				
1a	If the organization works of art, hist public service, pro	n elected, as permitted under SI orical treasures, or other simila vide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to rep ar assets held for public exhib potnote to its financial statemen	oort in its reven bition, educatior ts that describes	ue statement and balance sheet , or research in furtherance of these items.
b	works of art, hist	n elected, as permitted under so orical treasures, or other simila vide the following amounts relati	ar assets held for public exhib	rt in its revenu vition, educatior	e statement and balance sheet , or research in furtherance of
					▶\$
		d in Form 990, Part X			
2	•				for financial gain, provide the
	following amounts	s required to be reported under S	FAS 116 (ASC 958) relating to t	these items:	

OMB No. 1545-0047

Schee	dule D (Form 990) 2018												Page 2
Ра	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	easures	s, or	Other	Similar A	Assets (a	continu	ied)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, check	k any of	f the	follow	ing that a	are a sigr	nificant	use	of its
	collection items (check all that app	ly):											
а	Public exhibition			d	Loan d	or excha	inge	program	ns				
b	Scholarly research			e	Other		-						
С	Preservation for future gene	rations											
4	Provide a description of the organ		collections	s and expla	ain how t	thev fur	ther	the or	anization	's exemp	t purpo	se in	Part
-	XIII.					iney run			gaae	e enemp	. pp.		
5	During the year, did the organization	n solicit (or receive (donations o	fart hist	orical tre	asu	res or i	other simi	ar			
J	assets to be sold to raise funds rath									_	Yes		No
Da	rt IV Escrow and Custodial A			anica as po		Jiganizo		3 001100				•	
Га	Complete if the organiza			e" on For	m 000 E	Part IV	lina	9 or r	onortod a	n amour	nt on F	orm	
	990, Part X, line 21.	11011 2113	wereu re		in 330, i	art iv,	me	3, 011	eponeu a	in amou		onn	
4.0		a avata	dian ar ath		liantford	o o tribut		or othe					
Ta	Is the organization an agent, truste				-								7
	included on Form 990, Part X?									L	Yes	2	No
b	If "Yes," explain the arrangement in	n Part XII	I and com	plete the to	liowing tat	DIE:				•			
						-				Amount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am										X Yes		_ No
	If "Yes," explain the arrangement in	n Part XII	I. Check h	ere if the e	xplanation	has bee	en pr	ovided	on Part XII	l			
Pa	rt V Endowment Funds.												
	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990, F								
		(a) Cur	rrent year	(b) Prio	r year	(c) Two	years	s back	(d) Three y	ears back	(e) Fou	ır years	s back
1a	Beginning of year balance												
b	Contributions												
c	Net investment earnings, gains,												
Ŭ	and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
е	and programs												
4													
1	Administrative expenses												
g	End of year balance	af the a		 	. (1:		(-))		-				
2	Provide the estimated percentage		ment year	%	e (line 1g,	column	(a))	neid as	•				
a h	Permanent endowment	% ient											
0	Temporarily restricted endowment		%										
U	The percentages on lines 2a, 2b, a			1000/									
20	Are there endowment funds not in				tion that	ara hala		1 odmir	victored for	tho			
Ja		the posse		ne organiza	ation that	are neic	and	aunni	listered for	une		Yes	No
	organization by:										20(1)	163	
	(i) unrelated organizations										3a(i)		
_	(ii) related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	-		-			?				3b		
4	Describe in Part XIII the intended u			ition's endo	wment fur	nds.							
Pa	rt VI Land, Buildings, and Equ Complete if the organization	lipment.	wered "Y	es" on Foi	m 990 I	Part IV	line	11a 9	See Form	990 Pa	rtX li	ne 1(า
	Description of property			r other basis	(b) Cost of				cumulated) Book		<i>.</i>
				stment)	(0	ther)			eciation		·		
1a	Land					260,73					1,2	260,	730.
b	Buildings				4,1	20,47	1.	4,1	20,471.				
С	Leasehold improvements												
d	Equipment.					101,04			29,328.				721.
e	Other	ſ			5,8	326,22	4.	5,7	73,769.				455.
Tota	I. Add lines 1a through 1e. (Column		t equal Fori	m 990, Part	X, colum	n (B), lin	e 10	c.)			1,3	84,	906.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page 3 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. (b) Book value (c) Method of valuation: (a) Description of investment 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

JUNIOR ACHIEVEMENI US	JUNIOR	ACHIEVEMENT	USA
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	JUNIOR ACHIEVEMENI USA	84-128/804	
Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	'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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants.		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1.	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mauon.	
SEE	PAGE 5		

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 \$659,156 AS OF JUNE 30, 2019.

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 DONATED SERVICES \$ 890,014 INVESTMENT MANAGEMENT FEES (78,058) INTERNATIONAL PASS-THRU GRANTS (248,649)* DOMESTIC PASS-THRU GRANTS (4,181,166)*

\$ (3,617,859)

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	JUNIOR ACHIEVEMENT U	JSA	
Part XIII Supplemental Info	ormation (continued)		
SCHEDULE D, PART XI, LI	NE 4B		
OTHER REVENUE ON RETURN	, NOT ON BOOKS		
COST OF GOODS SOLD RECL	ASSED FROM EXPENSE		
AND NETTED AGAINST	REVENUE	\$	(4,078,382)
SCHEDULE D, PART XII, L	INE 2D		
OTHER EXPENSES ON BOOKS	, NOT ON RETURN:		
COST OF GOODS SOLD RECL	ASSED FROM EXPENSE		
AND NETTED AGAINST	REVENUE	\$	4,078,382
DONATED SERVICES			890,014
INTERNATIONAL PASS-THRU	GRANTS		(248,649)
DOMESTIC PASS-THRU GRAN	TS		(4,181,166)
		-	
		\$	538,581

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 4,194,415* * 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.

