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Form	J	J	U

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 2020 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

AE	or the	e 2020 calendar year, or tax year beginning 07/01, 2020,	and ending	06	5/30, 20 21
<u> </u>	or the	C Name of organization		D Employer identifica	tion number
B ci	neck if a	pplicable: JUNIOR ACHIEVEMENT USA		84-1267604	4
[Addre			01 120700	*
	chang	Doing business as	Deem/ouite	E Telephone number	
	Name	change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	The second recently to be a second	0.00
	Initial	return ONE EDUCATION WAY		(719) 540-8	000
	Final termi	return/ City or town, state or province, country, and ZIP or foreign postal code			
	Amer	nded COTORADO SPRINGS, CO 80906		G Gross receipts \$	28,385,126.
-		cation F Name and address of principal officer: JACK KOSAKOWSKI, PRE	S AND CEO	H(a) Is this a group retu	m for Yes X No
L	pendi	ONE EDUCATION WAY, COLORADO SPRINGS, CO 809	06	subordinates? H(b) Are all subordinates in	ncluded? Yes No
	Tay av	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)		-	list. See instructions
-		ite: > WWW.JA.ORG		H(c) Group exemption n	
			L Veer of form	ation: 1992 M State	
COLUMN DOCUMENTS	Contraction of the local division of the loc	of organization: X Corporation Trust Association Other	L Year of forma	ation: 1992 W State	
Pa	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: JA EMI	POWERS YOUN	G PEOPLE TO O	WN THEIR
e		ECONOMIC SUCCESS THROUGH VOLUNTEER-DELIVERED PROC			
Activities & Governance		KNOWLEDGE/SKILLS IN FINAN LITERACY, WORK READINES	SS & ENTREP	RENEURSHIP.	
/err	2	Check this box if the organization discontinued its operations or dispose	d of more than 25°	% of its net assets.	
20	3	Number of voting members of the governing body (Part VI, line 1a)			33.
õ	4	Number of independent voting members of the governing body (Part VI, line 1b).			32.
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			78.
ivit					33.
Act	6	Total number of volunteers (estimate if necessary)			0.
1		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0
				Prior Year	Current Year
¢	8	Contributions and grants (Part VIII, line 1h)		15,627,710.	10,178,176.
Revenue	9	Program service revenue (Part VIII, line 2g)		13,032,318.	11,848,186.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		282,781.	2,770,179.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		548,782.	122,683.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		29,491,591.	24,919,224.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,068,281.	3,905,409.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		10,143,990.	8,401,969.
ses	15			0.	0.
ens		Professional fundraising fees (Part IX, column (A), line 11e)			
Expenses		• Total fundraising expenses (Part IX, column (D), line 25) ▶1,485,755		12,364,820.	11,336,183.
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			23,643,561.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · · · · ·	28,577,091.	
	19	Revenue less expenses. Subtract line 18 from line 12		914,500.	1,275,663.
Net Assets or Fund Balances			Beg	inning of Current Year	
sets	20	Total assets (Part X, line 16)		37,282,498.	33,316,709.
Ass Ba	21	Total liabilities (Part X, line 26)		11,126,218.	5,646,102.
Vet.	22	Net assets or fund balances. Subtract line 21 from line 20.		26,156,280.	27,670,607.
Contraction of the local division of the loc	rt II	Signature Block	Nan and Indiana and Andreas		
Lin	der ne	analties of periupy I declare that I have examined this return including accompanying sched	ules and statements.	and to the best of my	knowledge and belief, it is
true	e, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer has any	knowledge.	
		5 A LIAN TO		-lah	-
Sig	m			Date	
He		Signature of officer		Date	
110		EDWARD PRIEM II CFO			
		Type or print name and title	Dete		DTIN
Del	4	Print/Type preparer's name Preparer's signature	Date		PTIN
Paid		ADAM R SMITH CPA	N 05/09/20		P00958966
	parer	Firm's name BKD, LLP		Firm's EIN ► 44-0	
USE	Only	Firm's address ▶111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-98	48	Phone no. 719	471-4290
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			. X Yes No
	NORMAL DESIGNATION OF THE PARTY	erwork Reduction Act Notice, see the separate instructions.			Form 990 (2020)
. 01	. ape				. ,
JSA					

JUNIOR	ACHIEVEMENT	USA

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Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission: TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.	
	SEE ADDITIONAL MISSION INFORMATION ON SCHEDULE O.	
	SEE ADDITIONAL MISSION INFORMATION ON SCHEDULE 0.	
2	Did the organization undertake any significant program services during the year which were not listed	d on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4		
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gran the total expenses, and revenue, if any, for each program service reported.	its and allocations to others,
42	(Code:) (Expenses \$ 18,689,409. including grants of \$ 3,905,409.) (Revenue \$	11 857 080
	THE ORGANIZATION ASSISTED ITS US AREAS IN SETTING UP AND/OR	,
	MAINTAINING THEIR OWN ORGANIZATION TO ADMINISTER JUNIOR	
	ACHIEVEMENT PROGRAMS. JA AREAS REACHED APPROXIMATELY 2.5 MILLION	
	ELEMENTARY THROUGH POST SECONDARY STUDENTS FOR THE YEAR ENDED	
	6/30/2021.	
46	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40)
4.0	(Code:) (European C including grants of C) (Devenue C	
4C	(Code:) (Expenses \$including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 18,689,409.	
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Form 990 (2020)

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,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		37	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
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		X
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,"			
0				x
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	ĺ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
N N	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
		110		
L.	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	444		x
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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		X
	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	116	х	
45		14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		v	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
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		X
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			í
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	ĺ
16.4	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	L

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Part	V Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	258		
U U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? 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, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
26	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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			
JSA	reportable gaming (gambling) winnings to prize winners?		000	(2020)
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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 78			
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 on 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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
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		
-	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
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	.		
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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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? If "Yes," complete Form 4720, Schedule O.	16		X

Form **990** (2020)

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 33	3		
Ĩŭ	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			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 3:	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	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	X	
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 on Schedule O.	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	T	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		v	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X 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	A	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	IZa	- 23	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	x	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	x	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	x	
a h	The organization's CEO, Executive Director, or top management official	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	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		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, CT, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	tion 5	501(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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	olicy
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and recorn edward priem II ONE EDUCATION WAY COLORADO SPRINGS, CO 80906 719-540-6235	ds 🕨		
	DURING INTER II ONE EDUCATION WAI CODURADU SPAINGS, CU 00700 /17-340-0233			
JSA		Form	990	(2020)

Page 7

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

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

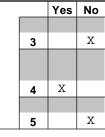
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	ss pe	ition more rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JACK E. KOSAKOWSKI	40.00									
PRESIDENT AND CEO	1.00	x		х				536,381.	0.	30,089.
(2) CECIL THIBODEAUX	40.00							55075011		
EVP	0.			х				344,298.	0.	27,888.
(3) TIMOTHY GREINERT	40.00									,
SVP - DEVELOPMENT	0.				x			272,031.	0.	33,848.
(4) ED GROCHOLSKI	40.00									
SVP - BRAND	0.				X			272,814.	0.	31,137.
(5) SUSAN LUU	40.00									
SVP - BUSINESS IMPROVEMENT	0.				Х			262,854.	0.	28,072.
(6)LESLIE PIERCE	40.00									
SVP TALENT AND ORGANIZATION DE	1.00				X			246,091.	0.	19,333.
(7) MARY CATHERINE DESROSIERS	40.00									
SVP EDUCATION AND LEARNING	0.				Х			251,168.	0.	8,255.
(8) EDWARD PRIEM II	40.00									
CFO	1.00			Х				206,152.	0.	16,975.
(9) HOWARD BARTNER	40.00									
SVP - OPERATIONS	0.				Х			185,504.	0.	31,071.
(10) STEVE SCHMIDT	40.00									
SVP - OPERATIONS	0.				Х			190,928.	0.	24,683.
(11) JACQUELINE DANT	40.00									
SVP - OPERATIONS	0.				Х			184,032.	0.	31,057.
(12) JEANNINE REILLY	40.00									
VP - EDUCATION DELIVERY AND TE	0.					Х		156,118.	0.	23,315.
(13) ^{MARK} FIORE	20.00									
VP - COMPENSATION AND BENEFITS	20.00					Х		150,547.	0.	27,716.
(14) KRIS PONCIROLI	40.00									
VP DONOR RELATIONS AND DEV SVC	0.					Х		150,780.	0.	27,198.
										Form 990 (2020)

JSA

(A) Name and title	(B) Average hours per	`		Pos neck		e than c		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)					is both or/trust employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
15) JEANETTE LEE	40.00									
VP DEVELOPMENT	0.					X		146,959.	0.	23,73
16) LISA FRYE	40.00					37		122 562	0	10.40
VP EMPLOYMENT & EMPLOYEE RELAT	0.					X		133,562.	0.	12,49
17) AINAR D. AIJALA, JR. DIRECTOR	1.50 0.	х						0.	0.	
18) ALAN S. ARMSTRONG	1.50									
VICE CHAIR	0.	Х		Х				0.	0.	
19) ADAM ARROYOS	1.50									
DIRECTOR	0.	Х						0.	0.	
20) ASHLEY BELL	1.50									
DIRECTOR	0.	Х						0.	0.	
21) CATHERINE S. BRUNE	1.50									
DIRECTOR	0.	Х						0.	0.	
22) TRIPP DAVIS (THROUGH 9/22/20)	1.50									
DIRECTOR	0.	Х						0.	0.	
23) ARNOLD EVANS	1.50									
DIRECTOR	0.	Х						0.	0.	
24) BECKY FRANKIEWICZ	1.50									
DIRECTOR	0.	Х						0.	0.	
25) AMY FULLER	1.50									
DIRECTOR	0.	Х						0.	0.	
1b Sub-total								3,690,219.	0.	396,869
c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •	• • •		0.	0.	(
d Total (add lines 1b and 1c)	-				•••		•	3,690,219.	0.	396,869
 2 Total number of individuals (including but not reportable compensation from the organizatio) 	limited to tl		liste				o re		\$100,000 of	
										Yes N

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



Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation						
ATTACHMENT 1								
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 ▶ 16								

