

Form **990**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

Open to Public  
Inspection

**A** For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input checked="" type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization: JUNIOR ACHIEVEMENT USA

Doing business as: \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address): \_\_\_\_\_ Room/suite: \_\_\_\_\_

ONE EDUCATION WAY

City or town, state or province, country, and ZIP or foreign postal code: COLORADO SPRINGS, CO 80906

**D** Employer identification number: 84-1267604

**E** Telephone number: (719) 540-8000

**F** Name and address of principal officer: JACK KOSAKOWSKI, PRES AND CEO  
ONE EDUCATION WAY, COLORADO SPRINGS, CO 80906

**G** Gross receipts \$: 36,109,123.

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.JA.ORG

**H(c)** Group exemption number ▶ 1116

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1992 **M** State of legal domicile: CO

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: JA EMPOWERS YOUNG PEOPLE TO OWN THEIR ECONOMIC SUCCESS THROUGH VOLUNTEER-DELIVERED PROGRAMS WHICH GIVE THEM KNOWLEDGE/SKILLS IN FINAN LITERACY, WORK READINESS & ENTREPRENEURSHIP.	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . 33.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 32.
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 82.
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . 40.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 . . . . .
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . 14,362,992. 15,627,710.
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . . 4,918,359. 13,032,318.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 370,388. 282,781.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 9,664,609. 548,782.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 29,316,348. 29,491,591.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 4,429,815. 6,068,281.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 10,166,410. 10,143,990.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0. 0.
	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,795,260.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 10,538,493. 12,364,820.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . 25,134,718. 28,577,091.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . . 4,181,630. 914,500.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . . 39,525,999. 37,282,498.
	<b>21</b> Total liabilities (Part X, line 26) . . . . . 14,352,905. 11,126,218.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20. . . . . 25,173,094. 26,156,280.

## Part II Signature Block

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

**Sign Here**

Signature of officer: *Edward R Smith* Date: 01/31/2022

EDWARD PRIEM II CFO

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: ADAM R SMITH CPA Preparer's signature: *Adam Smith* Date: 01/31/2022

Check  if self-employed PTIN: P00958966

Firm's name ▶ BKD, LLP Firm's EIN ▶ 44-0160260

Firm's address ▶ 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848 Phone no. 719 471-4290

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.  
SEE ADDITIONAL MISSION INFORMATION ON SCHEDULE O.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 22,505,434. including grants of \$ 6,068,281. ) (Revenue \$ 13,581,100. )

THE ORGANIZATION ASSISTED ITS US AREAS IN SETTING UP AND/OR  
MAINTAINING THEIR OWN ORGANIZATION TO ADMINISTER JUNIOR  
ACHIEVEMENT PROGRAMS. JA AREAS REACHED APPROXIMATELY 3 MILLION  
ELEMENTARY THROUGH POST-SECONDARY STUDENTS FOR THE YEAR ENDED  
6/30/2020.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**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 ▶ 22,505,434.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question number, Description, and Yes/No response. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (33), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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 (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

**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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK E. KOSAKOWSKI PRESIDENT AND CEO	40.00 0.	X		X				536,383.	0.	37,555.
(2) CECIL THIBODEAUX EVP	40.00 0.			X				373,458.	0.	30,062.
(3) TIMOTHY GREINERT SVP - DEVELOPMENT	40.00 0.				X			293,426.	0.	33,789.
(4) SUSAN LUJ SVP - BUSINESS IMPROVEMENT	40.00 0.				X			282,070.	0.	28,991.
(5) ED GROCHOLSKI SVP - BRAND	40.00 0.				X			263,558.	0.	31,278.
(6) MARY CATHERINE DESROSIERS SVP EDUCATION AND LEARNING	40.00 0.				X			268,968.	0.	8,840.
(7) LESLIE PIERCE SVP TALENT AND ORGANIZATION DE	40.00 0.				X			248,905.	0.	19,647.
(8) STEVE SCHMIDT SVP - OPERATIONS	40.00 0.				X			204,661.	0.	27,487.
(9) EDWARD PRIEM II CFO	40.00 0.			X				215,032.	0.	16,654.
(10) HOWARD BARTNER SVP - OPERATIONS	40.00 0.				X			197,823.	0.	30,719.
(11) JACQUELINE DANT SVP - OPERATIONS	40.00 0.				X			157,528.	0.	29,636.
(12) CHRISTINE KUNTZ SVP - OPERATIONS	40.00 0.				X			157,175.	0.	22,913.
(13) MARK FIORE VP - COMPENSATION AND BENEFITS	40.00 0.					X		146,311.	0.	27,560.
(14) KRIS PONCIROLI VP DONOR RELATIONS AND DEV SVC	40.00 0.					X		145,228.	0.	27,025.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JEANNINE REILLY VP - EDUCATION DELIVERY AND TE	40.00 0.					X		148,626.	0.	23,115.
( 16) JEANETTE LEE VP DEVELOPMENT	40.00 0.					X		141,320.	0.	23,562.
( 17) LISA FRYE VP EMPLOYMENT & EMPLOYEE RELAT	40.00 0.					X		127,899.	0.	12,360.
( 18) AINAR D. AIJALA, JR. DIRECTOR	2.00 0.	X						0.	0.	0.
( 19) ALAN S. ARMSTRONG DIRECTOR	2.00 0.	X						0.	0.	0.
( 20) ARNOLD EVANS DIRECTOR	2.00 0.	X						0.	0.	0.
( 21) RANDY CAIN DIRECTOR (JULY 2019)	2.00 0.	X						0.	0.	0.
( 22) BECKY FRANKIEWICZ DIRECTOR	2.00 0.	X						0.	0.	0.
( 23) CATHERINE S. BRUNE DIRECTOR	2.00 0.	X						0.	0.	0.
( 24) CLYDE D. KEATON DIRECTOR	2.00 0.	X						0.	0.	0.
( 25) DINO E. ROBUSTO DIRECTOR	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								3,908,371.	0.	431,193.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,908,371.	0.	431,193.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 30