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistant outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (i) Region (i) Number (i) Region (i) Number (i) Region (i) Number (i) Region (i) Number (i) Region (ii) Number (iii) Region (iii) Region (iii) Region (iii) Region (iii) Region (iiii) Region (iii) Region (iii) Region (iiii) Region (iiiii) Region (iiiii) Region (iiiii) Region (iiiiii) Region (iiiii) Region (iiiii) Region (iiiiii) Region (iiiiii) Region (iiiiii) Region (iiiiii) Region (iiiiii) Region (iiiiiii) Region (iiiiii) Region (iiiiiii) Region (iiiiiiii) Region (iiiiiiii) Region (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	SCHEDULE F Statement of Activities Outside the United States								DMB No. 1545-0047
Dependent of the Treestry Internal Research Service 2010 Control Control Instructions and the latest information. Dependent of the Treestry Instruct An approximate 2010 Name of an approximation Entropy elimitation number 84-126/604 Part Of Control Information on Activities Outside the United States. Complete if the organization answered "Yes" or Form 390, Part V, line 14b. Second States. Complete if the organization answered "Yes" or Form 390, Part V, line 14b. P For grantmakers. Does the organization maintain records to substantiate the amount of lis grants and other assistance, the grantes of assistance, and the selection retrief a used to award the grants or assistance. Second States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (Ø Region (Ø Number of the region the region (Ø Number of the region of the region the region (Ø Number of the region the region the region (Ø Number of the region the region the region (Ø Number of the region the region the	(For	m 990)	Complete	e if the organiza			line 14b, 15,		
Name of the oppinization Endpose transmission Endpose transmission Endpose transmission 1 DINICIA CHILEWEENEN USA Bendpose transmission Bendpose transmission Bendpose transmission 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantese slightility for the grants or assistance, and the selection criteria used to award the grants or assistance. Yes Ves Ves IVes Ne 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. General information (Part Memory Part I) in 3 table can be duplicated if additional space is needed.) (I) Total sequences in the region of the sequence of the region in the region of the sequence of t			► G	io to <i>www.irs.go</i>			ormation.		
Partil General Information on Activities Outside the United States. Complete If the organization answerd "Yes" of Form 990, Part IV, line 14b. 1 For grantmakers. Des the organization maintain records to substantiate the amount of its grants and other assistance, and the selection criteria used to award the grants or assistance? Image: Complete If the organization answerd "Yes" or on assistance and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Image: Complete If additional space is needed) 3 Activities par Region. (The following Part I, line 3 table can be duplicated if additional space is needed). Image: Complete If the region of the re							1	Employer identific	ation number
Form 990, Pant IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantes or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of the region (b) Region (c) Number of the region (c) Region (c) Number of the region (d) Number of the region (c) Number of the region (d) Number of the region (c) Number of the region (d) Number of the region (c) Number of the region (d) Number of the region (c) Number of the region (d) Number of the region (c) Number of the region (d) Number of the region (c) Number of the region (d) Number of the region (c) Number of the region (e) Region (c) Number of the region (f) Number of the region (c) Number of the region (f) Number of the region (c) Number of the region (f) Number of the region (c) Number of the region	_				Outside the				
assistance, he grantees' eligibility for the grants or assistance, and the selection orderia used to award the grants or assistance?	Part				Outside the	United States. Comple	ete if the	organization	answered "Yes" on
outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of the region (b) Author of the region (c) Author of the region <td< td=""><td></td><td>assistance, the gran</td><td>tees' eligibili</td><td>ty for the grant</td><td>ts or assistanc</td><td>e, and the selection criteria</td><td>a used to a</td><td></td><td>X Yes No</td></td<>		assistance, the gran	tees' eligibili	ty for the grant	ts or assistanc	e, and the selection criteria	a used to a		X Yes No
(a) Region (b) Number of Chicks in the region (c) Number of Chicks in the region (c) Activities conducted in the service(s) in the region (c) Total service(s) in the region (c) Total service(s) in the region (1) NORTH AMERICA 0. 0. (c) Additionang, program service, fundratang, program service, service(s) in the region (c) Total service(s) in the region (c) Total service(s) in the region (1) NORTH AMERICA 0. 0. (c) Additional in the region (c) Total service(s) in the region (c) Total service(s) in the region (3) SOUTH AMERICA 0. 0. (c) Additional in the region (c) Additional in the region (c) Additional in the region (4) TRACT ADD THE PACIFIC 0. 0. (c) Additional in the region (c) Additional in the region (c) Additional in the region (c) Additional in the region (c) SUUTH AMERICA 0. 0. (c) Additional in the region (c) Additional in the region (c) Additional in the region (c) Additional in the region (d) SUUTH AMERICA 0. 0. (c) Additional in the region (c) Additional in the region (c) Additional in the region (c) Additional in the region (d) SUUTH AMERICA 0. 0. <t< td=""><td></td><td>-</td><td></td><td>Part V the org</td><td>anization's pro</td><td>ocedures for monitoring t</td><td>the use of</td><td>its grants ar</td><td>nd other assistance</td></t<>		-		Part V the org	anization's pro	ocedures for monitoring t	the use of	its grants ar	nd other assistance
of offices in the region employees and nodependent Inciginal type (such as, independent Inciginal type (such as, and weatments), grants to recipients Respective describe specify points Respective association in the region Respective association in	3		n. (The follov	ving Part I, line		e duplicated if additional sp			
(2) EUROPE 0. 0. GRANTMAKING 160.000. (3) SOUTH AMBRICA 0. 0. GRANTMAKING 8.500. (4) EAST ASIA AND THE PACIFIC 0. 0. GRANTMAKING 35,000. (5) SUD-SAMARAN AFRICA 0. 0. GRANTMAKING 24,600. (6) (7) (8) (10) (11) (13) (14) 3a Subtotal 		(a) Region		of offices in	employees, agents, and independent contractors	region (by type) (such as, fundraising, program services, investments, grants to recipients	a prog describe	gram service, specific type of	expenditures for and investments
Image: constraint of the part o	_(1)	NORTH AMERICA		0.	0.	GRANTMAKING			18,024.
(4) EAST ASIA AND THE PACIFIC 0. 0. GRANTMAKING 35,000. (5) SUB-SAHARAN AFRICA 0. 0. GRANTMAKING 24,600. (6) 24,600. (7) (8) (10) .	(2)	EUROPE		0.	0.	GRANTMAKING			160,000.
	(3)	SOUTH AMERICA		0.	0.	GRANTMAKING			8,500.
(6) (7) (8) (9) (10) (10) (11) (11) (12) (11) (13) (14) (14) (15) (15) (16) (17) (17) 3a Subtotal b Total	(4)	EAST ASIA AND THE E	PACIFIC	0.	0.	GRANTMAKING			35,000.
(7)	(5)	SUB-SAHARAN AFRICA		0.	0.	GRANTMAKING			24,600.
(8)	(6)								
(9)	(7)								
(10)	(8)								
(11)	(9)								
(12)	<u>(10)</u>								
(13)	<u>(11)</u>								
(14)	<u>(12)</u>								
(15)	<u>(13)</u>								
(16) Image: Constraint of the second secon	<u>(14)</u>								
(17) Image: Constraint of the second secon	<u>(15)</u>								
3a Subtotal 246,124. b Total from continuation	<u>(16)</u>								
b Total from continuation		0.14							
sheets to Part I		Total from c	ontinuation						246,124.
c Totals (add lines 3a and 3b) 246,124. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 201		\	/	a tha leaters the	o for Farm 200			0,1-1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 8E1274 1.000 71762E 5974 7/8/2020