(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box, office	unles er and	Posi neck ss per d a d	ition more rson lirect	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an com	stimated nount of other npensation	of ion
	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)	org an	rom the Janizatio d related anizatior	on d
5) CHARLES GARCIA	1.50											
DIRECTOR	0.	Х						0.	0.			
7) JEFF HANSBERRY	1.50	-										
DIRECTOR	0.	X						0.	0.			
B) MONICA HOWARD DOUGLAS	1.50	-										
DIRECTOR	0.	X						0.	0.			
9) CHRIS JAMES	1.50											
DIRECTOR	0.	X						0.	0.			
D) CLYDE D. KEATON	1.50											
DIRECTOR	0.	X						0.	0.			
1) GUNJAN KEDIA	1.50	37						0				
DIRECTOR	0.	X						0.	0.			
2) BILL KRACUNAS	1.50	37						0				
DIRECTOR	0.	X						0.	0.			
3) LARRY LEVA DIRECTOR		x						0	0.			
4) ROBERT LLOYD	1.50							0.				
DIRECTOR	0.	x						0	0.			
5) RODNEY O. MARTIN	1.50	- 23						0				
DIRECTOR	0.	x						0	0.			
5) PAUL E. MCKNIGHT	1.50	- 23						0				
DIRECTOR		x						0	0.			
	0.						•	0.	0.			C
b Sub-total c Total from continuation sheets to Part VII	Section A		• •		• •	• • •						
d Total (add lines 1b and 1c)			• •	• • •	• •							
2 Total number of individuals (including but n							re	ceived more than	\$100.000 of			
reportable compensation from the organiza		17				,			. ,			
											Yes	N
B Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3		X
For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	0,0	00?	. If	"Yes	," (complete Schedu	le J for such		V	
individual										4	Х	
Did any person listed on line 1a receive										-		37
for services rendered to the organization? If	"Yes," comple	te Sch	nedu	ile J	tor	such	per	son		5		X

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

	Part VII Section A. Officers, Directors, Tr (A)	(B)			. (0				(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for related	box, office	unles er and	Pos heck ss pe	ition more rson irect	e than or is both a or/truste	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related organizations
3'	7) NILOUFAR MOLAVI DIRECTOR	1.50	x						0.	0.	C
3	8) LAURA NEWINSKI	1.50									
_	DIRECTOR	0.	x						0	0.	C
3	9) ROY A NG	1.50									
-	DIRECTOR	0.	X						0	0.	C
4)) DOUGLAS OLSON	1.50									
	DIRECTOR	0.	Х						0.	0.	C
4	1) JEANETTE HERNANDEZ PRENGER DIRECTOR	1.50 0.	x						0.	. 0.	C
42	2) MARNA RICKER	1.50									
_	DIRECTOR	0.	X						0	0.	C
4	3) DINO E. ROBUSTO	1.50									
	DIRECTOR	0.	Х						0.	0.	C
4	4) LAWRENCE SIDWELL	1.50									
	DIRECTOR	0.	Х						0.	0.	C
4	5) MAGGIE THOMASON	1.50									
_	DIRECTOR	0.	X						0.	0.	C
4	5) CESAR VILLALTA	1.50									
_	DIRECTOR	0.	X						0.	0.	C
4	7) EVELYN ANGELLE	1.50									
_	TREASURER	0.	X		Х				0.	0.	0
1	b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-		•••	· ·	· ·			0.	0.	0.
2	2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste				o re	ceived more than	\$100,000 of	
_											Yes No
3	B Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3 X
4	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .										4 X
Ę											
	for services rendered to the organization? If "Y										5 X
_	for connect of the organization. If it							_			

(B) Description of services	(C) Compensation					
Total number of independent contractors (including but not limited to those listed above) who received						
-	Description of services					

Form 990 (2020) Part VII Section A. Officers, Directors, Tru	istoos Ko			VO	<u> </u>	and U	lial	host Component	od Emplo		ontinuc		Page 8
(A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not ch unles:	Pos leck s pe	c) ition more rson	e than or is both a or/truste	ne an	(D) Reportable compensation from	(E) Reportable compensation from related organizations	able on from ed	Es	(F) stimated nount of other pensatio	-
	related organizations below dotted line)	or director		Officer			Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	om the anization d related	n J
48) JAMES M. CARROLL CHAIR	1.50 0.	x		Х				0		0.			0
49) KYLE H. HYBL SECRETARY	1.50 0.	x		X				0		0.			0
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VII, S	oction A							0.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organizatio 	limited to t		listed				re	ceived more than	\$100,000	of			
				oto	~			loves or highes	taamaan	otod		Yes	No
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividu	ıal	• •		•		• • • • • •		3		X
4 For any individual listed on line 1a, is the organization and related organizations grain individual	eater than	\$15	50,00	00?	lf	"Yes,	," (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 "Y	accrue co	mpen	satic	on f	rom	n any	uni	related organization	on or indiv	idual	5		X
Section B. Independent Contractors 1 Complete this table for your five highest com compensation from the organization. Report of year.													
(A) Name and business add	lress							(B) Description of se	ervices	с	(C) ompens		
2 Total number of independent contractors (in more than \$100,000 in compensation from the				iteo	d to	those	e li	isted above) who	received				

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Form 990 (202	0)	JUN
Part VIII	Statement of	Revenue

Г

		Check if Schedule O contains a respor	ise or note to an	y line in this Part V	/		<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ដ ដ	1a	Federated campaigns 1a	18,186.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
٥Ĕ	с	Fundraising events 1c					
fts r A	d	Related organizations					
ija	e	Government grants (contributions) 1e					
Sins	f	All other contributions, gifts, grants,					
er (and similar amounts not included above 1	10,159,990.				
the	g	Noncash contributions included in					
dit	9	lines 1a-1f	8				
aSa	h	Total. Add lines 1a-1f		10,178,176.			
			Business Code				
e	2a	PROGRAM AND SUPPORT FEES	611710	11,848,186.	11,848,186.		
۵. ڏڏ	za b						
Se							
an Sve	c d						
2 B R							
Program Service Revenue	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		11,848,186.			
	3	Investment income (including dividends,					
		other similar amounts).	· · · · ·	459,036.			459,036.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
	c d	Net rental income or (loss)	►	0.			
	d 7a	Gross amount from (i) Securities	(ii) Other				
	10	sales of assets	() C				
-	h						
Revenue	b	Less: cost or other basis and sales expenses					
ivel							
Re				2,311,143.			2,311,143.
Jer		• • •	· · · · · · · · · · · · · · · · · · ·	2,511,145.			2,511,145.
Other	8a	Gross income from fundraising					
-		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from fundraising events.	••••••	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	с	Net income or (loss) from gaming activities.	•••••	0.			
	10a	Gross sales of inventory, less	400 400				
		returns and allowances	477,467.				
	b	Less: cost of goods sold	961,012.	100 515	100 515		
	C	Net income or (loss) from sales of inventory		-483,545.	-483,545.		
snu			Business Code	102 124	10		
Dec	11a	MISCELLANEOUS REVENUE	900099	492,439.	492,439.		
llar /en	b	INSURANCE PROCEEDS	900099	113,789.			113,789.
Sev B	с						
Miscellaneous Revenue	d	All other revenue	L				
	е	Total. Add lines 11a-11d		606,228.			
ISA	12	Total revenue. See instructions		24,919,224.	11,857,080.		2,883,968.

JUNIOR ACHIEVEMENT USA

Bb, Bb, and 10b of Part VIII. improvements general exponses general exponses exponses I Grats and other assistance to domestic individuals. See Part IV, line 21. 3, 806, 463. 3, 806, 463. 3, 806, 463. 3 Grats and other assistance to domestic individuals. See Part IV, line 22. 0. 0. 0. 3 Grats and other assistance to foreign organization. Foreign governments, and foreign individuals. See Part IV, line 51 and 16 98, 946. 98, 946. 0. 5 Compensation of current offices, directors, trustees, and key employees 3, 288, 224. 2, 417, 690. 463, 965. 4006 6 Compensation of current offices, directors, trustees, and acruals and contributions (include section 401(k) and 403(b) employer contributions of the aspine benefits 3, 707, 733. 2, 997, 181. 235, 631. 474 10 Payorit bass. 473, 119. 366, 194. 473, 312. 59 10 Payorit bass. 98, 461. 22, 133. 66, 338. 65 6 Accounting 15, 000. 15, 000. 64, 530. 64, 530. 9 Other, diffice during services. 64, 530. 64, 530. 64, 530. 12 Advertising and promotion 19, 915, 291. 1, 341, 55	Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus	t complete all columns			
bb, bb, and 10b of Part With Total separates Program service Program service Management and previous Program service 1 Grants and other assistance to domestic individuals. See Part IV, line 21	Check if Schedule O contains a respo	onse or note to any line	e in this Part IX		
and domesic governments. Ske Part N, line 21,		(A) Total expenses	Program service	Management and	(D) Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22. 0. 0. 3 Grants and other assistance to forgin organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 15 98, 946. 98, 946. 98, 946. 4 Benefits paid to of or members. 0. 0. 0. 5 Compensation of current officers, directors, trustees, and key employees. 3, 288, 224. 2, 417, 690. 463, 965. 406 6 Compensation of current officers directors, trustees, and key employees. 3, 707, 733. 2, 997, 181. 235, 631. 474 9 Pension plan accruate and econtributions (include section 401(b) and 403(b) employer contributions 9 Other employee benefits 3, 707, 733. 2, 997, 181. 235, 631. 474 9 Pension plan accruate and contributions (include section 401(b) and 403(b) employer contributions 9 Other employee benefits 3, 707, 733. 2, 997, 181. 245, 249. 91 10 Payoil taxes. 1473, 119. 366, 194. 477, 312. 59 a Accounting 15, 000. 15, 000. 15, 000. 164, 530. 4 Lobbying . . 493, 505. 385, 610. 64, 573. 43 14 Information technology, . . . 179, 492. 189, 592	1 Grants and other assistance to domestic organizations				
ind/dutats. See Part IV, Ine 22	and domestic governments. See Part IV, line 21	3,806,463.	3,806,463.		
Anonouse Ceer and runness from the transmission of commentations, foreign individuals. See Part V. lines 15 and 16 or commentation. See Part V. lines 15 and 16 or commentation and verse sectors of compensation of current officars, directors, intrastee, and key employees. 3, 288, 224. 2, 417, 690. 463, 965. 406 6 Compensation of current officars, directors, intrastee, and key employees contributions (include above to disputite person 63 defined under sector 43660(1)) and persons disorded in sectors 43660(1) and persons disorded in sectors 43600(1) and persons disorded in sectors 43600(1) and 204, 408. 158, 212. 20, 441. 258 7 Other salaries and weges. 3, 707, 733. 2, 997, 181. 235, 631. 474 9 Other employee benefits in	2 Grants and other assistance to domestic				
organizations. toreign governments. and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to of or members	individuals. See Part IV, line 22	0.			
torage individuals. See Part IV, lines 15 and 16 98,946. 98,946. 4 Bandilis paid to or for members 0. 0. 0. 5 Compensation of current foldies, directly, trustees, and key employees 3,288,224. 2,417,690. 463,965. 406 6 Compensation of include above to disgualited persons (is defined under section 4586(0)(1) and persons described in the section 4586(0) employee contributions; 3,707,733. 2,997,181. 235,631. 474 8 Persion plan accruals and contributions; 154,425. 563,847. 72,849. 91 9 Other single section 4008(b) employer contributions; 0. 0. 0. 0. 8 Asson provides (non-employees): 0. 0. 0. 0. 0. 9 Other single section 4008(b) employer contributions; 0. 0. 0. 0. 0. 9 Other single section 4008(b) employer contributions; 0. 0. 0. 0.	5				
4 Benefits paid to or for members 0. 0. 0. 5 Compensation of current officers, trustees, and key employees 3,288,224. 2,417,690. 463,965. 406 6 Compensation not included above to disqualified persons dearchies and wages 0. 0. 0. 0. 7 Other salaries and wages 3,707,733. 2,997,181. 235,631. 474 8 persons dearchifts. 0. 72.8485. 563,847. 72.849. 91 9 Other employee benefits. 72.8485. 563,847. 72.849. 91 9 Payroll taxes 473,119. 366,194. 47,312. 59 16 Fess for services (nonemployees): 0. 6. 65,351. 65 2 Anagement . 0. 64,530. 64,530. 64,530. 64,530. 9 Other : the trag anound access to the outsout to the trag anound access to the outsout or entertainment expenses or Schedule 0).		00 046	00 046		
Other paids of a urrent officers, directors, strustes, and key employees 3,288,224 2,417,690 463,965 406 Compensation of a urrent officers, directors, dissipning and persons (as defined under section 4858(c)(3)(8),, 0) 0, 463,965 406 Compensation of urrent officers, directors, dissipning and persons (as defined under section 4858(c)(3)(8),, 0) 0, 204,408 158,212 20,441 25 Other satisfies and wages 3,707,733 2,997,181 235,631 474 Persons (as defined under section 4858(c)(3)(8),, 10) 728,485 563,847 72,849 91 Other satisfies and wages , 200,441 25 25 204,408 158,212 20,441 25 9 Other employee benefits , 200,411 25 25 253,298 122,596 65,351 65 Accounting , 25,298 122,596 65,351 65 64,530 64 204,408 193,415,552 380,710 193 Advartising and promotion , 423,3505 385,610 64,573 43 41,496,919 1,034,371 462,548 41,496,919 <td>-</td> <td></td> <td>98,940.</td> <td></td> <td></td>	-		98,940.		
trustees, and key employees 3, 288, 224. 2, 417, 690. 463, 965. 406 6 Compensation not included above to disqualified persons (as Ciffed under section 4956)(1) and persons described in section 4956)(1) and 204, 408. 158, 212. 20, 441. 25 9 Other exployee benefits 728, 485. 563, 847. 72, 849. 91 0 Payroll taxes 0. 473, 119. 366, 194. 47, 312. 59 1 Legal 253, 298. 122, 596. 65, 351. 65 1 Legal 25, 000. 15, 000. 15, 000. 15, 000. 16, 308. 1 Interment management fees 64, 530. 64, 530. 64, 530. 62 722. 89. 83 3 Other, of the 113 anout exceeds 10% of the 25, oclumn (V) amount, ithe 114 genepresse on Scheduel 0). 422, 831.4		0.			
6 Compensation not included above to disqualide persons (sc. defined under section 495((3)(8))		3.288.224.	2.417.690.	463.965.	406,56
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	e All other expenses				36,96
6 Joint costs. Complete this line only if the		23,643,561.	18,689,409.	3,468,397.	1,485,75
organization reported in column (B) joint costs from a combined educational campai <u>gn</u> and	organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here F if					