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 20

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) DOUGLAS OLSON ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 27) JEANETTE HERNANDEZ PRENGER ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 28) JEFF HANSBERRY ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 29) JULIE A. MONACO ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 30) LARRY LEVA ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 31) LAURA NEWINSKI ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 32) LAWRENCE SIDWELL ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 33) MONICA HOWARD DOUGLAS ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 34) PAUL E. MCKNIGHT ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 35) PERRY HEWITT ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 36) ROBERT LLOYD ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 30

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) RODNEY D. BULLARD ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 38) RODNEY O. MARTIN ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 39) ROY A NG ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 40) TIMOTHY BAXTER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 41) TRIPP DAVIS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 42) CHARLES GARCIA ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 43) EVELYN ANGELLE ----- TREASURER	2.00 ----- 0.	X		X				0.	0.	0.
( 44) JAMES M. CARROLL ----- VICE CHAIR	2.00 ----- 0.	X		X				0.	0.	0.
( 45) KYLE H. HYBL ----- SECRETARY	2.00 ----- 0.	X		X				0.	0.	0.
( 46) RICHARD A. WOODS ----- CHAIR	2.00 ----- 0.	X		X				0.	0.	0.
( 47) AMY FULLER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 30

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 18,240.					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b> 15,609,470.					
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b> \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		15,627,710.				
<b>Program Service Revenue</b>				Business Code				
	<b>2a</b>	PROGRAM AND SUPPORT FEES		611710	13,032,318.	13,032,318.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue . . . . .						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶			13,032,318.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			424,932.		424,932.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b>	Royalties . . . . . ▶			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . . ▶				0.		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						3,249,448.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	3,391,599.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	-142,151.				
	<b>d</b>	Net gain or (loss) . . . . . ▶				-142,151.		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0.			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>			0.			
<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶				0.			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>			0.			
<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶				0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			3,354,624.			
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	3,225,933.					
<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶				128,691.			
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	MISCELLANEOUS REVENUE		900099	420,091.	420,091.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶				420,091.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶				29,491,591.	13,581,100.	282,781.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	5,577,667.	<b>1</b>	4,161,340.
	<b>2</b> Savings and temporary cash investments. . . . .	13,618,580.	<b>2</b>	8,522,097.
	<b>3</b> Pledges and grants receivable, net . . . . .	2,534,785.	<b>3</b>	4,117,931.
	<b>4</b> Accounts receivable, net. . . . .	810,244.	<b>4</b>	941,026.
	<b>5</b> 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.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	3,282,471.	<b>8</b>	3,138,977.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	363,719.	<b>9</b>	212,511.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 11,612,346.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 10,263,359.	1,384,906.	<b>10c</b> 1,348,987.
	<b>11</b> Investments - publicly traded securities. . . . .	11,953,627.	<b>11</b>	11,941,813.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	2,897,816.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	39,525,999.	<b>16</b>	37,282,498.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	3,477,606.	<b>17</b>	1,902,944.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	841,862.	<b>19</b>	233,698.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	950,257.	<b>21</b>	520,426.
	<b>22</b> Loans and other 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 . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	9,083,180.	<b>23</b>	6,811,871.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0.	<b>25</b>	1,657,279.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	14,352,905.	<b>26</b>	11,126,218.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions. . . . .	17,195,994.	<b>27</b>	17,285,750.
	<b>28</b> Net assets with donor restrictions. . . . .	7,977,100.	<b>28</b>	8,870,530.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	25,173,094.	<b>32</b>	26,156,280.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	39,525,999.	<b>33</b>	37,282,498.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	29,491,591.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	28,577,091.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	914,500.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	25,173,094.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	68,686.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	26,156,280.