JUNIOR ACHIEVEMENT US

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)			NORTH AMERICA	SUPPORT MISS	10,724.				
2)			NORTH AMERICA	SUPPORT MISS	7,300.				
3)			EUROPE/ICELAND/GREENLAND	SUPPORT MISS	155,000.				
4)			EAST ASIA/PACIFIC	SUPPORT MISS	15,000.				
5)			EAST ASIA/PACIFIC	SUPPORT MISS	20,000.				
6)			SUB-SAHARAN AFRICA	SUPPORT MISS	7,300.				
7)			SUB-SAHARAN AFRICA	SUPPORT MISS	12,300.				
8)									
9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7.
3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

Page 2

			(book, FMV, appraisal, other)

Schedule F (Form 990) 2018

Page **3**

84-1267604

JSA

JUNIOR ACHIEVEMENT USA

Sched	ule F (Form 990) 2018			Page 4
Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	<u> </u>	(es 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)	<u> </u>	Yes X	Νο
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	<u> </u>	/es X	Νο
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 "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	<u> </u>	Yes X	Νο
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)	<u> </u>	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)	ר <u>ו</u>	Yes X	Νο

Schedule F (Form 990) 2018

Page 5

Schedule F (Form 990) 2018

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, LINE 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.

SCHEDULE I				Assistance t				OMB No. 1545-0047
(Form 990)	Go	overnme	nts, and Ir	ndividuals ii	n the United	d States		2018
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information).		Inspection
Name of the organization							Employer identifica	tion number
JUNIOR ACHIEVEM	IENT USA						84-12676	04
Part I General Ir	nformation on Grants an	d Assistanc	e				÷	
the selection crite 2 Describe in Part	ation maintain records to s eria used to award the grant IV the organization's procee	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
	d Other Assistance to D		-			•		Yes" on Form 990,
Part IV, lin	ne 21, for any recipient the	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JUNIOR ACHIEVEMENT	T OF ALABAMA, INC.							
216 AQUARIUS DRIV	E SUITE 315	63-0340866	501(C)(3)	21,096.				SUPPORT MISSION
(2) JUNIOR ACHIEVEMENT	T OF ARKANSAS, INC.							
	ITTLE ROCK, AR 72202	71-0658775	501(C)(3)	16,461.				SUPPORT MISSION
(3) JUNIOR ACHIEVEMENT	T OF ARIZONA, INC.							
636 WEST SOUTHERN		86-0184349	501(C)(3)	95,959.				SUPPORT MISSION
(4) JUNIOR ACHIEVEMENT	T OF CHICAGO, INC.							
651 W. WASHINGTON	STREET, # 404	36-2170141	501(C)(3)	160,736.				SUPPORT MISSION
(5) JUNIOR ACHIEVEMENT	T OF BATON ROUGE, LA							
7809 JEFFERSON HIC	GHWAY, SUITE D4	72-0485727	501(C)(3)	34,335.				SUPPORT MISSION
(6) 3DE NATIONAL								
3565 PIEDMONT RD N	NE BLD 1 STE 460	83-1444494	501(C)(3)	205,080.				SUPPORT MISSION
(7) JUNIOR ACHIEVEMENT	T OF ALBANY, NY							
8 STANLEY CIR LATH	HAM, NY 12110	14-1429763	501(C)(3)	5,495.				SUPPORT MISSION
(8) JUNIOR ACHIEVEMENT	T OF AUSTIN, TX							
206 E MAIN ST ROUN	ND ROCK, TX 78664	74-1688335	501(C)(3)	10,803.				SUPPORT MISSION
(9) JUNIOR ACHIEVEMENT	T OF BALTIMORE, MD							
10711 RED RUN BLVI	D #110	52-0688275	501(C)(3)	24,912.				SUPPORT MISSION
(10) JUNIOR ACHIEVEMENT	T OF BOISE, ID							
1365 N ORCHARD ST	#380 BOISE, ID 83706	82-6008991	501(C)(3)	15,949.				SUPPORT MISSION
(11) JUNIOR ACHIEVEMENT	T OF BOSTON, MA							
209 BURLINGTON RD	BEDFORD, MA 01730	04-2127020	501(C)(3)	145,290.				SUPPORT MISSION
(12) JUNIOR ACHIEVEMENT	T OF BOWLING GREEN, KY E BOWLING GREEN, KY 42101	61-0997385	501(C)(3)	7,117.				SUPPORT MISSION
	er of section 501(c)(3) and		1				<u> </u>	POPPORT MIDDION
	er of other organizations lis							·
	or or other organizations lis					<u></u>	<u> </u>	