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following SOP 98-2 (ASC 958-720)

Form **990** (2020)

4607

0.

	JUNIOR ACHIEVEMENT USA		84-	1267604
m 990 (i Part X				Page 1
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	4,161,340.	1	5,614,313
2	Savings and temporary cash investments.	8,522,097.	2	1,341,826
3	Pledges and grants receivable, net	4,117,931.	3	2,061,640
4	Accounts receivable, net.	941,026.	4	809,907
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	(
7	Notes and loans receivable, net	0.	7	(
7 8	Inventories for sale or use	3,138,977.	8	2,310,597
9	Prepaid expenses and deferred charges	212,511.	9	179,774
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 11,627,133.			
b	Less: accumulated depreciation	1,348,987.	10c	1,325,182
11	Investments - publicly traded securities	11,941,813.	11	16,401,979
12	Investments - other securities. See Part IV, line 11	0.	12	(
13	Investments - program-related. See Part IV, line 11	0.	13	(
14	Intangible assets	0.	14	(
15	Other assets. See Part IV, line 11	2,897,816.	15	3,271,491
16	Total assets. Add lines 1 through 15 (must equal line 33)	37,282,498.	16	33,316,709
17	Accounts payable and accrued expenses	1,902,944.	17	1,979,576
18	Grants payable	0.	18	(
19	Deferred revenue.	233,698.	19	1,121,698
20	Tax-exempt bond liabilities.	0.	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D	520,426.	21	870,847
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.	22	(
23	Secured mortgages and notes payable to unrelated third parties	6,811,871.	23	16,702
24	Unsecured notes and loans payable to unrelated third parties	0.	24	(
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	1 (55 050		1 (55 050
	of Schedule D	1,657,279.	25	1,657,279
26	Total liabilities. Add lines 17 through 25	11,126,218.	26	5,646,102
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	17,285,750.	27	19,695,638
28	Net assets with donor restrictions.	8,870,530.	28	7,974,969
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	26,156,280.	32	27,670,607

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Form 99	90 (2020)				Pa	ge 12		
Check if Schedule O contains a response or note to any line in this Part XI Image: Check if Schedule O contains a response or note to any line in this Part XI 1 Total evenue (must equal Part VIII, column (A), line 25) Image: 24, 919, 224. 2 Total expenses (must equal Part IX, column (A), line 25) Image: 24, 919, 224. 3 1, 275, 663. 4 Vert assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Image: 426, 156, 280. 5 Net unrealized gains (losses) on investments 5 238, 664. 6 0. 0. 7 1m/sestment expenses. 6 0. 8 0. 0. 9 0. 9 0. 9 0. 0. 9 0. 9 0. 0. 9 0. 9 0. 0. 9 0. 1 27, 670, 607. 0. 9 0. 10 27, 670, 607. 0. 9 0. 10 27, 670, 607. 0. 9 0. 10 27, 670, 607. 0. 9 0. 10 27	-						<u> </u>		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 24, 919, 224. 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 643, 561. 3 Revenue less expenses. Subtract line 2 from line 1. 3 1, 275, 663. 4 26, 156, 280. 4 26, 156, 280. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26, 156, 280. 5 Net unrealized gains (losses) on investments 5 238, 664. 6 0. 5 238, 664. 6 0. 7 0. 8 0.0 9 0. 9 0. 0 10 27, 670, 607. 10 Vers assets or fund balances (explain on Schedule O). 9 0. 10 27, 670, 607. 9 0. 10 27, 670, 607. 10 27, 670, 607. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other									
2 Total expenses (must equal Part IX, column (A), line 25) 2 23, 643, 561. 3 Revenue less expenses. Subtract line 2 from line 1. 3 1, 275, 663. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26, 156, 280. 5 Net unrealized gains (losses) on investments 5 238, 664. 6 0. 7 0. 7 0. 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 27, 670, 607. 221 Interstements and Reporting 10 27, 670, 607. Check if Schedule O contains a response or note to any line in this Part XII. 10 27, 670, 607. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 1 Accounting method used to prepare the whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis. or both: 28 X 11	1				24,9	19,2	224.		
3 Revenue less expenses. Subtract line 2 from line 1			2		23,6	43,5	561.		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26, 156, 280. 5 Net unrealized gains (losses) on investments 5 238, 664. 6 0. 7 0. 7 10 8 0. 9 0. 8 0. 9 0. 8 0. 9 0. 10 8 0. 9 0. 0. 10 9 0. 10 Net assets or fund balances (explain on Schedule O). 9 0. 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 27, 670, 607. 9 0. 0. 10 27, 670, 607. Part XII Financial Statements and Reporting Vere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis; Consolidated basis, or b									
5 Net unrealized gains (losses) on investments 5 238,664. 6 Donated services and use of facilities 7 0. 7 Investment expenses 7 0. 8 Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 27, 670, 607. 9 Tinancial Statements and Reporting 10 27, 670, 607. Check if Schedule O contains a response or note to any line in this Part XII. 1 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to	4		4		26,1	56,2	280.		
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 on Schedule O). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 27, 670, 607. Part XII Financial Statements and Reporting 1 27, 670, 607. Check if Schedule O contains a response or note to any line in this Part XII. 1 27, 670, 607. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	5		5		2	38,6	564.		
 a Prior period adjustments	6		6				0.		
 a) Other changes in net assets or fund balances (explain on Schedule O). b) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). c) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. c) Check if Schedule O contains a response or note to any line in this Part XII. c) Accounting method used to prepare the Form 990: Cash X Accrual Other	7	Investment expenses	7				0.		
 10 Neter dranges if find balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	8	Prior period adjustments	8						
32. column (B)) 27,670,607. Part XII Financial Statements and Reporting 27,670,607. Check if Schedule O contains a response or note to any line in this Part XII.	9	Other changes in net assets or fund balances (explain on Schedule O).	9				0.		
 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 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," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
Check if Schedule O contains a response or note to any line in this Part XII. Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Vere If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a Xs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a			10		27,6	70,6	507.		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other 20 1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X 1 "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X 1 "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X	Part								
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Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Description Separate basis Consolidated basis, or both: Separate basis Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	1								
 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 			xplair	n in					
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X 2b X 2b X 2b X 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 					-		v		
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 Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 			ied o	na					
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? lf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 									
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	C	-	-		2c	х			
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?									
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X			piairi	UII					
Single Audit Act and OMB Circular A-133? 3a X	3.0		th in	the					
	Ja				3a		Х		
	h		erao	the					
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b			•		3b				

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								nformation.	Open to Public Inspection		
Nam	e of th	e organization	1					Employer identifi			
-		R ACHIEVEM						84-12676			
	rt I							art.) See instructions	S		
1 ne					is: (For lines 1 throug tion of churches desc						
2					. (Attach Schedule E						
3					rganization described	-					
4			-		-			n section 170(b)(1)(A)	(iii). Enter the		
		hospital's nam	-	-	,				()		
5		An organizati	on operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6			-		rnmental unit describe		-				
7		-		=		pport fr	om a go	vernmental unit or fro	om the general public		
_				(1)(A)(vi). (Compl							
8		-		-	b)(1)(A)(vi). (Complete	-					
9		•						l in conjunction with a	• •		
			a non-lanu-	grant college of ac		10115). E	niter the i	name, city, and state o	r the college of		
10 11	 university: An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 										
12		•	•		•				arry out the purposes		
		of one or mor	re publicly su	pported organizati	ons described in sec	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).		
		Check the box	t in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lin	nes 12e, 12f, and 12g.		
а		Type I. A su	upporting 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		
	_		-		e Part IV, Sections A						
b				-				supported organization			
			-		-	the sam	e persor	is that control or man	age the supported		
		-		-	, Sections A and C.	tod in a	onnoctio	n with and functional	ly intograted with		
С					ng organization operation). You must comple			n with, and functional	ny integrated with,		
d			-					ection with its suppor	ted organization(s)		
			-			-		oution requirement and			
				• •	omplete Part IV, Sect						
е		-	-		-			nat it is a Type I, Type I	I, Type III		
		•	•	• •	ionally integrated sup		•	ion.			
f				-					•••••		
g			•		orted organization(s).				())		
	(I) Na	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
					above (see instructions))		ment?	instructions)	instructions)		
						Yes	No				
(A)											
(B)											
(C)											
(D)											
(E)											
Tot	al										
For	Paper	work Reduction A	ct Notice. see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020		