**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  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, 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  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? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

JUNIOR ACHIEVEMENT USA

Employer identification number

84-1267604

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2019

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	7,793,927.	9,237,935.	9,484,791.	14,362,992.	15,627,710.	56,507,355.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	7,793,927.	9,237,935.	9,484,791.	14,362,992.	15,627,710.	56,507,355.
<b>5</b> 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). . . . .						6,951,259.
<b>6 Public support.</b> Subtract line 5 from line 4						49,556,096.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	7,793,927.	9,237,935.	9,484,791.	14,362,992.	15,627,710.	56,507,355.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	498,146.	433,997.	367,934.	410,191.	424,932.	2,135,200.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						58,642,555.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	93,982,744.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	84.51%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	71.37%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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? <i>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.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . .			
b Excess from 2016 . . . .			
c Excess from 2017 . . . .			
d Excess from 2018 . . . .			
e Excess from 2019 . . . .			

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

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**Schedule of Contributors**

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization **JUNIOR ACHIEVEMENT USA**

Employer identification number  
**84-1267604**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 625,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 505,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 405,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JUNIOR ACHIEVEMENT USA**

Employer identification number  
**84-1267604**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 381,826.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JUNIOR ACHIEVEMENT USA

Employer identification number

84-1267604

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

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

Name of organization JUNIOR ACHIEVEMENT USA

Employer identification number  
84-1267604

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization JUNIOR ACHIEVEMENT USA	Employer identification number 84-1267604
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from 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)				

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

Schedule C (Form 990 or 990-EZ) 2019

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .		28,577,091.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		28,577,091.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 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?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 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 from the prior year?

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

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

Blank lines for providing supplemental information as requested in the instructions above.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

JUNIOR ACHIEVEMENT USA

Employer identification number

84-1267604

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Term endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,260,730.		1,260,730.
<b>b</b> Buildings . . . . .		4,120,471.	4,120,471.	
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		404,921.	360,953.	43,968.
<b>e</b> Other . . . . .		5,826,224.	5,781,935.	44,289.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,348,987.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) AREA OFFICE PENSION SHORTFALL	2,897,816.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	2,897,816.

**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)	
<b>Total.</b> (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



**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B

TRUST, ESCROW, AND CUSTODIAL ARRANGEMENTS:

THE ORGANIZATION ASSISTS ITS AREAS IN SETTING UP THEIR OWN ORGANIZATIONS TO ADMINISTER JUNIOR ACHIEVEMENT PROGRAMS. THE ORGANIZATION HOLDS FUNDS ON BEHALF OF CERTAIN MEMBERS FOR THEIR U.S. EXPENSES. THESE ARE INCLUDED IN CASH AND INVESTMENTS ON THE STATEMENTS OF FINANCIAL POSITION AND TOTAL \$520,426 AS OF JUNE 30, 2020.

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  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

JUNIOR ACHIEVEMENT USA

Employer identification number

84-1267604

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 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		21,300.
(2) EUROPE (INCLUDING ICELAND AND	0.	0.	GRANTMAKING		32,000.
(3) SOUTH AMERICA	0.	0.	GRANTMAKING		8,500.
(4) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		45,000.
(5) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		24,600.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					131,400.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					131,400.

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

Schedule F (Form 990) 2019

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	SUPPORT MISSION	7,300.				
(2)			NORTH AMERICA	SUPPORT MISSION	14,000.				
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT MISSION	27,000.				
(4)			EAST ASIA/PACIFIC	SUPPORT MISSION	15,000.				
(5)			EAST ASIA/PACIFIC	SUPPORT MISSION	20,000.				
(6)			EAST ASIA/PACIFIC	SUPPORT MISSION	10,000.				
(7)			SUB-SAHARAN AFRICA	SUPPORT MISSION	7,300.				
(8)			SUB-SAHARAN AFRICA	SUPPORT MISSION	12,300.				
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **8.**

3 Enter total number of other organizations or entities . . . . .

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

(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)							