SCHEDULE I			Assistance t	-	•	F	OMB No. 1545-0047
(Form 990)	Governme	nts, and Ir	ndividuals ii	n the United	d States		2018
() () () () () () () () () ()	Complete if the or	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► A	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization						Employer identifie	cation number
JUNIOR ACHIEVEMENT USA						84-1267	604
Part I General Information on Grants	s and Assistanc	е					
 Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's pr 	grants or assistand rocedures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance		-					"Yes" on Form 990,
Part IV, line 21, for any recipie	ent that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	
(1) JUNIOR ACHIEVEMENT OF BRIDGEPORT, CT							
835 MAIN ST BRIDGEPORT, CT 06604	06-0644315	501(C)(3)	12,673.				SUPPORT MISSION
(2) JUNIOR ACHIEVEMENT OF BUFFALO, NY							
420 LEXINGTON AVE STE 205	13-3031828	501(C)(3)	13,648.				SUPPORT MISSION
(3) JUNIOR ACHIEVEMENT OF CHARLOTTE, NC							
1701 N GRAHAM ST #100 CHARLOTTE, NC 2820	6 56-0672085	501(C)(3)	70,873.				SUPPORT MISSION
(4) JUNIOR ACHIEVEMENT OF CINCINNATI/DAYTON,	OH						
644 LINN ST #1024 CINCINNATI, OH 45203	32-0014307	501(C)(3)	7,945.				SUPPORT MISSION
(5) JUNIOR ACHIEVEMENT OF CLEVELAND, OH							
1422 EUCLID AVE #952 CLEVELAND, OH 44115	34-0733164	501(C)(3)	5,927.				SUPPORT MISSION
(6) JUNIOR ACHIEVEMENT OF COLORADO SPRINGS,	СО						
611 N WEBER ST #201	84-6009223	501(C)(3)	6,415.				SUPPORT MISSION
(7) JUNIOR ACHIEVEMENT OF COLUMBIA, SC							
KITTRELL CENTER, 5711 MIDDLEBURG DR #301	57-0511131	501(C)(3)	33,419.				SUPPORT MISSION
(8) JUNIOR ACHIEVEMENT OF COLUMBUS, OH							
68 E 2ND AVE COLUMBUS, OH 43201	31-4385042	501(C)(3)	84,813.				SUPPORT MISSION
(9) JUNIOR ACHIEVEMENT OF DALLAS, TX							
1201 EXECUTIVE DR W RICHARDSON, TX 75081	75-0881589	501(C)(3)	92,874.				SUPPORT MISSION
(10) JUNIOR ACHIEVEMENT OF DELAWARE							
522 S WALNUT ST WILMINGTON, DE 19801	81-0078199	501(C)(3)	110,452.				SUPPORT MISSION
(11) JUNIOR ACHIEVEMENT OF DENVER, CO							
1445 MARKET ST #200 DENVER, CO 80202	84-0430495	501(C)(3)	105,846.				SUPPORT MISSION
(12) JUNIOR ACHIEVEMENT OF DES MOINES, IA 6100 GRAND AVE DES MOINES, IA 50312	42-0759070	501(C)(3)	23,397.				SUPPORT MISSION
2 Enter total number of section 501(c)(3)		1				<u> </u>	DUPPORT MISSION
2 Enter total number of section sol (c)(s)3 Enter total number of other organization	0	0					<
						<u> </u>	F

SCHEDULE I			Assistance t				OMB No. 1545-0047
		-	ndividuals ii				2018
Co	omplete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury	b 0.		ttach to Form 990				Inspection
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	l.		
Name of the organization						Employer identifica	
JUNIOR ACHIEVEMENT USA	and Acalatana	-				84-12676	04
Part I General Information on Grants							
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro 	ants or assistand	ce?					X Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, line 21, for any recipien	t that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is I	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JUNIOR ACHIEVEMENT OF DETROIT, MI							
577 LARNED ST DETROIT, MI 48226	38-1348535	501(C)(3)	416,658.				SUPPORT MISSION
(2) JUNIOR ACHIEVEMENT OF EL PASO, TX							
200 BARTLETT DR #104 EL PASO, TX 79912	74-1565161	501(C)(3)	5,164.				SUPPORT MISSION
(3) JUNIOR ACHIEVEMENT OF EVANSVILLE, IN							
431 E DIAMOND AVE EVANSVILLE, IN 47711	35-6048156	501(C)(3)	7,506.				SUPPORT MISSION
(4) JUNIOR ACHIEVEMENT OF FT LAUDERDALE, FL							
1130 COCONUT CREEK BLVD	59-0871446	501(C)(3)	45,846.				SUPPORT MISSION
(5) JUNIOR ACHIEVEMENT OF FT WAYNE, IN							
550 E WALLEN RD FORT WAYNE, IN 46825	35-0922731	501(C)(3)	7,117.				SUPPORT MISSION
(6) JUNIOR ACHIEVEMENT OF FT WORTH, TX							
6300 RIDGLEA PL #400 FORT WORTH, TX 76116	75-0944915	501(C)(3)	29,677.				SUPPORT MISSION
(7) JUNIOR ACHIEVEMENT OF GEORGIA							
572 NORTHSIDE DRIVE NW BLDG C 3RD FLOOR	58-0598050	501(C)(3)	301,307.				SUPPORT MISSION
(8) JUNIOR ACHIEVEMENT OF GRAND RAPIDS, MI							
741 KENMOOR AVE SE GRAND RAPIDS, MI 49546	38-1557861	501(C)(3)	22,909.				SUPPORT MISSION
(9) JUNIOR ACHIEVEMENT OF GREENSBORO, NC							
3220 NORTHLINE AVE GREENSBORO, NC 27408	56-0844838	501(C)(3)	8,247.				SUPPORT MISSION
(10) JUNIOR ACHIEVEMENT OF HARTFORD, CT							
70 FARMINGTON AVE HARTFORD, CT 06105	06-0665972	501(C)(3)	80,397.				SUPPORT MISSION
(11) JUNIOR ACHIEVEMENT OF HOUSTON, TX							
2115 E GOVERNORS CIR HOUSTON, TX 77092	74-1153957	501(C)(3)	89,298.				SUPPORT MISSION
(12) JUNIOR ACHIEVEMENT OF JACKSONVILLE, FL							
4049 WOODCOCK DR #200	59-1021800	501(C)(3)	23,371.				SUPPORT MISSION
2 Enter total number of section 501(c)(3) a	-	-					
3 Enter total number of other organizations	listed in the line	1 table				<u></u>	