JSA 0E1210 0.030 71762E 5974 5/10/2022 9:56:58 AM 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,237,935.	9,484,791.	14,362,992.	15,627,710.	10,178,176.	58,891,604.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	9,237,935.	9,484,791.	14,362,992.	15,627,710.	10,178,176.	58,891,604.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						6,412,578.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						52,479,026.
	tion B. Total Support ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		9,237,935.	9,484,791.	14,362,992.	15,627,710.	10,178,176.	58,891,604.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	433,997.	367,934.	410,191.	424,932.	459,036.	2,096,090.
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						60,987,694.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	87,003,288.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>				
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2020 (lin	,				14	86.05%
15	Public support percentage from 2019 S					15	84.51 %
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the orga						
47-	this box and stop here. The organizatio			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
_	Part VI how the organization meets to organization.						▶□
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-			
18	organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1		1		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is fo	-					
800	organization, check this box and stop here tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8			mn (f))		15	%
16	Public support percentage from 2019 Sche					16	<u> </u>
	tion D. Computation of Investmen					10	///
17	Investment income percentage for 2020 (li			13 column (f))		17	%
18	Investment income percentage from 2019					18	%
	331/3% support tests - 2020. If the o						
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2019. If the org	-	-	•		•••••	
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
JSA	1 1.000						90 or 990-EZ) 2020
					C 0 0		DAGE 1

Page 4

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

JSA 0E1229 1.010 10b | Schedule A (Form 990 or 990-EZ) 2020

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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?			
2	re any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section 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 instructions).						
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	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 governmental entity (see instructions).						
•	And the Task Assess from One and OL for law		Yes	Να			
2	Activities Test. Answer lines 2a and 2b below.						

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **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.*

2a

2b

3a

2

Schedule A (Form 990 or 990-EZ) 2020			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VA Soo
instructions. All other Type III non-functionally integrated supporting organi			
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):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		te d True e III er menentin	·

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) 2020

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Schedu	le A (Form 990 or 990-EZ) 2020			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - <i>explain in Part VI).</i> See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$ Applied to underdistributions of prior years			
a b	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			
			0	ula A (Form 000 or 000 EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

Part VISupplemental 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

Employer identification number

84-1267604

JUNIOR ACHIEVEMENT USA

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).

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

(a) No.

2

(a) No.

3

(a) No.

4

(a) No.

5

(a) No.

б

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\$1,189,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$551,264.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$520,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) B (Form 990, 990-EZ, or 990-PF) (2020)
	(c) Total contributions \$ 650,000. (c) Total contributions \$ 551,264. (c) Total contributions \$ 520,000. (c) Total contributions \$ 520,000. (c) Total contributions \$ 520,000. (c) Total contributions \$ 500,000. \$ 500,000. \$ 326,813.

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

84-1267604

(d)

Type of contribution

(c)

Total contributions

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

4607

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

7	N/A	\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$204,801.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Page 2

(d)

Type of contribution

(c)

Total contributions

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					
Name of organization	JUNIOR	ACHIEVEMENT	USA	Employer identification number	
				84-1267604	

(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
		 \$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4		
Name of organization JUNIOR ACHIEVEMENT USA Employer identification numbers					
			84-1267604		
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$Use duplicate copies of Part III if additional space is needed.					
(a) No. from	(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	
		(e) Transi	fer of gift	I	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
a) No					
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transi	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No				1	
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Trans	ier of gift		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No					
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
			ion of wift		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

4607

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Internal Reven	ue Service	Go to www.irs.gov/Form990 to	r instructions and the	latest information.	Inspection
-		es," on Form 990, Part IV, line 3, or For ions: Complete Parts I-A and B. Do not com		6 (Political Campaign Activ	
		section 501(c)(3)) organizations: Complete	•	Do not complete Part I-R	
		Complete Part I-A only.			
	0	es," on Form 990, Part IV, line 4, or For	n 990-EZ, Part VI, line 4	7 (Lobbying Activities), the	n
 Section 	501(c)(3) organizat	ions that have filed Form 5768 (election ι	Inder section 501(h)): Co	omplete Part II-A. Do not cor	nplete Part II-B.
 Section 	501(c)(3) organizat	ions that have NOT filed Form 5768 (elec	tion under section 501(h)): Complete Part II-B. Do no	ot complete Part II-A.
Tax) (See se	parate instructions),	'es," on Form 990, Part IV, line 5 (Prox then) organizations: Complete Part III.	y Tax) (See separate i	nstructions) or Form 990-	EZ, Part V, line 35c (Prox
Vame of org		organizations. Complete Part III.		Employer ide	entification number
0	ACHIEVEMENT U	IS A		84-126	
Part I-A		ne organization is exempt under	section 501(c) or		
	•	the organization's direct and indirect		•	
	tion of "political ca	-	political campaign a		
	•	ty expenditures (See instructions)		▶ \$	
		ical campaign activities (See instructi			
Part I-B		ne organization is exempt under			
		v excise tax incurred by the organizati			
2 Enter	the amount of any	v excise tax incurred by organization r	nanagers under sect	ion 4955 ► \$	
		red a section 4955 tax, did it file Forn			
	-				
	s." describe in Part				
Part I-C		ne organization is exempt unde	r section 501(c), e	xcept section 501(c)(3	3).
1 Enter	the amount direct	ly expended by the filing organizatio	n for section 527 ex	empt function	
527 e	exempt function ac	filing organization's funds contribute tivities		▶\$	
line 1	7b	expenditures. Add lines 1 and 2. Er		▶\$	
5 Enter organ the ar	the names, address ization made payn mount of political of	n file Form 1120-POL for this year? sses and employer identification num nents. For each organization listed, e contributions received that were pro d fund or a political action committee	ber (EIN) of all secti nter the amount pai mptly and directly de	on 527 political organiz d from the filing organiz elivered to a separate po	ations to which the filing zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			_		
(2)			_		
(3)			_		
(4)			_		
5)			_		
6)					
(6)			_		

Political Campaign and Lobbying Activities

Complete if the organization is described below.

Department of the Treasury ire /E/

SCHEDULE C

(Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020 **Open to Public**

Schedule	C (Form 990 or 990-EZ) 2020 0 011 OK	ACHIEVEMENI USA	04-12	207004 Page Z
Part II	 A Complete if the organizati section 501(h)). 	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A Che		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	per's name,
B Che	eck \blacktriangleright 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 Tot	al lobbying expenditures to influence	public opinion (grassroots lobbying)		
b Tot	al lobbying expenditures to influence	a legislative body (direct lobbying)	15,000.	
c Tot	al lobbying expenditures (add lines 1	a and 1b)	15,000.	
			23,628,561.	
		d lines 1c and 1d)	23,643,561.	
		e amount from the following table in both		
	umns.		1,000,000.	
lf th	ne 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.		
Ove	er \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Ove	er \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Ove	er \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Ove	er \$17,000,000	\$1,000,000.		
g Gra	assroots nontaxable amount (enter 25	5% of line 1f)	250,000.	
h Sub	otract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.
		ss, enter -0-	0.	0.
		on either line 1h or line 1i, did the organiza	tion file Form 4720	
rep	orting 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) 2017	(b) 2018	(c) 2019	(d) 2020	(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.
с	Total lobbying expenditures				15,000.	15,000.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

<u>.</u>	JUNIOR ACHIEVEMENT USA		84-	-1267604		
_	Indule C (Form 990 or 990-EZ) 2020 rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d Forr	n 5768	!	Page
	(election under section 501(h)).	(;	a)	(t	b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.					
c d	Media advertisements?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				-	-
i	Other activities?					
i	Total. Add lines 1c through 1i					
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or se	ection		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro					
Pa	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."				3, is	
1	Dues, assessments and similar amounts from members		[1		
2	Section 162(a) nondeductible lobbying and political expanditures (do not include amou					

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (See instructions)	5	
Da	t IV Supplemental Information		

Part IV Supplemental Information

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

Schedule C (Form 990 or 990-EZ) 2020

Page 4

Part IV Supplemental Information (continued)

SCHEE	DULE D
(Form	990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2020

OMB No. 1545-0047

Depa	artment of the Treasury		Attach to Form 990.				Open to	
	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions a	nd the latest info			Inspection	on
	e of the organization					oyer identificati		
_	NIOR ACHIEVEME					4-126760	4	
Pa		tions Maintaining Donor Adv			or Accou	ints.		
	Complete	e if the organization answered						
			(a) Donor advised	Ifunds	(b)	Funds and c	other account	ts
1		nd of year						
2		of contributions to (during year)						
3	Aggregate value of	of grants from (during year)						
4		at end of year						
5	•	ion inform all donors and donor	•					
		anization's property, subject to the	-	-			Yes	No
6	-	ion inform all grantees, donors, a						
	•	e purposes and not for the bene			•		<u> </u>	
_		nissible private benefit?	<u></u>	<u></u>		<u> </u>	Yes	No
Pa		ation Easements.	"\/	the state of the s				
		e if the organization answered						
1		servation easements held by the				(
		n of land for public use (for example	e, recreation or education)	Preservatio				area
		of natural habitat		Preservatio	n of a cer	tified histori	c structure	
2		n of open space	ald a qualified concernation		in the few	m of a case	oniotion	
2	-	a through 2d if the organization h	eid a quaimed conservatio	on contribution		Held at the E		ax Year
_		last day of the tax year.						
a ⊾		onservation easements			2a 2b			
b	-	tricted by conservation easements			20 2c			
C A		rvation easements on a certified			20			
d		rvation easements included in (o			2d			
3		listed in the National Register . rvation easements modified, tra				w the orga	nization du	uring the
3	tax year ►	Tration easements modified, tra	insierreu, releaseu, exting	Juisneu, or terr	innateu t	ly the organ	nization ut	ing the
4		where property subject to conse	rvation pasament is locate	d 🕨				
5		ation have a written policy reg			ction ha	ndling of		
5		forcement of the conservation ea					Yes	
6		hours devoted to monitoring, insp						
Ŭ		nours devoted to monitoring, map	county, narialing of violation		g conserv		and during	the year
7	Amount of expense	ses incurred in monitoring, inspec	ting handling of violations	and enforcing	conserva	tion easeme	ents durina	the vear
-	► s	,	ung, nanamig er helanene	, and enterenty			ine aanig	ine year
8	Does each conser	vation easement reported on line :	2(d) above satisfy the requ	irements of sec	tion 170	h)(4)(B)(i)		
		i)(4)(B)(ii)?					Yes	
9		ibe how the organization reports						
	balance sheet, an	d include, if applicable, the text of	of the footnote to the orga	nization's finar	icial state	ments that d	escribes th	е
	organization's acc	counting for conservation easeme	ents.					
Pa		tions Maintaining Collections			er Simila	ar Assets.		
	Complete	e if the organization answered	"Yes" on Form 990, Pa	art IV, line 8.				
1a	If the organization	n elected, as permitted under FA treasures, or other similar asse	ASB ASC 958, not to rep	ort in its rever	ue stater	nent and ba	alance she	et works
	of art, historical	treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibits to its financial statements	tion, education that describes	n, or rese these iter	arch in furi	therance of	of public
b		n elected, as permitted under F					nce sheet v	Norke of
D		sures, or other similar assets he						
	provide the follow	ing amounts relating to these iter	ms:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1				▶\$_		
	(ii) Assets include	ed in Form 990, Part X				▶\$_		
2		on received or held works of a						
		s required to be reported under F						
а		l on Form 990, Part VIII, line 1.						
b	Assets included in	n Form 990, Part X				▶\$		