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

**Part V Supplemental Information**

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

---

SCHEDULE F, PART I, LINE 2

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

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

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

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

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

TO THE DONOR.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

JUNIOR ACHIEVEMENT USA

Employer identification number

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 grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 3DE NATIONAL, LLC 3565 PIEDMONT RD ATLANTA, GA 30305	83-1444494	501(C)(3)	1,002,990.				SUPPORT MISSION
(2) JUNIOR ACHIEVEMENT OF NEW YORK, INC. 420 LEXINGTON AVE NEW YORK, NY 10170	13-3031828	501(C)(3)	580,451.				SUPPORT MISSION
(3) JUNIOR ACHIEVEMENT OF GEORGIA, INC. 275 NORTHSIDE DR ATLANTA, GA 30314	58-0598050	501(C)(3)	482,959.				SUPPORT MISSION
(4) JUNIOR ACHIEVEMENT OF CHICAGO 651 W. WASHINGTON BLVD CHICAGO, IL 60661	36-2170141	501(C)(3)	300,566.				SUPPORT MISSION
(5) JUNIOR ACHIEVEMENT OF NEW JERSEY, INC 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	22-1774147	501(C)(3)	227,053.				SUPPORT MISSION
(6) JUNIOR ACHIEVEMENT OF NORTHERN NEW ENGLAND, 209 BURLINGTON RD BEDFORD, MA 01730	04-2127020	501(C)(3)	219,415.				SUPPORT MISSION
(7) JUNIOR ACHIEVEMENT OF WASHINGTON, INC. 1610 PERIMETER ROAD SW AUBURN, WA 98001	91-0604913	501(C)(3)	173,693.				SUPPORT MISSION
(8) JUNIOR ACHIEVEMENT OF DALLAS, INC. P O BOX 191347 DALLAS, TX 75219-9998	75-0881589	501(C)(3)	150,816.				SUPPORT MISSION
(9) JUNIOR ACHIEVEMENT OF SOUTHEAST TEXAS, INC. 2115 EAST GOVERNORS CIR HOUSTON, TX 77092	74-1153957	501(C)(3)	149,694.				SUPPORT MISSION
(10) JUNIOR ACHIEVEMENT OF SOUTHEASTERN MICHIGAN 577 E. LARNED, SUITE 200 DETROIT, MI 48226	38-1348535	501(C)(3)	144,220.				SUPPORT MISSION
(11) JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA, 6250 FOREST LAWN DR LOS ANGELES, CA 90068	95-1799192	501(C)(3)	126,862.				SUPPORT MISSION
(12) JUNIOR ACHIEVEMENT OF ARIZONA, INC. 636 WEST SOUTHERN AVE TEMPE, AZ 85282-4508	86-0184349	501(C)(3)	126,809.				SUPPORT MISSION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

JUNIOR ACHIEVEMENT USA

Employer identification number

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?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 SOUTHEASTERN PENNSYLV 994 OLD EAGLE SCHOOL RD WAYNE, PA 19087	23-1386172	501(C)(3)	111,833.				SUPPORT MISSION
(2) JUNIOR ACHIEVEMENT - ROCKY MOUNTAIN, INC. 1445 MARKET STE 200 DENVER, CO 80202	84-0430495	501(C)(3)	97,318.				SUPPORT MISSION
(3) JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA, 3003 OAK RD STE 130 WALNUT CREEK, CA 94597	94-1322179	501(C)(3)	73,479.				SUPPORT MISSION
(4) JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND 70 FARMINGTON AVE HARTFORD, CT 06105	06-0665972	501(C)(3)	73,116.				SUPPORT MISSION
(5) JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST 1745 UNIVERSITY AVE. W ST PAUL, MN 55104	41-1424988	501(C)(3)	71,399.				SUPPORT MISSION
(6) JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. 13707 N 22ND STREET TAMPA BAY, FL 33613	59-1098499	501(C)(3)	70,541.				SUPPORT MISSION
(7) JUNIOR ACHIEVEMENT OF OKLAHOMA, INC. 3947 SOUTH 103RD E AVE TULSA, OK 74146	73-0757053	501(C)(3)	68,847.				SUPPORT MISSION
(8) JUNIOR ACHIEVEMENT OF CENTRAL CAROLINAS, IN 1701 N GRAHAM ST CHARLOTTE, NC 28206	56-0672085	501(C)(3)	65,657.				SUPPORT MISSION
(9) JUNIOR ACHIEVEMENT OF SOUTH TEXAS, INC. 403 E RAMSEY STE 201 SAN ANTONIO, TX 78216	74-2061852	501(C)(3)	60,920.				SUPPORT MISSION
(10) JUNIOR ACHIEVEMENT OF GREATER BATON ROUGE & 7809 JEFFERSON HWY BATON ROUGE, LA 70809	72-0485727	501(C)(3)	57,453.				SUPPORT MISSION
(11) JUNIOR ACHIEVEMENT OF OKI PARTNERS, INC. 644 LINN ST STE 1024 CINCINNATI, OH 45203	32-0014307	501(C)(3)	56,085.				SUPPORT MISSION
(12) JUNIOR ACHIEVEMENT OF DELAWARE, INC. 522 S WALNUT ST WILMINGTON, DE 19801	51-0078199	501(C)(3)	51,819.				SUPPORT MISSION