SCHEDULE I (Form 990)				Assistance t ndividuals in			\vdash	OMB No. 1545-0047		
(10111330)			•					2018		
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.										
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the I				Inspection		
Name of the organization		G 0	to www.ns.gov				Employer identifica			
JUNIOR ACHIEVEME	יאידי דופא						84-12676			
	formation on Grants an	d Assistanc	<u>0</u>				04 12070	01		
			-					1		
the selection criter	tion maintain records to s ria used to award the gran / the organization's proce	ts or assistand	æ?					X Yes No		
Part II Grants and	Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,		
Part IV, line	e 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.			
	address of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) JUNIOR ACHIEVEMENT	OF KANSAS									
4008 SW HUNTOON ST		48-0731855	501(C)(3)	6,127.				SUPPORT MISSION		
(2) JUNIOR ACHIEVEMENT	OF KANSAS CITY, MO									
) KANSAS CITY, MO 64130	44-0604809	501(C)(3)	6,858.				SUPPORT MISSION		
(3) JUNIOR ACHIEVEMENT	OF KNOXVILLE, TN									
2135 N CHARLES G SE		62-0810145	501(C)(3)	12,737.				SUPPORT MISSION		
(4) JUNIOR ACHIEVEMENT	OF LEXINGTON, KY									
2420 SPURR RD #150	LEXINGTON, KY 40511	61-0606480	501(C)(3)	7,117.				SUPPORT MISSION		
(5) JUNIOR ACHIEVEMENT	OF LOSA ANGELES, CA									
6250 FOREST LAWN DR	R LOS ANGELES, CA 90068	95-1799192	501(C)(3)	159,968.				SUPPORT MISSION		
(6) JUNIOR ACHIEVEMENT	OF LOUISVILLE, KY									
1401 W MUHAMMAD ALI	I BLVD	61-0476694	501(C)(3)	36,460.				SUPPORT MISSION		
(7) JUNIOR ACHIEVEMENT	OF MIAMI, FL									
301 71ST ST MIAMI E	BEACH, FL 33141	59-0807486	501(C)(3)	78,114.				SUPPORT MISSION		
(8) JUNIOR ACHIEVEMENT	OF MIDLAND, MI									
309 E INDIAN ST MIE	DLAND, MI 48640	38-6081685	501(C)(3)	7,117.				SUPPORT MISSION		
(9) JUNIOR ACHIEVEMENT	OF NAPLES, FL									
13241 UNIVERSITY DR	R FORT MYERS, FL 33907	65-0503084	501(C)(3)	12,116.				SUPPORT MISSION		
(10) JUNIOR ACHIEVEMENT	OF NASHVILLE, TN									
120 POWELL PL NASHV	/ILLE, TN 37204	62-0582571	501(C)(3)	24,601.				SUPPORT MISSION		
(11) JUNIOR ACHIEVEMENT	OF NEW BEDFORD									
128 UNION ST NEW BE	EDFORD, MA 02740	04-3193575	501(C)(3)	21,935.				SUPPORT MISSION		
(12) JUNIOR ACHIEVEMENT		_								
	RIVE EDISON, NJ 08837	22-1774147	1	107,323.				SUPPORT MISSION		
	r of section 501(c)(3) and									
3 Enter total number	r of other organizations lis	ted in the line	1 table				<u> </u>			

SCHEDULE I			Assistance t				OMB No. 1545-0047			
		•	ndividuals i				2018			
Co	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.									
Department of the Treasury							Open to Public Inspection			
Internal Revenue Service Name of the organization	► GO	to www.irs.gov	/Form990 for the I	atest information	1.	Employer identifica				
JUNIOR ACHIEVEMENT USA						84-12676				
	and Accistance					04-12070	J4			
		-								
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's processing 	ants or assistand	ce?				is of assistance, and	X Yes No			
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	vernments. Con	nplete if the organiz	ation answered "	/es" on Form 990,			
Part IV, line 21, for any recipien	t that received	more than \$5	,000. Part II can I	be duplicated if	additional space is i	needed.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) JUNIOR ACHIEVEMENT OF NEW MEXICO										
4700 LINCOLN RD NE ALBUQUERQUE, NM 87109	85-0416889	501(C)(3)	7,467.				SUPPORT MISSION			
(2) JUNIOR ACHIEVEMENT OF NEW YORK, NY										
420 LEXINGTON AVE NEW YORK, NY 10170	13-3031828	501(C)(3)	419,875.				SUPPORT MISSION			
(3) JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA										
3003 OAK RD #130 WALNUT CREEK, CA 94597	94-1322179	501(C)(3)	54,836.				SUPPORT MISSION			
(4) JUNIOR ACHIEVEMENT OF OKLAHOMA										
6947 SOUTH 103RD EAST AVENUE	73-0757053	501(C)(3)	44,001.				SUPPORT MISSION			
(5) JUNIOR ACHIEVEMENT OF ORLANDO, FL										
2121 CAMDEN RD ORLANDO, FL 32803	59-0972112	501(C)(3)	32,881.				SUPPORT MISSION			
(6) JUNIOR ACHIEVEMENT OF PEORIA, IL										
508 HIGH POINT LN EAST PEORIA, IL 61611	37-0657600	501(C)(3)	9,953.				SUPPORT MISSION			
(7) JUNIOR ACHIEVEMENT OF PHILADELPHIA, PA										
994 OLD EAGLE SCHOOL RD #1014	23-1386172	501(C)(3)	57,858.				SUPPORT MISSION			
(8) JUNIOR ACHIEVEMENT OF PORTLAND, OR										
7830 SE FOSTER RD PORTLAND, OR 97206	93-0384007	501(C)(3)	6,824.				SUPPORT MISSION			
(9) JUNIOR ACHIEVEMENT OF RALEIGH, NC										
4904 WATERS EDGE DR #155 RALEIGH, NC 27606	56-1107715	501(C)(3)	35,193.				SUPPORT MISSION			
(10) JUNIOR ACHIEVEMENT OF RHODE ISLAND										
57 GREENE ST WARWICK, RI 02886	05-0263443	501(C)(3)	71,954.				SUPPORT MISSION			
(11) JUNIOR ACHIEVEMENT OF ROCHESTER, NY										
1 S WASHINGTON ST #110 ROCHESTER, NY 14614	16-0956147	501(C)(3)	28,906.				SUPPORT MISSION			
(12) JUNIOR ACHIEVEMENT OF SACRAMENTO, CA 3800 WATT AVE SACRAMENTO, CA 95821	94-6080866	501(C)(2)	17 540				SUPPORT MISSION			
2 Enter total number of section 501(c)(3) ar			17,548.			L	POPPORI MISSION			
3 Enter total number of other organizations										
						· · · · · · · · · · · · · · · · · · ·				