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020											Page 2
Ра	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asure	s, or	Other	Similar A	Assets (a	continue	d)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its											
	collection items (check all that app	ly):			_							
а	Public exhibition			d	Loan d	or exch	ange	program	n			
b	Scholarly research			e	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's	collections	and expla	ain how t	they fu	rther	the org	ganization'	s exemp	t purpos	e in Part
	XIII.											
5	During the year, did the organization	on solicit c	or receive o	donations o	of art, histo	orical tr	easu	res, or o	other simil	ar		
	assets to be sold to raise funds rath	ner than to	be mainta	ained as pa	rt of the o	organiz	ation'	s collec	tion?	[Yes	No
Ра	rt IV Escrow and Custodial A	rrangem	ents.									
	Complete if the organiza	tion ans	wered "Ye	es" on For	m 990, F	Part IV,	line	9, or re	eported a	n amour	nt on Fo	rm
	990, Part X, line 21.											
1a	Is the organization an agent, trus	tee, custo	odian or o	ther interm	nediary fo	or cont	ributio	ons or	other ass	ets not		
	included on Form 990, Part X?									[Yes	X No
b	If "Yes," explain the arrangement in									_		
										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						or cu	stodial	account lia	bility?	X Yes	No
b	If "Yes," explain the arrangement in	n Part XII	I. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XII			
Ра	rt V Endowment Funds.											
	Complete if the organiza	ation ansv	wered "Ye	es" on For	m 990, F	Part IV,	line	10.				
		(a) Cur	rent year	(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four y	/ears back
1a	Beginning of year balance											
b	Contributions	1,3	00,000.									
c	Net investment earnings, gains,											
Ŭ	and losses	1	53,486.									
Ь	Grants or scholarships											
e	Other expenditures for facilities											
Ũ	and programs		37,301.									
f	Administrative expenses											
g	End of year balance	1,41	16,185.									
2	Provide the estimated percentage	of the cu	rrent vear	end halanc	e (line 1a	columr	າ (a))	held as				
a	Board designated or quasi-endowr		Joint your	%	e (inte 19,	oorann	(u))		•			
b	Permanent endowment > 91.8			_								
с	Term endowment ► 8.2000											
	The percentages on lines 2a, 2b, a	and 2c sho	ould equal	100%.								
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are hel	d and	d admin	istered for	the		
	organization by:										١	′es No
	(i) Unrelated organizations										3a(i)	X
	(ii) Related organizations										3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organiz	zations liste	d as require	ed on Sch	edule R					3b	
4	Describe in Part XIII the intended u	uses of th	e organiza	tion's endo	wment fur	nds.					·	
Ра	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
	Complete if the organization of property	ation ans										
_	Description of property		(a) Cost or (inves	other basis tment)	(b) Cost ((0	or other ba ther)	asis		cumulated eciation	(d	I) Book valu	ue
1a	Land		1,2	60,730.							1,26	0,730.
b	Buildings	F			4,1	20,41	71.	4,1	20,471.			
с	Leasehold improvements											
d	Equipment				4	19,70	38.	3	91,380.		3	8,328.
е	Other	Г			5,8	326,22	24.	5,7	90,100.		3	6,124.
Tota	I. Add lines 1a through 1e. (Column		equal Forr	n 990. Part	X. colum	n (B), lir	ne 10	c.)			1,32	5,182.

Schedule D (Form 990) 2020

JSA 0E1269 1.000

e 3

JUNIOR ACHIEVE	MENT USA	84-1267604
Schedule D (Form 990) 2020		Page
Part VII Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
 (1) Financial derivatives		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

(5) (6) (7) (8)

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) DUE FROM RELATED PARTY	3,271,491.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
_(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ►	3,271,491.

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)	PPP REFUNDABLE ADVANCE	1,657,279.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,657,279.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

JUNIOR ACHIEVE	MENT USA
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Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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.)		
c	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 Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
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:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
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 IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V, line	4; Part X, line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SEE PAGE 5

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued) SCHEDULE D, PART IV, LINE 2B TRUST, ESCROW, AND CUSTODIAL ARRANGEMENTS: THE ORGANIZATION ASSISTS ITS JA AREAS TO ADMINISTER JUNIOR ACHIEVEMENT PROGRAMS. THE ORGANIZATION HOLDS FUNDS ON BEHALF OF CERTAIN JA AREAS FOR THEIR EXPENSES. THESE FUNDS ARE INCLUDED IN THE CASH AND INVESTMENTS BALANCE ON THE STATEMENTS OF FINANCIAL POSITION AND TOTAL \$870,847 AS OF JUNE 30, 2021.

SCHEDULE D, PART V, LINE 4 THE ENDOWMENT IS TO BE USED TO FUND TRAINING FOR JA STAFF EMERGING LEADERS.

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 F	Statement of Activities Outside the United St	ates 📙	OMB No. 1545-0047	
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ★ Attach to Form 990.	2020		
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection	
Name of the organization	Employer ider	identification number		
JUNIOR ACHIEVEME	84-126	267604		
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on	
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	0.	0.	GRANTMAKING		28,846.
(2) EUROPE	0.	0.	GRANTMAKING		10,000.
(3) SOUTH AMERICA	0.	0.	GRANTMAKING		15,000.
(4) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		18,000.
(5) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		27,100.
_(6)					
(7)					
(8)					
(9)					
(10)					
<u>(11)</u>					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal b Total from continuation sheets to Part I					98,946.
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, se	e the Instruction	s for Form 990.		Schedul	98,946. e F (Form 990) 2020

JUNIOR ACHIEVEMENT USA

Schedule F (rm 990) 2020	Page 2
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on F	Form 990,

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
				SUPPORT					
(1)			NORTH AMERICA	MISSION	12,300.				
				SUPPORT					
2)			NORTH AMERICA	MISSION	16,546.				
				SUPPORT					
3)			EUROPE/ICELAND/GREENLAND	MISSION	10,000.				
				SUPPORT					
4)			SOUTH AMERICA	MISSION	10,000.				
				SUPPORT					
5)			EAST ASIA/PACIFIC	MISSION	15,000.				
				SUPPORT					
6)			SUB-SAHARAN AFRICA	MISSION	7,300.				
				SUPPORT					
(7)			SUB-SAHARAN AFRICA	MISSION	14,800.				
8)									
(9)									
0)									
1)									
2)									
3)									
4)									
5)									
6)									

3 Enter total number of other organizations or entities ► Schedule F (Form 990) 2020

Page 2

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

JUNIOR ACHIEVEMENT USA

Page	4

Sched	ule F (Form 990) 2020		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Page 5

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 MEMBER NATIONS ONLY. MOST OF THE FUNDING FOR THE GRANTS ARE

PROVIDED BY DONORS WHO PLACE RESTRICTIONS ON THE USE OF THE GRANTS. GRANT

USAGE REQUIREMENTS VARY BY DONOR. THE REPORTING REQUIRED IS SUBMITTED TO

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

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047	
(Form 990)	(Form 990) Governments, and Individuals in the United States							2020	
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Attach to Form 990. Open to P									
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 ACHIEVEMEN	T USA						84-1267	604	
Part I General Info	rmation 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 C	Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	nplete if the organiz	ation answered	"Yes" on Form 990,	
Part IV, line 2	21, for any recipient the	nat received	more than \$5	,000. Part II can b	e duplicated if a	additional space is r	needed.		
1 (a) Name and add or gove		(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	F NEW YORK, INC.							PROGRAM	
	E 205 NEW YORK NY 10170	13-3031828	501(C)(3)	339,538.				SUPPORT	
(2) JUNIOR ACHIEVEMENT OF	F GEORGIA, INC.							PROGRAM	
275 NORTHSIDE DRIVE.		58-0598050	501(C)(3)	228,614.				SUPPORT	
(3) JUNIOR ACHIEVEMENT OF	F CHICAGO							PROGRAM	
651 WEST WASHINGTON E		36-2170141	501(C)(3)	228,376.				SUPPORT	
(4) JUNIOR ACHIEVEMENT OF	F NORTHERN CALIFORNIA,							PROGRAM	
3003 OAK ROAD STE 130) WALNUT CREEK CA 94597	94-1322179	501(C)(3)	164,165.				SUPPORT	
(5) JUNIOR ACHIEVEMENT OF	F NORTHERN NEW ENGLAND							PROGRAM	
209 BURLINGTON RD STE	E 211 BEDFORD MA 1730	04-2127020	501(C)(3)	131,474.				SUPPORT	
(6) JUNIOR ACHIEVEMENT OF	F WASHINGTON							PROGRAM	
1610 PERIMETER RD SW	AUBURN WA 98001	91-0604913	501(C)(3)	130,936.				SUPPORT	
(7) JUNIOR ACHIEVEMENT OF	F ARIZONA, INC.							PROGRAM	
636 WEST SOUTHERN AVE	E. TEMPE AZ 85282	86-0184349	501(C)(3)	128,598.				SUPPORT	
(8) JUNIOR ACHIEVEMENT OF	F SOUTHEAST TEXAS, INC.							PROGRAM	
2115 E. GOVERNOR?S CI	IRCLE HOUSTON TX 77092	74-1153957	501(C)(3)	116,745.				SUPPORT	
(9) JUNIOR ACHIEVEMENT OF	F NEW JERSEY, INC.							PROGRAM	
360 PEAR BLOSSOM DRIV	VE EDISON NJ 8837	22-1774147	501(C)(3)	114,627.				SUPPORT	
(10) JUNIOR ACHIEVEMENT -	ROCKY MOUNTAIN, INC.							PROGRAM	
1445 MARKET STE 200 E	DENVER CO 80202	84-0430495	501(C)(3)	106,188.				SUPPORT	
(11) JUNIOR ACHIEVEMENT OF	F SOUTHERN CALIFORNIA,							PROGRAM	
6250 FOREST LAWN DRIV	VE LOS ANGELES CA 90068	95-1799192	501(C)(3)	98,255.				SUPPORT	
(12) JUNIOR ACHIEVEMENT OF	F CENTRAL FLORIDA, INC.							PROGRAM	
2121 CAMDEN ROAD ORLA	ANDO FL 32803	59-0972112	501(C)(3)	92,575.				SUPPORT	
2 Enter total number of	of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tab	ole			▶	
3 Enter total number of	of other organizations list	ted in the line	1 table					•	