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 GREATER ST. LOUIS, IN 17339 N OUTER FORTY CHESTERFIELD, MO 63005	43-0652112	501(C)(3)	51,054.				SUPPORT MISSION
(2) JUNIOR ACHIEVEMENT OF UTAH, INC. 515 S 700 E SALT LAKE CITY, UT 84102-2821	87-0225875	501(C)(3)	50,298.				SUPPORT MISSION
(3) JUNIOR ACHIEVEMENT OF RHODE ISLAND, INC. 57 GREENE ST WARWICK, RI 02886	05-0263443	501(C)(3)	48,826.				SUPPORT MISSION
(4) JUNIOR ACHIEVEMENT OF WESTERN NEW YORK, INC 6255 SHERIDAN DR WILLIAMSVILLE, NY 14221	16-0821488	501(C)(3)	48,679.				SUPPORT MISSION
(5) JUNIOR ACHIEVEMENT OF GREATER MIAMI, INC. 301 71ST ST MIAMI BEACH, FL 33141	59-0807486	501(C)(3)	47,894.				SUPPORT MISSION
(6) JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA, INC. 2121 CAMDEN RD ORLANDO, FL 32803-1487	59-0972112	501(C)(3)	47,596.				SUPPORT MISSION
(7) JUNIOR ACHIEVEMENT OF GREATER WASHINGTON, I 919 18TH ST NW STE 901 WASHINGTON, DC 20006	54-0788947	501(C)(3)	46,724.				SUPPORT MISSION
(8) JUNIOR ACHIEVEMENT OF S. CENTRAL PENNSYLVAN 610 SOUTH GEORGE ST YORK, PA 17401	23-1598129	501(C)(3)	44,164.				SUPPORT MISSION
(9) JUNIOR ACHIEVEMENT OF THE CHISHOLM TRAIL, I 6300 RIDGLEA PL FORT WORTH, TX 76116	75-0944915	501(C)(3)	43,450.				SUPPORT MISSION
(10) JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLIN 2711 MIDDLEBURG DR COLUMBIA, SC 29204	57-0511131	501(C)(3)	43,434.				SUPPORT MISSION
(11) JUNIOR ACHIEVEMENT OF SAN DIEGO COUNTY, INC 4756 MISSION GORGE PL SAN DIEGO, CA 92120	95-1727087	501(C)(3)	43,232.				SUPPORT MISSION
(12) JUNIOR ACHIEVEMENT OF THE DESERT SOUTHWEST, 200 BARTLETT STE 104 EL PASO, TX 79912	74-1565161	501(C)(3)	37,800.				SUPPORT MISSION

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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
<b>(1)</b> JUNIOR ACHIEVEMENT OF SOUTHERN MASSACHUSETT 128 UNION ST STE 304 NEW BEDFORD, MA 02740	04-3193575	501(C)(3)	36,803.				SUPPORT MISSION
<b>(2)</b> JUNIOR ACHIEVEMENT OF THE BLUEGRASS, INC. 2420 SPURR RD LEXINGTON, KY 40511	61-0606480	501(C)(3)	36,770.				SUPPORT MISSION
<b>(3)</b> JUNIOR ACHIEVEMENT OF WISCONSIN, INC. 11111 W LIBERTY DR MILWAUKEE, WI 53224	39-0826295	501(C)(3)	36,308.				SUPPORT MISSION
<b>(4)</b> JUNIOR ACHIEVEMENT OF THE TRIAD, INC. 3220 NORTHLINE AVE GREENSBORO, NC 27408	56-0844838	501(C)(3)	34,372.				SUPPORT MISSION
<b>(5)</b> JUNIOR ACHIEVEMENT OF NORTHWESTERN OHIO, IN 1645 INDIANWOOD CIR MAUMEE, OH 43537	34-4430363	501(C)(3)	34,163.				SUPPORT MISSION
<b>(6)</b> JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, IN 611 N WEBER ST COLORADO SPRINGS, CO 80903	84-6009223	501(C)(3)	32,829.				SUPPORT MISSION
<b>(7)</b> JUNIOR ACHIEVEMENT OF GREATER KANSAS CITY, P O BOX 801686 KANSAS CITY, MO 64180	44-0604809	501(C)(3)	32,651.				SUPPORT MISSION
<b>(8)</b> JUNIOR ACHIEVEMENT OF WESTERN MASSACHUSETT, P O BOX 15167 SPRINGFIELD, MA 01115	04-2088304	501(C)(3)	32,632.				SUPPORT MISSION
<b>(9)</b> JUNIOR ACHIEVEMENT OF NORTH LOUISIANA, INC. 212 TEXAS ST STE 101 SHREVEPORT, LA 71101	72-0595081	501(C)(3)	30,917.				SUPPORT MISSION
<b>(10)</b> JUNIOR ACHIEVEMENT OF HAWAII, INC. 1888 KALAKAOA AVE HONOLULU, HI 96815	99-0088861	501(C)(3)	29,419.				SUPPORT MISSION
<b>(11)</b> JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC 10711 RED RUN BLVD OWINGS MILL, MD 21117	52-0688275	501(C)(3)	25,713.				SUPPORT MISSION
<b>(12)</b> JUNIOR ACHIEVEMENT OF CENTRAL INDIANA, INC. 8395 KEYSTONE XING INDIANAPOLIS, IN 46240	35-1003695	501(C)(3)	24,988.				SUPPORT MISSION