			Assistance t			F	OMB No. 1545-0047				
(Form 990) Go	vernme	nts, and Ir	ndividuals ir	n the United	d States		2018				
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
► Attach to Form 990.											
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection				
Name of the organization						Employer identifi	cation number				
JUNIOR ACHIEVEMENT USA						84-1267	604				
Part General Information on Grants and	d Assistanc	e									
 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 											
Part II Grants and Other Assistance to D		-					"Yes" on Form 990,				
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc					
(1) JUNIOR ACHIEVEMENT OF SAN ANTONIO, TX											
403 E RAMSEY RD #201 SAN ANTONIO, TX 78216	74-2061852	501(C)(3)	26,242.				SUPPORT MISSION				
(2) JUNIOR ACHIEVEMENT OF SAN DIEGO, CA											
4756 MISSION GORGE PL SAN DIEGO, CA 92120	95-1727087	501(C)(3)	45,372.				SUPPORT MISSION				
(3) JUNIOR ACHIEVEMENT OF SEATTLE, WA											
1700 WESTLAKE AVE N #100 SEATTLE, WA 98109	91-0604913	501(C)(3)	16,202.				SUPPORT MISSION				
(4) JUNIOR ACHIEVEMENT OF SOUTH DAKOTA											
1000 NORTH WEST AVE SUITE 110	46-0306352	501(C)(3)	9,554.				SUPPORT MISSION				
(5) JUNIOR ACHIEVEMENT OF SPRINGFIELD, MA											
1500 MAIN ST #217 SPRINGFIELD, MA 01103	04-2088304	501(C)(3)	21,691.				SUPPORT MISSION				
(6) JUNIOR ACHIEVEMENT OF ST LOUIS, MO											
17339 N OUTER 40 RD CHESTERFIELD, MO 63005	43-0652112	501(C)(3)	56,221.				SUPPORT MISSION				
(7) JUNIOR ACHIEVEMENT OF TAMPA BAY, FL											
13707 N 22ND ST TAMPA, FL 33613	59-1098499	501(C)(3)	32,242.				SUPPORT MISSION				
(8) JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST											
1745 UNIVERSITY AVE W ST PAUL, MN 55104	41-1424988	501(C)(3)	70,678.				SUPPORT MISSION				
(9) JUNIOR ACHIEVEMENT OF UTAH											
515 SOUTH 700 EAST SUITE 1F	87-0225875	501(C)(3)	99,436.				SUPPORT MISSION				
(10) JUNIOR ACHIEVEMENT OF WARREN/YOUNGSTOWN, OH											
1601 MOTOR INN DR #305 GIRARD, OH 44420	34-1714400	501(C)(3)	9,261.				SUPPORT MISSION				
(11) JUNIOR ACHIEVEMENT OF WASHINGTON DC											
919 18TH ST NW WASHINGTON, DC 20006	54-0788947	501(C)(3)	25,347.				SUPPORT MISSION				
(12) JUNIOR ACHIEVEMENT OF WEST PALM BEACH, FL											
6903 VISTA PKWY N #10	59-2333738	501(C)(3)	19,915.				SUPPORT MISSION				
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			▶				
3 Enter total number of other organizations list	ed in the line	1 table	<u></u>								

SCHEDULE I				Assistance t				OMB No. 1545-0047			
(Form 990)			•	ndividuals in				2018			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.										
Department of the Treasury		► Go		/Form990 for the I				Open to Public Inspection			
Internal Revenue Service Name of the organization		► G0		Formsso for the i	atest mormation	l	Employer identificati				
JUNIOR ACHIEVEN	MENT IISA						84-126760				
	nformation on Grants and	d Assistanc	e				01 120/00	-			
	zation maintain records to su			e grants or assista	nce the grantees	' eligibility for the grant	s or assistance and				
	teria used to award the grant			-	-			X Yes No			
	IV the organization's procee										
	nd Other Assistance to D		-			nlete if the organiz	ation answered "Y	es" on Form 990			
	ne 21, for any recipient the		-					co on on on oco,			
					•	(f) Method of valuation		(1) D			
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) JUNIOR ACHIEVEMEN	T OF WISCONSIN										
11111 W LIBERTY D	DR MILWAUKEE, WI 53224	39-0826295	501(C)(3)	83,028.				SUPPORT MISSION			
(2) JUNIOR ACHIEVEMEN	VT OF YORK, PA	_									
610 S GEORGE ST Y	YORK, PA 17401	23-1598129	501(C)(3)	24,567.				SUPPORT MISSION			
_(3)		-									
(4)		_									
(5)		-									
(6)		_									
(7)		_									
(8)		_									
(9)		_									
(10)		_									
(11)		_									
(12)		-									
	per of section 501(c)(3) and							74.			
	per of other organizations list on Act Notice, see the Instruct					<u></u>		edule I (Form 990) (2018)			