SCHEDULE I				Assistance t	-	•	F	OMB No. 1545-0047		
(Form 990)	(Form 990) Governments, and Individuals in the United States							2020		
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Attach to Form 990. Open to Pub										
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection		
Name of the organization										
JUNIOR ACHIEVEMENT	JUNIOR ACHIEVEMENT USA 84-1267604									
Part I General Infor	mation on Grants and	d Assistanc	e				•			
1 Does the organizatio	n maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, a	nd		
-	used to award the grant			-	-			X Yes No		
	he organization's proced									
	other Assistance to D		-	-		nlete if the organiz	ation answered	"Ves" on Form 990		
	1, for any recipient th		-							
				1		•				
1 (a) Name and addu or gover		(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	e (h) Purpose of grant or assistance		
(1) JUNIOR ACHIEVEMENT OF	THE UPPER MIDWEST							PROGRAM		
1745 UNIVERSITY AVE.	W ST PAUL MN 55104	41-1424988	501(C)(3)	88,122.				SUPPORT		
(2) JUNIOR ACHIEVEMENT OF	UTAH, INC.							PROGRAM		
515 S 700 E STE 1F SA	LT LAKE CITY UT 84102	87-0225875	501(C)(3)	85,962.				SUPPORT		
(3) JUNIOR ACHIEVEMENT OF	SOUTHEASTERN MICHIGAN							PROGRAM		
577 E. LARNED STE 200	DETROIT MI 48226	38-1348535	501(C)(3)	82,915.				SUPPORT		
(4) JUNIOR ACHIEVEMENT OF	SOUTHWEST NEW ENGLAND							PROGRAM		
70 FARMINGTON AVENUE	HARTFORD CT 6105	06-0665972	501(C)(3)	80,979.				SUPPORT		
(5) JUNIOR ACHIEVEMENT OF	DALLAS, INC.							PROGRAM		
P O BOX 191405 DALLAS	TX 75219	75-0881589	501(C)(3)	78,411.				SUPPORT		
(6) JUNIOR ACHIEVEMENT OF	RHODE ISLAND, INC.							PROGRAM		
57 GREENE ST. WARWICK	RI 2886	05-0263443	501(C)(3)	68,819.				SUPPORT		
(7) JUNIOR ACHIEVEMENT OF	TAMPA BAY, INC.							PROGRAM		
13707 N. 22ND STREET	TAMPA BAY FL 33613	59-1098499	501(C)(3)	67,172.				SUPPORT		
(8) JUNIOR ACHIEVEMENT OF	NORTH CENTRAL OHIO							PROGRAM		
4353 EXECUTIVE CIRCLE	NW CANTON OH 44718	34-0940986	501(C)(3)	62,462.				SUPPORT		
(9) JUNIOR ACHIEVEMENT OF	WESTERN PENNSYLVANIA							PROGRAM		
90 EMERSON LN STE 140	3 BRIDGEVILLE PA 15017	25-0983059	501(C)(3)	59,997.				SUPPORT		
(10) JUNIOR ACHIEVEMENT OF	THE CHISHOLM TRAIL, I	_						PROGRAM		
6300 RIDGLEA PLSTE 40	0 FORT WORTH TX 76116	75-0944915	501(C)(3)	55,504.				SUPPORT		
(11) JUNIOR ACHIEVEMENT OF	CENTRAL CAROLINAS, IN							PROGRAM		
1701 N. GRAHAM STE 10	0 CHARLOTTE NC 28206	56-0672085	501(C)(3)	55,444.				SUPPORT		
(12) JUNIOR ACHIEVEMENT OF	EASTERN NORTH CAROLIN	4						PROGRAM		
4909 WATERS EDGE DRIV		1	501(C)(3)	52,801.				SUPPORT		
	f section 501(c)(3) and	0	0					▶		
3 Enter total number of	f other organizations list	ted in the line	1 table			<u></u>		►		

(Form 990) Go	vernme	nts, and Ir	Assistance t Individuals in Wered "Yes" on F	n the Unite	d States		омв №. 1545-0047 20 20		
Department of the Treasury Open to Public Open to Public									
Internal Revenue Service									
Name of the organization Employer identification number									
JUNIOR ACHIEVEMENT USA 84-1267604									
Part I General Information on Grants and Assistance									
 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "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	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	(h) Purpose of grant or assistance		
(1) JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC.							PROGRAM		
4049 WOODCOCK DR JACKSONVILLE FL 32207	59-1021800	501(C)(3)	50,159.				SUPPORT		
(2) JUNIOR ACHIEVEMENT OF CENTRAL OHIO, INC.							PROGRAM		
68 E. 2ND AVENUE COLUMBUS OH 43201	31-4385042	501(C)(3)	48,943.				SUPPORT		
(3) JUNIOR ACHIEVEMENT OF OKI PARTNERS, INC.							PROGRAM		
644 LINN ST. STE 1024 CINCINNATI OH 45203	32-0014307	501(C)(3)	41,764.				SUPPORT		
(4) JUNIOR ACHIEVEMENT OF OKLAHOMA, INC.							PROGRAM		
3947 S. 103RD EAST AVE. TULSA OK 74146	73-0757053	501(C)(3)	39,222.				SUPPORT		
(5) JUNIOR ACHIEVEMENT OF NORTH LOUISIANA, INC.							PROGRAM		
212 TEXAS ST. STE 101 SHREVEPORT LA 71101	72-0595081	501(C)(3)	38,439.				SUPPORT		
(6) JUNIOR ACHIEVEMENT OF DELAWARE, INC.							PROGRAM		
522 S. WALNUT STREET WILMINGTON DE 19801	51-0078199	501(C)(3)	37,542.				SUPPORT		
(7) JUNIOR ACHIEVEMENT OF THE BLUEGRASS, INC.							PROGRAM		
2420 SPURR ROAD LEXINGTON KY 40511	61-0606480	501(C)(3)	36,811.				SUPPORT		
(8) JUNIOR ACHIEVEMENT OF SOUTH DAKOTA, INC.							PROGRAM		
300 S. PHILLIPS AVE SIOUX FALLS SD 57104	46-0306352	501(C)(3)	36,742.				SUPPORT		
(9) JUNIOR ACHIEVEMENT OF GREATER ST. LOUIS, IN							PROGRAM		
17339 N OUTER FORTY CHESTERFIELD MO 63005	43-0652112	501(C)(3)	35,464.				SUPPORT		
(10) JUNIOR ACHIEVEMENT OF CENTRAL INDIANA, INC.							PROGRAM		
8395 KEYSTONE CROSSING INDIANAPOLIS IN 4624	35-1003695	501(C)(3)	33,780.				SUPPORT		
(11) JUNIOR ACHIEVEMENT OF GREATER BATON ROUGE							PROGRAM		
PO BOX 77576 BATON ROUGE LA 70879	72-0485727	501(C)(3)	33,017.				SUPPORT		
(12) JUNIOR ACHIEVEMENT OF OREGON & SW WASH.							PROGRAM		
7830 SE FOSTER ROAD PORTLAND OR 97206	93-0384007	501(C)(3)	32,231.				SUPPORT		
2 Enter total number of section 501(c)(3) and	0	0					•		
3 Enter total number of other organizations list	ted in the line	e 1 table				<u></u>	•		

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,	L	OMB No. 1545-0047			
	Form 990) Governments, and Individuals in the United States									
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Attach to Form 990 Open to Public										
Department of the Treasury Internal Revenue Service	Department of the Treasury									
Name of the organization Employer identification number										
JUNIOR ACHIEVEMENT USA										
Part General Information on Grants and Assistance										
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce the grantees	eligibility for the grant	s or assistance a	Ind			
the selection criteria used to award the gran			0		0, 0		X Yes No			
2 Describe in Part IV the organization's proce							•			
					plata if the organiz	ation on woros	Vool on Form 000			
		-					res on Form 990,			
Part IV, line 21, for any recipient t	nat received	more than \$5	,000. Part II can t			ieeded.				
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 on noncash assistant				
(1) JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE							PROGRAM			
120 POWELL PLACE NASHVILLE TN 37204	62-0582571	501(C)(3)	31,661.				SUPPORT			
(2) JUNIOR ACHIEVEMENT OF SAN DIEGO COUNTY							PROGRAM			
4756 MISSION GORGE PLACE SAN DIEGO CA 92120	95-1727087	501(C)(3)	29,913.				SUPPORT			
(3) JA OF THE PALM BEACHES & TREASURE COAST							PROGRAM			
700 S. ROSEMARY AVE 204 WEST PALM FL 33401	59-2333738	501(C)(3)	28,790.				SUPPORT			
(4) JUNIOR ACHIEVEMENT OF GREATER KANSAS CITY							PROGRAM			
P O BOX 801686 KANSAS CITY MO 64180	44-0604809	501(C)(3)	28,372.				SUPPORT			
(5) JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC.							PROGRAM			
6100 GRAND AVENUE DES MOINES IA 50312	42-0759070	501(C)(3)	27,306.				SUPPORT			
(6) JUNIOR ACHIEVEMENT OF THE TRIAD, INC.							PROGRAM			
3220 NORTHLINE AVENUE GREENSBORO NC 27408	56-0844838	501(C)(3)	26,501.				SUPPORT			
(7) JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO							PROGRAM			
611 N WEBER ST COLORADO SPRINGS CO 80903	84-6009223	501(C)(3)	24,799.				SUPPORT			
(8) JUNIOR ACHIEVEMENT OF GREATER CLEVELAND							PROGRAM			
1422 EUCLID AVENUE CLEVELAND OH 44115	34-0733164	501(C)(3)	24,625.				SUPPORT			
(9) JUNIOR ACHIEVEMENT OF GREATER HAMPTON ROADS							PROGRAM			
2600 INTERNATIONAL VIRINIA BEACH VA 23452	54-0799839	501(C)(3)	24,414.				SUPPORT			
(10) JUNIOR ACHIEVEMENT OF HAWAII, INC.							PROGRAM			
1888 KALAKAUA AVENUE HONOLULU HI 96813	99-0088861	501(C)(3)	20,748.				SUPPORT			
(11) JUNIOR ACHIEVEMENT OF WISCONSIN, INC.							PROGRAM			
11111 WEST LIBERTY DRIVE MILWAUKEE WI 53224	39-0826295	501(C)(3)	19,769.				SUPPORT			
(12) JUNIOR ACHIEVEMENT OF THE DESERT SOUTHWEST	_						PROGRAM			
200 BARTLETT STE 104 EL PASO TX 79912	74-1565161	501(C)(3)	18,555.				SUPPORT			
2 Enter total number of section 501(c)(3) and	0	0					▶			
3 Enter total number of other organizations lis	ted in the line	1 table					•			