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Employer identification number

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<b>(1)</b> JUNIOR ACHIEVEMENT OF ALABAMA, INC. P O BOX 19307 BIRMINGHAM, AL 35219	63-0340866	501(C)(3)	24,339.				SUPPORT MISSION
<b>(2)</b> JUNIOR ACHIEVEMENT OF EASTERN NORTH CAROLIN 4904 WATERS EDGE DR RALEIGH, NC 27606	56-1107715	501(C)(3)	22,914.				SUPPORT MISSION
<b>(3)</b> JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC. 6100 GRAND AVE DES MOINES, IA 50312	42-0759070	501(C)(3)	22,833.				SUPPORT MISSION
<b>(4)</b> JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 1401 W MD ALI BLVD LOUISVILLE, KY 40203	61-0476694	501(C)(3)	21,886.				SUPPORT MISSION
<b>(5)</b> JUNIOR ACHIEVEMENT OF SOUTHERN NEVADA, INC. 1921 N RAINBOW BLVD LAS VEGAS, NV 89108	88-0354481	501(C)(3)	21,382.				SUPPORT MISSION
<b>(6)</b> JUNIOR ACHIEVEMENT OF MEMPHIS AND MID-SOUTH P O BOX 1015 CORDOVA, TN 38088-1015	62-0549549	501(C)(3)	20,904.				SUPPORT MISSION
<b>(7)</b> JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC. 4049 WOODCOCK DR JACKSONVILLE, FL 32207	59-1021800	501(C)(3)	20,679.				SUPPORT MISSION
<b>(8)</b> JUNIOR ACHIEVEMENT OF SOUTHWESTERN INDIANA, 431 E DIAMOND AVE EVANSVILLE, IN 47711	35-6048156	501(C)(3)	18,028.				SUPPORT MISSION
<b>(9)</b> JUNIOR ACHIEVEMENT OF NEW MEXICO, INC. 4700 LINCOLN RD NE ALBUQUERQUE, NM 87109	85-0416889	501(C)(3)	16,782.				SUPPORT MISSION
<b>(10)</b> JUNIOR ACHIEVEMENT OF SACRAMENTO, INC. PO BOX 255602 SACRAMENTO, CA 95865	94-6080866	501(C)(3)	16,782.				SUPPORT MISSION
<b>(11)</b> JUNIOR ACHIEVEMENT OF IDAHO, INC. 1365 N ORCHARD ST BOISE, ID 83706	82-6008991	501(C)(3)	16,537.				SUPPORT MISSION
<b>(12)</b> JUNIOR ACHIEVEMENT OF GREATER FAIRFIELD COU 835 MAIN ST BRIDGEPORT, CT 06604	06-0644315	501(C)(3)	16,488.				SUPPORT MISSION

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Name of the organization

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Employer identification number

84-1267604

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(1) JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. 1130 COCONUT CRK BL COCONUT CREEK, FL 33066	59-0871446	501(C)(3)	15,114.				SUPPORT MISSION
(2) JUNIOR ACHIEVEMENT OF WESTERN PENNSYLVANIA, 90 EMERSON LN BRIDGEVILLE, PA 15017-3473	25-0983059	501(C)(3)	12,966.				SUPPORT MISSION
(3) JUNIOR ACHIEVEMENT OF THE MIDLANDS, INC. 13506 W MAPLE RD OMAHA, NE 68164	47-0468426	501(C)(3)	12,337.				SUPPORT MISSION
(4) JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE, INC 120 POWELL PL NASHVILLE, TN 37204	62-0582571	501(C)(3)	11,237.				SUPPORT MISSION
(5) JUNIOR ACHIEVEMENT OF CENTRAL ILLINOIS, INC 508 HIGH POINT LN EAST PEORIA, IL 61611	37-0657600	501(C)(3)	10,599.				SUPPORT MISSION
(6) JUNIOR ACHIEVEMENT OF CENTRAL TEXAS, INC. 206 MAIN ST ROUND ROCK, TX 78664	74-1688335	501(C)(3)	10,403.				SUPPORT MISSION
(7) JUNIOR ACHIEVEMENT OF GREATER HAMPTON ROADS 2600 INT'L PKWY VIRGINIA BEACH, VA 23452	54-0799839	501(C)(3)	10,256.				SUPPORT MISSION
(8) JUNIOR ACHIEVEMENT OF SAN JUAN, PUERTO RICO PO BOX 365064 SAN JUAN, PR 00936	66-0273258	501(C)(3)	9,618.				SUPPORT MISSION
(9) JUNIOR ACHIEVEMENT OF CENTRAL VIRGINIA, INC 1801 LIBBIE AVE RICHMOND, VA 23226	54-0803325	501(C)(3)	9,431.				SUPPORT MISSION
(10) JUNIOR ACHIEVEMENT OF MAHONING VALLEY, INC. 1601 MOTOR INN DR #305 GIRARD, OH 44420	34-1714400	501(C)(3)	9,176.				SUPPORT MISSION
(11) JUNIOR ACHIEVEMENT OF SOUTH DAKOTA, INC. 300 S PHILLIPS AVE SIOUX FALLS, SD 57104	46-0306352	501(C)(3)	8,637.				SUPPORT MISSION
(12) JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, IN 13241 UNIVERSITY DR FORT MYERS, FL 33907	65-0503084	501(C)(3)	8,035.				SUPPORT MISSION