JSA 8E1288 1.000 71762E 5974 7/8/2020 7:26:34 AM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

SCHEDULE I, PART I, QUESTION 2

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

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

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

GRANT USAGE REQUIREMENTS VARY BY DONOR. THE REPORTING REQUIRED IS

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

84-1267604

(Form 990) For certain Of ► Complete if the Department of the Treasury		For certain Officers, Dire Con ► Complete if the organizatio ►	Astaction Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line : Attach to Form 990. 990 for instructions and the latest information	23.	DMB No. 20 Open to	18	olic
Name	of the organization	·		Employer identification			
JUN	IOR ACHIEV	EMENT USA		84-1267604	1		
Part	Question	s Regarding Compensation					
1a b	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 ment or provision of all of the ex	by b	g these items. personal use nal residence on fees auffeur, chef) egarding paymen nplete Part III to	16	Yes	No
2	directors, trus		D/Executive Director, regarding the items	•			
3	organization's related organ X Comper X Indepen X Form 99 During the ye	ECEO/Executive Director. Check all the ization to establish compensation of th isation committee dent compensation consultant 00 of other organizations	nization used to establish the compensation at apply. Do not check any boxes for metho be 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 t	ods used by a art III. ation committee			
а	•	•	ayment?		4a		Х
b			ental nonqualified retirement plan?		4b		Х
c			ased compensation arrangement?		4c		Х
5	Only section For persons I	501(c)(3), 501(c)(4), and 501(c)(29) or	rovide the applicable amounts for each it rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue				
а	The organizat	ion?			5a		Х
b	-	-			5b		Х
6 a	For persons li compensatior	n contingent on the net earnings of:	, line 1a, did the organization pay or accrue	-	6a		X
_					6b		X
b	-	rganization? e 6a or 6b, describe in Part III.			dø		
7			on A, line 1a, did the organization prov lescribe in Part III		7	x	
8	Were any am to the initia	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)?	at was subject f "Yes," describe	8		x
9			low the rebuttable presumption procee				
-					9		

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page **2**

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JACK E. KOSAKOWSKI	(i)	448,455.	66,843.	4,356.	26,042.	20,528.	566,224.	
1 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	
CECIL THIBODEAUX	(i)	314,360.	47,751.	4,356.	35,782.	18,128.	420,377.	
2 ^{EVP}	(ii)	0.	0.	0.	0.	0.	0.	
SUSAN LUU	(i)	238,972.	29,270.	990.	7,390.	19,952.	296,574.	
3 ^{SVP - BUSINESS IMPROVEMENT}	(ii)	0.	0.	0.	0.	0.	0.	
TIMOTHY GREINERT	(i)	253,766.	23,502.	2,838.	37,657.	24,618.	342,381.	
4 ^{SVP - DEVELOPMENT}	(ii)	0.	0.	0.	0.	0.	0.	
CHRISTINE KUNTZ	(i)	150,973.	0.	2,693.	15,350.	19,870.	188,886.	
5 ^{VP - OPERATIONS}	(ii)	0.	0.	0.	0.	0.	0.	
JACQUELINE DANT	(i)	148,886.	0.	928.	9,975.	23,562.	183,351.	
6 ^{VP - OPERATIONS}	(ii)	0.	0.	0.	0.	0.	0.	
KRIS PONCIROLI	(i)	138,643.	0.	847.	4,757.	21,721.	165,968.	
$7^{ m VP}$ donor relations and dev SVC	(ii)	0.	0.	0.	0.	0.	0.	
JEANNINE REILLY	(i)	142,393.	0.	856.	3,105.	13,779.	160,133.	
8^{VP} - EDUCATION DELIVERY AND TE	(ii)	0.	0.	0.	0.	0.	0.	
JEANETTE LEE	(i)	125,607.	0.	2,174.	9,165.	18,713.	155,659.	
9 ^{VP DEVELOPMENT}	(ii)	0.	0.	0.	0.	0.	0.	
MARY CATHERINE DESROSIE	(i)	222,215.	23,845.	2,606.	6,839.	728.	256,233.	
10 ^{SVP EDUCATION AND LEARNING}	(ii)	0.	0.	0.	0.	0.	0.	
HOWARD BARTNER	(i)	175,845.	16,265.	2,090.	21,618.	23,841.	239,659.	
11 ^{SVP - OPERATIONS}	(ii)	0.	0.	0.	0.	0.	0.	
ED GROCHOLSKI	(i)	220,998.	24,071.	1,416.	8,495.	21,995.	276,975.	
12 ^{SVP - BRAND}	(ii)	0.	0.	0.	0.	0.	0.	
LESLIE PIERCE	(i)	211,396.	22,420.	7,435.	19,173.	11,729.	272,153.	
13 ^{SVP} TALENT AND ORGANIZATION DE	(ii)	0.	0.	0.	0.	0.	0.	
STEVE SCHMIDT	(i)	178,114.	19,398.	2,084.	13,323.	18,132.	231,051.	
14 ^{SVP - OPERATIONS}	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

JSA

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Schedule J (Form 990) 2018

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 TO:

A) MOTIVATE GROWTH IN TOTAL REVENUE AND PROGRAM IMPACT TO ENHANCE SERVICES TO THE COMMUNITY.

B) LINK ACCOMPLISHMENT OF THE ORGANIZATION'S MISSION AND OBJECTIVES WITH

THE COMPENSATION OF THE ORGANIZATION'S MANAGERS.

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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.

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 Page 3

Page 3

Schedule J (Form 990) 2018

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.

COMPENSATION.

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

AMEND, SUSPEND, OR TERMINATE THE PLAN.