			Assistance t			F	OMB No. 1545-0047		
(Form 990) GC	(Form 990) Governments, and Individuals in the United States								
(Form 990) GOVERNMENTS, and Individuals in the United States 202									
Department of the Treasury Attach to Form 990. Open to Public									
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior).		Inspection		
Name of the organization						Employer identif	cation number		
JUNIOR ACHIEVEMENT USA						84-1267	604		
Part General Information on Grants and Assistance									
 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	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,		
Part IV, line 21, for any recipient t	hat 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 MIDDLETOWN AREA							PROGRAM		
1050 CENTRAL AVENUE MIDDLETOWN OH 45044	31-6050625	501(C)(3)	17,274.				SUPPORT		
(2) JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLIN							PROGRAM		
2711 MIDDLEBURG DR. COLUMBIA SC 29204	57-0511131	501(C)(3)	16,928.				SUPPORT		
(3) JUNIOR ACHIEVEMENT OF GREATER WASHINGTON							PROGRAM		
919 18TH STREET, NW WASHINGTON DC 20006	54-0788947	501(C)(3)	16,314.				SUPPORT		
(4) JUNIOR ACHIEVEMENT OF SOUTHWESTERN INDIANA							PROGRAM		
431 E. DIAMOND AVENUE EVANSVILLE IN 47711	35-6048156	501(C)(3)	15,407.				SUPPORT		
(5) JUNIOR ACHIEVEMENT OF EAST TENNESSEE, INC.							PROGRAM		
2135 N. CHARLES G. SEIVERS CLINTON TN 37716	62-0810145	501(C)(3)	14,395.				SUPPORT		
(6) JUNIOR ACHIEVEMENT OF NORTHERN INDIANA							PROGRAM		
550 E. WALLEN RD FORT WAYNE IN 46825	35-0922731	501(C)(3)	14,203.				SUPPORT		
(7) JUNIOR ACHIEVEMENT OF WESTERN NEW YORK							PROGRAM		
6255 SHERIDAN DRIVE WILLIAMSVILLE NY 14221	16-0821488	501(C)(3)	14,131.				SUPPORT		
(8) JUNIOR ACHIEVEMENT OF GREATER FAIRFIELD COU							PROGRAM		
835 MAIN STREET BRIDGEPORT CT 6604	06-0644315	501(C)(3)	13,915.				SUPPORT		
(9) JUNIOR ACHIEVEMENT OF SOUTHERN MASSACHUSETT							PROGRAM		
128 UNION ST. STE 304 NEW BEDFORD MA 2740	04-3193575	501(C)(3)	13,627.				SUPPORT		
(10) JUNIOR ACHIEVEMENT OF NEW MEXICO, INC.							PROGRAM		
4700 LINCOLN RD, NE ALBUQUERQUE NM 87109	85-0416889	501(C)(3)	13,425.				SUPPORT		
(11) JUNIOR ACHIEVEMENT OF NORTHEASTERN NEW YORK							PROGRAM		
P O BOX 1487 ALBANY NY 12201	14-1429763	501(C)(3)	11,708.				SUPPORT		
(12) JUNIOR ACHIEVEMENT OF IDAHO, INC.							PROGRAM		
215 E. FRANKLIN MERIDIAN ID 83642	82-6008991	501(C)(3)	10,556.				SUPPORT		
2 Enter total number of section 501(c)(3) and	government	organizations lis	ted in the line 1 tak	ble			▶		
3 Enter total number of other organizations lis	ted in the line	1 table					►		

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,	L	OMB No. 1545-0047			
(Form 990) Ge	overnme	nts, and Ir	ndividuals ii	n the United	d States		2020			
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Department of the Treasury										
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization						Employer identifi	cation number			
JUNIOR ACHIEVEMENT USA 84-1267604										
Part I General Information on Grants and Assistance										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										
the selection criteria used to award the gran			-	-			X Yes No			
2 Describe in Part IV the organization's proce										
Part II Grants and Other Assistance to I					nlete if the organiz	ation answered	"Yes" on Form 990			
Part IV, line 21, for any recipient		-								
· · ·			1		•					
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 SOUTH TEXAS, INC.							PROGRAM			
403 E. RAMSEY STE 201 SAN ANTONIO TX 78216	74-2061852	501(C)(3)	10,366.				SUPPORT			
(2) JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.							PROGRAM			
1401 W MUHAMMED ALI BLVD LOUISVILLE KY 4020	61-0476694	501(C)(3)	9,885.				SUPPORT			
(3) JUNIOR ACHIEVEMENT OF ALABAMA, INC.							PROGRAM			
P O BOX 19307 BIRMINGHAM AL 35219	63-0340866	501(C)(3)	9,549.				SUPPORT			
(4) JUNIOR ACHIEVEMENT OF GREATER MIAMI, INC.							PROGRAM			
2124 N.E. 123 STREET NORTH MIAMI FL 33181	59-0807486	501(C)(3)	8,877.				SUPPORT			
(5) JUNIOR ACHIEVEMENT OF CENTRAL ILLINOIS, INC	_						PROGRAM			
508 HIGH POINT LANE EAST PEORIA IL 61611	37-0657600	501(C)(3)	8,483.				SUPPORT			
(6) JUNIOR ACHIEVEMENT OF KANSAS, INC.	_						PROGRAM			
P O BOX 3728 TOPEKA KS 66604	48-0731855	501(C)(3)	8,194.				SUPPORT			
(7) JUNIOR ACHIEVEMENT OF GREATER NEW ORLEANS	_						PROGRAM			
5100 ORLEANS AVENUE NEW ORLEANS LA 70124	72-0469314	501(C)(3)	7,677.				SUPPORT			
(8) JUNIOR ACHIEVEMENT OF ARKANSAS, INC.	_						PROGRAM			
#1 WORLD AVENUE LITTLE ROCK AR 72202	71-0658775	501(C)(3)	7,661.				SUPPORT			
(9) JUNIOR ACHIEVEMENT OF THE MICHIGAN GREAT LA	_						PROGRAM			
4090 LAKE DRIVE SE GRAND RAPIDS MI 49546	38-1557861	501(C)(3)	7,006.				SUPPORT			
(10) JUNIOR ACHIEVEMENT OF SOUTH CENTRAL KENTUCK	_						PROGRAM			
2501 CROSSINGS BLVD. BOWLING GREEN KY 42104	61-0997385	501(C)(3)	7,006.				SUPPORT			
(11) JUNIOR ACHIEVEMENT OF MAHONING VALLEY, INC.	_						PROGRAM			
NORTHWOOD CENTER GIRARD OH 44420	34-1714400	501(C)(3)	6,478.				SUPPORT			
(12) JUNIOR ACHIEVEMENT OF SAN JUAN, PUERTO RICO	_						PROGRAM			
PO BOX 365064 SAN JUAN PR 936	66-0273258	501(C)(3)	5,758.				SUPPORT			
2 Enter total number of section 501(c)(3) and	0	0					▶			
3 Enter total number of other organizations lis	ted in the line	1 table					•			

SCHEDULE I	Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
			ndividuals in				2020
Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► At	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 identificat	on number
JUNIOR ACHIEVEMENT USA						84-126760	4
Part I General Information on Grants and	d Assistanc	e				•	
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed	lures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	nanizations ar	nd Domestic Gov	ernments Com	plete if the organiz	ration answered "Y	es" on Form 990
Part IV, line 21, for any recipient th		-					
	1			•	•		
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 SOUTHWEST FLORIDA							PROGRAM
13241 UNIVERSTY DR FORT MYERS FL 33907	65-0503084	501(C)(3)	5,758.				SUPPORT
(2) JUNIOR ACHIEVEMENT OF MEMPHIS & THE MID-SOU							PROGRAM
P O BOX 1015 CORDOVA TN 38088	62-0549549	501(C)(3)	5,758.				SUPPORT
(3) JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC							PROGRAM
1725 TWIN SPRINGS ROAD BALTIMORE MD 21227	52-0688275	501(C)(3)	5,758.				SUPPORT
(4) JUNIOR ACHIEVEMENT OF S. CENTRAL PENNSYLVAN							PROGRAM
610 S. GEORGE STREET YORK PA 17401	23-1598129	501(C)(3)	5,278.				SUPPORT
_ (5)	_						
(6)	_						
_(7)	-						
(8)	-						
(9)							
(10)							
(11)							
(12)	-						
2 Enter total number of section 501(c)(3) and	 aovornmont /	 	 tod in the line 1 tot			L	76.
3 Enter total number of other organizations list	•	•					/0.
For Paperwork Reduction Act Notice, see the Instruction					<u> </u>		hedule I (Form 990) 2020

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.

(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
	(b) Number of recipients			

information.

SCHEDULE I, PART I, LINE 2

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

GRANTS ARE TO JA AREA OFFICES ONLY. THE FUNDING FOR THE GRANTS IS

PROVIDED BY DONORS WHO PLACE RESTRICTIONS ON THE USE OF THE GRANTS. GRANT

USAGE REQUIREMENTS VARY BY DONOR. THE REPORTING REQUIRED IS SUBMITTED TO

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

SCH	EDULE J	Comper	sation Information		OMB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬៣	20	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.	<u>K</u> U	ZU)
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		Open to	o Puk ectio	
	of the organization			Employer identificati			
JUN	IOR ACHIEV	EMENT USA		84-126760	4		
Part	Question	s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers		ו		
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of perso				
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re spenses described above? If "No," com	plete Part III to)		
	explain		· · · · · · · · · · · · · · · · · · · ·		1b		
2	-		to reimbursing or allowing expenses				
		-	D/Executive Director, regarding the items	checked on line	2		
					2		
3	organization's	CEO/Executive Director. Check all the	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ds used by a			
				art III.			
		nsation committee dent compensation consultant	Written employment contract X Compensation survey or study				
		00 of other organizations	X Approval by the board or compensation	tion committee			
		·					
4	During the ye	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		х
b			tal nonqualified retirement plan?		4b		Х
с	-		sed compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) of	rganizations must complete lines 5-9.				
5	-	listed on Form 990, Part VII, Section contingent on the revenues of:	ion A, line 1a, did the organization pa	ly or accrue any	/		
а	The organizat	ion?			5a		X
b	Any related o	rganization?			5b		X
		e 5a or 5b, describe in Part III.					
6		listed on Form 990, Part VII, Section contingent on the net earnings of:	ion A, line 1a, did the organization pa	ly or accrue an	/		
а	The organizat	ion?			6a		Х
b	-	-			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov			37	
-			escribe in Part III		7	X	
8		-	paid or accrued pursuant to a contract the	-			
		-	Regulations section 53.4958-4(a)(3)?				x
0			low the rebuttable presumption proced		8		
9		.					
	regulations s				3		I