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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 ARKANSAS, INC. #1 WORLD AVENUE LITTLE ROCK, AR 72202	71-0658775	501(C)(3)	7,950.				SUPPORT MISSION
(2) JUNIOR ACHIEVEMENT OF GREATER CLEVELAND, IN 1422 EUCLID AVE CLEVELAND, OH 44115	34-0733164	501(C)(3)	7,930.				SUPPORT MISSION
(3) JUNIOR ACHIEVEMENT OF THE PALM BEACHES & TR 700 S ROSEMARY AVE W. PALM BEACH, FL 33401	59-2333738	501(C)(3)	7,851.				SUPPORT MISSION
(4) JUNIOR ACHIEVEMENT OF EAST TENNESSEE, INC. 2135 N CH SEIVERS BLVD CLINTON, TN 37716	62-0810145	501(C)(3)	7,459.				SUPPORT MISSION
(5) JUNIOR ACHIEVEMENT OF NORTH CENTRAL MICHIGA 309 E INDIAN ST MIDLAND, MI 48640-6823	38-6081685	501(C)(3)	7,164.				SUPPORT MISSION
(6) JUNIOR ACHIEVEMENT OF NORTHERN INDIANA, INC 550 E. WALLEN ROAD FORT WAYNE, IN 46825	35-0922731	501(C)(3)	7,164.				SUPPORT MISSION
(7) JUNIOR ACHIEVEMENT OF SOUTH CENTRAL KENTUCK 440-1/2 E MAIN AVE BOWLING GREEN, KY 42101	61-0997385	501(C)(3)	7,164.				SUPPORT MISSION
(8) JUNIOR ACHIEVEMENT OF KANSAS, INC. 4008 SW HUNTOON STREET TOPEKA, KS 66604	48-0731855	501(C)(3)	6,870.				SUPPORT MISSION
(9) JUNIOR ACHIEVEMENT OF TRI-CITIES TN/VA, INC 330 BROAD ST., SUITE 1 KINGSPORT, TN 37660	62-0757847	501(C)(3)	5,496.				SUPPORT MISSION
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 81.

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

JUNIOR ACHIEVEMENT USA

Employer identification number

84-1267604

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JACK E. KOSAKOWSKI PRESIDENT AND CEO	(i) 461,474.	70,553.	4,356.	16,414.	21,141.	573,938.	
	(ii) 0.	0.	0.					
2	CECIL THIBODEAUX EVP	(i) 326,616.	42,486.	4,356.	11,321.	18,741.	403,520.	
	(ii) 0.	0.	0.					
3	TIMOTHY GREINERT SVP - DEVELOPMENT	(i) 261,713.	28,875.	2,838.	9,021.	24,768.	327,215.	
	(ii) 0.	0.	0.					
4	SUSAN LUU SVP - BUSINESS IMPROVEMENT	(i) 248,691.	31,861.	1,518.	8,750.	20,241.	311,061.	
	(ii) 0.	0.	0.					
5	MARY CATHERINE DESROSIE SVP EDUCATION AND LEARNING	(i) 240,840.	25,290.	2,838.	8,084.	756.	277,808.	
	(ii) 0.	0.	0.					
6	ED GROCHOLSKI SVP - BRAND	(i) 236,560.	25,480.	1,518.	8,510.	22,768.	294,836.	
	(ii) 0.	0.	0.					
7	LESLIE PIERCE SVP TALENT AND ORGANIZATION DE	(i) 217,225.	23,968.	7,712.	7,620.	12,027.	268,552.	
	(ii) 0.	0.	0.					
8	EDWARD PRIEM II CFO	(i) 197,924.	16,622.	486.	6,619.	10,035.	231,686.	
	(ii) 0.	0.	0.					
9	STEVE SCHMIDT SVP - OPERATIONS	(i) 182,384.	20,125.	2,152.	6,287.	21,200.	232,148.	
	(ii) 0.	0.	0.					
10	HOWARD BARTNER SVP - OPERATIONS	(i) 179,046.	16,641.	2,136.	6,116.	24,603.	228,542.	
	(ii) 0.	0.	0.					
11	JACQUELINE DANT SVP - OPERATIONS	(i) 156,543.	0.	985.	5,270.	24,366.	187,164.	
	(ii) 0.	0.	0.					
12	CHRISTINE KUNTZ SVP - OPERATIONS	(i) 154,482.	0.	2,693.	4,282.	18,631.	180,088.	
	(ii) 0.	0.	0.					
13	JEANNINE REILLY VP - EDUCATION DELIVERY AND TE	(i) 147,721.	0.	905.	4,642.	18,473.	171,741.	
	(ii) 0.	0.	0.					
14	MARK FIORE VP - COMPENSATION AND BENEFITS	(i) 145,726.	0.	585.	4,568.	22,992.	173,871.	
	(ii) 0.	0.	0.					
15	KRIS PONCIROLI VP DONOR RELATIONS AND DEV SVC	(i) 144,340.	0.	888.	4,536.	22,489.	172,253.	
	(ii) 0.	0.	0.					
16	JEANETTE LEE VP DEVELOPMENT	(i) 138,889.	0.	2,431.	4,368.	19,194.	164,882.	
	(ii) 0.	0.	0.					