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. OMB No. 1545-0047

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 JUNIOR ACHIEVEMENT USA
 84-120

Employer identification number 84-1267604

FORM 990, PART VI, SECTION A, LINE 6

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 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 AND ENFORCED:

Schedule O (Form 990 or 990-EZ) 2018		Page 2
Name of the organization	Employer identification number	
JUNIOR ACHIEVEMENT USA	84-1267604	

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.

FORM 990, PART VI, SECTION B, LINE 15A

DESCRIBE PROCESS FOR DETERMINING COMPENSATION:

THE GOVERNANCE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT IS MODELED AFTER THE 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 COMPARABLITY DATA AND DOCUMENTED ITS DELIBERATION AND DISCUSSION IN MINUTES THAT ARE RETAINED WITH THE OTHER GOVERNANCE MATERIALS OF THE ORGANIZATION. THE COMMITTEE FOLLOWED THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT FOR PURPOSES OF SECTION 4958 BY RELYING ON PROFESSIONAL ADVICE IN THE WRITTEN OPINION OF REASONABLENESS FROM THE INDEPENDENT COMPENSATION CONSULTANT. THIS REVIEW PROCESS IS CONDUCTED ANNUALLY AND WAS LAST DONE IN 2018.

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 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.

	ATTACHMI	ENT 1
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MEREDITH CORP. 1716 LOCUST DES MOINES, IA 50309	STORAGE/ASSEMBLY	1,548,601.

Schedule O (Form 990 or 990-EZ) 2018

Schedule O (Form 990 or 990-EZ) 2018	Page 2
Name of the organization	Employer identification number
JUNIOR ACHIEVEMENT USA	84-1267604

ATTACHMENT 1 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SPARK AGENCY PO BOX 790379 ST. LOUIS, MO 63179	STORAGE/SET UP MOBIL	220,227.
SNI COMPANIES PO BOX 814238 HOLLYWOOD, FL 33081	TEMP STAFFING	404,712.
MANPOWER 21271 NETWORK CHICAGO, IL 60673-1212	TEMP STAFFING	1,037,973.
WORKDAY INC PO BOX 396106 SAN FRANCISCO, CA 94139-6106	HR SOFTWARE	192,864.

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

84-1267604

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

Part I

JUNIOR ACHIEVEMENT USA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
(1) SEE PART VII	-				N/A		
(2)	_						
(3)	_						
(4)	_						
(5)	_						
(6)	-						
(7)	_						

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

Schedule R (Form 990) 2018

JSA

Schedule R (Form 990) 2018

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

					(7)		h)	(1)		(1)	(4)
(a) Name, address, and EIN related organization	of Primary :	e entity or	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	(j) eral or naging tner?	(k) Percentage ownership
		, 				Yes	No		Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13 controlled entity?
(1)							Yes No
(2)							
(3)							
(4)							

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s N
During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	а	
Gift, grant, or capital contribution to related organization(s)					X
Gift, grant, or capital contribution from related organization(s)				c 2	X
Loans or loan guarantees to or for related organization(s)				d	X
Loans or loan guarantees by related organization(s)				е	
Dividends from related organization(s)			1	lf	
			· · · · · ⊢		x
				<u> </u>	
n Purchase of assets from related organization(s)			· · · · · ⊢		
Exchange of assets with related organization(s).			· · · · · ⊢	li	_
Lease of facilities, equipment, or other assets to related organization(s).				ij	+
Lease of facilities, equipment, or other assets from related organization(s)			1	k	
Performance of services or membership or fundraising solicitations for related organization(s)				11 🗌 🗆	X
n Performance of services or membership or fundraising solicitations by related organization(s)				m	
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 				n	
 Sharing of paid employees with related organization(s) 				0	
			· · · · · · · · · · ·		
Reimbursement paid to related organization(s) for expenses.			1	р	
Reimbursement paid by related organization(s) for expenses				q	
			–	-	
Other transfer of cash or property to related organization(s)			1	r 2	X
• Other transfer of cash or property to related organization(s)					
Other transfer of cash or property to related organization(s)			1	s	X
Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete (a)	this line, including cove	ered relationships and transa	1 action thresho	s olds.	
S Other transfer of cash or property from related organization(s)	this line, including cover (b) Transaction	ered relationships and transa	action thresho (c Method of c	s olds. 1) determ	ining
Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete (a)	this line, including cove	ered relationships and transa	1 action thresho	s olds. 1) determ	ining
S Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t (a) Name of related organization	this line, including cover (b) Transaction	ered relationships and transa	action thresho (c Method of c	s olds. 1) determ	ining
S Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete to (a) Name of related organization	this line, including cover (b) Transaction	ered relationships and transa	action thresho (c Method of c	s olds. 1) determ	ining
S Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t (a) Name of related organization	this line, including cover (b) Transaction	ered relationships and transa	action thresho (c Method of c	s olds. 1) determ	ining
S Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete to (a) Name of related organization	this line, including cover (b) Transaction	ered relationships and transa	action thresho (c Method of c	s olds. 1) determ	ining
s Other transfer of cash or property from related organization(s)	this line, including cover (b) Transaction	ered relationships and transa	action thresho (c Method of c	s olds. 1) determ	ining
s Other transfer of cash or property from related organization(s)	this line, including cover (b) Transaction	ered relationships and transa	action thresho (c Method of c	s olds. 1) determ	ining
s Other transfer of cash or property from related organization(s)	this line, including cover (b) Transaction	ered relationships and transa	action thresho (c Method of c	s olds. 1) determ	ining
s Other transfer of cash or property from related organization(s)	this line, including cover (b) Transaction	ered relationships and transa (c) Amount involved	action thresho (c Method of c	s olds. i) determ involve	d

84-1267604

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501 organiz	e) partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	(j) eral or aging tner?	(k) Percentag ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
0)													
1)													
2)													
3)													
4)													
5)													
6)													

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Schedule R (Form 990) 2018

Part VII	Supplemental Information	
	Provide additional information for responses to questions 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.