Schedule J (Form 990) 2020

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 o	f 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)	527,999.	0.	8,382.	8,550.	21,539.	566,470.	
1 ^{PRESIDENT AND CEO}	(ii)	0.	0.	0.				
CECIL THIBODEAUX	(i)	335,916.	0.	8,382.	8,550.	19,338.	372,186.	
2 ^{EVP}	(ii)	0.	0.	0.				
TIMOTHY GREINERT		269,193.	0.	2,838.	8,275.	25,573.	305,879.	
3 ^{SVP - DEVELOPMENT}	(ii)	0.	0.	0.				
SUSAN LUU	(i)	261,336.	0.	1,518.	7,984.	20,088.	290,926.	
4 SVP - BUSINESS IMPROVEMENT	(ii)	0.	0.	0.				
MARY CATHERINE DESROSIE	(i)	248,330.	0.	2,838.	7,434.	821.	259,423.	
5 SVP EDUCATION AND LEARNING	(ii)	0.	0.	0.				
ED GROCHOLSKI	(i)	271,296.	0.	1,518.	8,265.	22,872.	303,951.	
6 ^{SVP - BRAND}	(ii)	0.	0.	0.				
LESLIE PIERCE		232,618.	0.	13,473.	7,133.	12,200.	265,424.	
7 ^{SVP TALENT AND ORGANIZATION DE}	(ii)	0.	0.	0.				
EDWARD PRIEM II	(i)	205,645.	0.	507.	6,240.	10,735.	223,127.	
8 ^{CFO}	(ii)	0.	0.	0.				
STEVE SCHMIDT	(i)	188,704.	0.	2,224.	5,768.	18,915.	215,611.	
9 ^{SVP - OPERATIONS}	(ii)	0.	0.	0.				
HOWARD BARTNER	(i)	182,154.	0.	3,350.	5,672.	25,399.	216,575.	
10 ^{SVP - OPERATIONS}	(ii)	0.	0.	0.				
JACQUELINE DANT	(i)	181,854.	0.	2,178.	5,660.	25,397.	215,089.	
11 ^{SVP - OPERATIONS}	(ii)	0.	0.	0.				
JEANNINE REILLY	(i)	155,160.	0.	958.	4,754.	18,561.	179,433.	
VP - EDUCATION DELIVERY AND TE	(ii)	0.	0.	0.				
MARK FIORE	(i)	150,319.	0.	228.	4,635.	23,081.	178,263.	
13 ^{VP - COMPENSATION AND BENEFITS}	(ii)	0.	0.	0.				
KRIS PONCIROLI	(i)	149,856.	0.	924.	4,619.	22,579.	177,978.	
4 ^{VP DONOR RELATIONS AND DEV SVC}	(ii)	0.	0.	0.				
TEANETTE LEE	(i)	144,409.	0.	2,550.	4,457.	19,277.	170,693.	
15 ^{VP DEVELOPMENT}	(ii)	0.	0.	0.				
	(i)							
16	(ii)							

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Schedule J (Form 990) 2020

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.

0E1505 1.000

Schedule J (Form 990) 2020

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

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020

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 EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MAY, IN THEIR SOLE

DISCRETION, AND AT ANY TIME, ELECT TO AMEND, SUSPEND, OR TERMINATE THE

PLAN. DUE TO THE PANDEMIC AND BUDGET CONSTRAINTS, ANY VARIABLE

COMPENSATION PAY RELATED TO THE PERFORMANCE YEAR 2019-2020 (WHICH WOULD

HAVE BEEN PAID IN DECEMBER OF 2020) WAS SUSPENDED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization JUNIOR ACHIEVEMENT USA

Employer identification number 84-1267604

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

DESCRIBE CIRCUMSTANCES FOR HAVING MEMBERS:

THE SOLE MEMBER OF THE ORGANIZATION IS JA WORLDWIDE, INC. APPROVAL MUST

BE OBTAINED FROM THE MEMBER FOR THE FOLLOWING:

- AMENDMENT, MODIFICATION, OR RESTATEMENT OF THE ARTICLES OF

INCORPORATION OR BYLAWS;

- MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF JUNIOR

ACHIEVEMENT USA (JA USA), OR THE SALE, LEASE OR EXCHANGE, OR OTHER

DISPOSITION, TRANSFER OR CONVEYANCE OF ALL OF SUBSTANTIALLY ALL OF ITS

NET ASSETS;

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

- ENTERING INTO ANY OPERATING AGREEMENT BETWEEN JA USA AND ANY OF ITS 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: 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 & 15B

DESCRIBE PROCESS FOR DETERMINING COMPENSATION: THE GOVERNANCE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQUIREMENTS IN INTERNAL REVENUE CODE SECTION 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION. COMPENSATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS. BY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT (WILLIS TOWERS WATSON), THE COMMITTEE CONSIDERED COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS AND FORM 990S OF COMPARABLE ORGANIZATIONS IN EVALUATING THE COMPENSATION FOR EACH INDIVIDUAL. THE COMMITTEE CONDUCTED A REVIEW OF THIS 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 Page 2

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 2021.

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 JA AREAS. REVENUE PRESENTED IN THE FORM 990 DOES NOT INCLUDE THE REVENUE OF THE 103 JA AREAS WHO ARE PART OF THE JA USA NETWORK THAT JA USA OVERSEES. IN FYE 2021, REVENUE OF ALL JA AREAS TOTALED APPROXIMATELY \$175 MILLION.

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
INVESTABLE GAMES TECHNOLOGY, INC. 4600 CAMPUS DRIVE SUITE 200 NEWPORT BEACH, CA 92660	APPL DEV/SUP	760,000.
MANPOWER 21271 NETWORK CHICAGO, IL 60673-1212	TEMP STAFFING	1,766,320.
MENTORMATE, INC	SOFTWARE DEV & SUPPO	1,020,645.

Schedule O (Form 990 or 990-EZ) 2020		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
3036 HENNEPIN AVE MINNEAPOLIS, MN 55408		
BLACKBAUD INC. PO BOX 930256 ATLANTA, GA 31193-0256	CRM SYSTEM DEV & SUP	607,700.
CATALYTE, INC 502 S SHARP STREET BALTIMORE, MD 21201	APPL DEV/SUP	578,097.

OMB No. 1545-0047

Open to Public

Inspection

ZU

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

JUNIOR ACHIEVEMENT USA

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(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	cont	g) 512(b)(13) rolled tity?
						Yes	No
(1) JUNIOR ACHIEVEMENT USA HEALTH & WELFARE 84-1223492 ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	EE BENEFITS	CO	501(C)(9)		JA USA	x	
(2)	_						
(3)							
(4)							
(5)	-						
(6)	-						
(7)	_						

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

Schedule R (Form 990) 2020

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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.

		, v		•		, ,	(a)		h)	(1)		'n	(4)
	(a) dress, and EIN of d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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)	Geno man part	j) eral or aging mer?	(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

JUNIOR ACHIEVEMENT USA

Schedule R (Form 990) 2020

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No	
	During the tax year, did the organization engage in any of the following transactions with one or more r						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			<u>1a</u>		X	
	Gift, grant, or capital contribution to related organization(s)				X	L	
	Gift, grant, or capital contribution from related organization(s).					X	
	Loans or loan guarantees to or for related organization(s)				X		
е	Loans or loan guarantees by related organization(s)			1e		X	
	Dividends from related organization(s)				37	X	
	Sale of assets to related organization(s)				X	x	
	Purchase of assets from related organization(s)					X	
	Exchange of assets with related organization(s).					X	
j	Lease of facilities, equipment, or other assets to related organization(s).			<u>1j</u>			
	Lease of facilities, equipment, or other assets from related organization(s)					X	
	Performance of services or membership or fundraising solicitations for related organization(s)				X	x	
	m Performance of services or membership or fundraising solicitations by related organization(s).						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X X	
0	Sharing of paid employees with related organization(s)		• • • • • • • • • • • • • • • • • • • •	10			
р	Reimbursement paid to related organization(s) for expenses.			1p		X	
	Reimbursement paid by related organization(s) for expenses				X		
r	Other transfer of cash or property to related organization(s)			<u>1r</u>	X	<u> </u>	
<u> </u>	Other transfer of cash or property from related organization(s).	<u> </u>		<u> 1s</u>	X		
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t				ls.		
	(a) Name of related organization	(b) Transaction type (a-s)		(d) od of det iount inv		ng	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)			Cabadula D	/Form	000)	2020	
JSA			Schedule R	(Form	99U)	2020	
0E1309	^{1.000} 71762E 5974 5/10/2022 9:56:58 AM 4607		Ρ.	AGE 6	52		

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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) ne, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	from tax under	sec 501(organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
	-												
	-												
	_												
	_												
	_												
	_												
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Page 5

Schedule R (Form 990) 2020

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 JA AREAS, MANY OF WHOM ARE INDICATED ON SCHEDULE I, ARE COVERED UNDER A GROUP EXEMPTION AND ARE RELATED FOR SCHEDULE R PURPOSES. RELATED ENTITIES COVERED BY A GROUP EXEMPTION ARE NOT REQUIRED TO BE LISTED ON SCHEDULE R, PART II, HOWEVER, TRANSACTIONS BETWEEN JA USA AND THE RELATED ORGANIZATIONS ARE INDICATED ON SCHEDULE R, PART V, LINE 1. (Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see i	instructions.	1	Taxpayer identification number (TIN)				
print	JUNIOR ACHIEVEMENT USA			84-1267604	4			
- File by the					1			
due date for filing your	ONE EDUCATION WAY							
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	COLORADO SPRINGS, CO 80906							
Enter the F	Return Code for the return that this application	n is for (file	a separate application for	each return)	• • • • •	01		
Applicatio	n	Return Application				Return		
Is For		Code	Is For		Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporatio	n)		07		
Form 990-	BL	02	Form 1041-A			08		
Form 4720) (individual)	03	Form 4720 (other than	orm 4720 (other than individual)				
Form 990-l	PF	04	Form 5227			10		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069	69				
Form 990-	T (trust other than above)	06	Form 8870			12		
 If the or If this is for the who a list with t 1 I required for the back of the second second	tax year entered in line 1 is for less than 12 r	business ir bur digit Gro If it is for pa sion is for. until s for the org 01_, 20 2	Dup Exemption Number (Gart of the group, check thi 05/16_, 20 22 ganization's return for: 0_, and ending	$\frac{1116}{\text{s box} \dots \text$	If f and a organiza 20 <u>21</u> .	ttach		
20 If this	Change in accounting period application is for Forms 990-BL, 990-PF, 9	00 T 472	ar 6060 optor the to	ntativo tax loce any				
	efundable credits. See instructions.	550-1, 4720		intative tax, less ally	3a \$	0.		
		- 4720 o	r 6069 enter anv ref	undable credits and	Jay			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refuestimated tax payments made. Include any prior year overpayment allowed as a credit.					3b \$	0.		
	ice due. Subtract line 3b from line 3a. Include			uired, by using EFTPS				
	tronic Federal Tax Payment System). See instr		3c \$					
	ou are going to make an electronic funds withdraw		it) with this Form 8868, see	Form 8453-EO and Form		for payment		
instructions.								
For Privacy	Act and Paperwork Reduction Act Notice, see ins	tructions.			Form 886	8 (Rev. 1-2020		

Cumulative e-File History 2020

FED

Tax Return 71762E		Return Type 990	
Taxpayer JUNIOR ACHIEVEMENT U	JSA	Account 5974	
Submitted Date	2021-09-08 10:17:25	5	
Acknowledgement Date	2021-09-08 10:29:47	7	
Status	Accepted		
Submission ID	8402272021251500	0023	