**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.

**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

**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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

JUNIOR ACHIEVEMENT USA

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

84-1267604

FORM 990, PAGE 1, HEADING, BOX B

REASON FOR AMENDMENT:

THE NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY AND INDEPENDENT MEMBERS OF THE GOVERNING BODY REPORTED ON FORM 990 PART I, LINES 3 AND 4, AS WELL AS FORM 990, PART VI, SECTION A, LINES 1A AND 1B HAVE NOW BEEN UPDATED TO REFLECT ONLY VOTING MEMBERS SERVING AT YEAR-END. FORM 990 PART VII, SECTION A, HAS ALSO BEEN UPDATED TO INCLUDE ONLY VOTING BOARD MEMBERS THAT SERVED DURING THE TAX YEAR.

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.

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

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

REQUIREMENTS IN INTERNAL REVENUE CODE SECTION 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION. COMPENSATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS. BY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT (WILLIS TOWERS WATSON), THE COMMITTEE CONSIDERED COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS AND FORM 990S OF COMPARABLE ORGANIZATIONS IN EVALUATING THE COMPENSATION FOR EACH INDIVIDUAL. THE COMMITTEE CONDUCTED A REVIEW OF THIS COMPARABILITY DATA AND DOCUMENTED ITS DELIBERATION AND DISCUSSION IN MINUTES THAT ARE RETAINED WITH THE OTHER GOVERNANCE MATERIALS OF THE ORGANIZATION. THE COMMITTEE FOLLOWED THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT FOR PURPOSES OF SECTION 4958 BY RELYING ON PROFESSIONAL ADVICE IN THE WRITTEN OPINION OF REASONABLENESS FROM THE INDEPENDENT COMPENSATION CONSULTANT. THIS REVIEW PROCESS IS CONDUCTED ANNUALLY AND WAS LAST DONE IN 2019.

THE 2020 ANNUAL REVIEW WAS SUSPENDED DUE THE IMPACT OF THE PANDEMIC AND THE RELATED DECISION THAT THERE WOULD NOT BE ANY COMPENSATION CHANGES FOR THE YEAR. EXTERNAL REVIEW OF THE COMPENSATION STRUCTURE WILL RESUME IN 2021.

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.

Name of the organization JUNIOR ACHIEVEMENT USA	Employer identification number 84-1267604
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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 105 JA AREA AFFILIATES WHO ARE PART OF THE JA USA NETWORK THAT JA USA OVERSEES. IN FYE 2020, REVENUE OF ALL JA AREAS TOTALED \$169 MILLION.

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ATTACHMENT 1


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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MEREDITH CORP. 1716 LOCUST DES MOINES, IA 50309	STORAGE/ASSEMBLY	875,037.
MANPOWER 21271 NETWORK CHICAGO, IL 60673-1212	TEMP STAFFING	1,453,697.
MENTORMATE, INC 3036 HENNEPIN AVE MINNEAPOLIS, MN 55408	SOFTWARE DEV & SUPPO	1,115,836.
BLACKBAUD INC. PO BOX 930256 ATLANTA, GA 31193-0256	CRM SYSTEM DEV & SUP	637,929.
FILAMENT GAMES, LLC 316 WEST WASHINGTON AVE MADISON, WI 53703-4538	APPL DEV/SUP	478,550.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

JUNIOR ACHIEVEMENT USA

Employer identification number

84-1267604

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SEE PART VII					N/A		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

**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.

(a) Name, address, and EIN of related 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	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part 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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .	X	
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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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.