Form	9	9	0

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. 2015 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasur)
Internal Revenue Service	

Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u> F	For th	ne 201	5 calendar year, or tax year beginning 07/01, 2015, a	nd ending			06/	/30, 20 16				
D .			C Name of organization		D	Employer ider	ntificati	ion number				
80	check lifa	pplicable;	JUNIOR ACHIEVEMENT USA			84-1261	7604					
	Addre		Doing business as									
	-	e change	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E '	E Telephone number						
		retura	ONE EDUCATION WAY		- 1 v	719) 54	0-80	100				
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code			1101 01	0 00					
	termi Amen	ded	COLORADO SPRINGS, CO 80906			Gross receipts	•	20 064	000			
	return Applie	cation	F Name and address of principal officer: JACK KOSAKOWSKI, PRES			a) is this a grou		30,864	X No			
	_ pendi	ng	ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	a CEO		subordinates	?		استقط			
.	Tax ex	empt sta			H(I	b) Are all subord		L	No			
<u></u>			atus: X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or WWW, JA, ORG	527	— I	-		(see instructions)				
				1	·····	c) Group exemp			116			
				L Year of f	ormation:	1992 M	State o	f legal domicile	: CO			
	art l		mmary									
	1		describe the organization's mission or most significant activities: JA EMPOR					IN_THEIR_				
Governance			NOMIC SUCCESS THROUGH VOLUNTEER-DELIVERED PROGRA									
ша			WLEDGE/SKILLS IN FINAN LITERACY, WORK READINESS						_			
ove	2	Check	this box	of more than	25% of	its net assets	З. I I					
ර ජ		Numb	er of voting members of the governing body (Part VI, line 1a)				3		33.			
ŝ	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)				4		32.			
Activities	5	Total r	number of individuals employed in calendar year 2015 (Part V, line 2a)				5		89.			
cti	6	Total r	number of volunteers (estimate if necessary)				6		34.			
<	7a	Total ι	unrelated business revenue from Part VIII, column (C), line 12				7a		0.			
	b	Net ur	related business taxable income from Form 990-T, line 34	<u></u>	<u></u>		7b		0.			
					Р	rior Year		Current \	(ear			
ě	8	Contri	butions and grants (Part VIII, line 1h)		12	,449,75	6.	7,793	,927.			
Revenue	9	Progra	am service revenue (Part VIII, Ilne 2g)		4	,783,73	3.	4,828	<u>,</u> 358.			
Sev	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			374,337.		298	,380.			
-	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	[9	9,162,331.		10,073,685				
	12	Total r	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	[26	,770,15	7.	22,994	,350.			
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)		3	,355,74	7.	3,502	,525.			
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)	[0.		0.			
ŝ	15	Salario	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9	,092,11	7.	9,916	,827.			
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	[0.		0.			
ď,	b	Total f	fundraising expenses (Part IX, column (D), line 25) 1,488,105.									
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11	,363,65	4.	11,391	,022.			
	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	[23	,811,51	8.	24,810	,374.			
	19	Reven	ue less expenses. Subtract line 18 from line 12	[2	,958,63	9.					
res					Beginnin	g of Current Y	'ear	End of Ye	ar			
sets	20	Total a	assets (Part X, line 16)	[28	,064,61	0.	26,191	,624.			
Šäb	21	Total I	iabilities (Part X, line 26)		5	,902,96	7.	5,851				
Net Assets	22	Net as	sets or fund balances. Subtract line 21 from line 20.		22	,161,64	3.	20,340				
	irt II	Sig	nature Block									
Un	der per	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which t	and stateme	ents, and	to the best of	my kr	nowledge and b	elief, it is			
	5, 00110		complete, Declaration of preparer (other than onicer) is based on an information of which j	preparer nas	any know	leage.						
• ••						02/1	5/20)17				
Sig			Signature of diffeer			Date						
He	ге		TIMOTHY ARMIJO CFO									
			Type or print name and title									
D-1	J	Print	Type preparer's signature Preparer's signature	Date		Check	if P	TIN				
Paic		DAV	ID S MASON , CPA			self-employ	edi	P001372	79			
	parer Only	Flrm's	name > BKD, LLP		Fir	m's EIN 🕨 4	4-01					
<u></u>	. Only	Firm's	address >111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848				· · · ·	471-4290				
May	/ the I		cuss this return with the preparer shown above? (see instructions)	<u></u>				X Yes	No			
For	Pape	rwork	Reduction Act Notice, see the separate instructions.						0 (2015)			

Cumulative e-File Hist		
FED		f g = a and a star of a star of a star of a f N and a star of a star o
Tax Return 71762E	Return Type 990	
Taxpayer Junior Achievement USA		
Submitted Date	2016-11-07 15:52:17	
Acknowledgement Date	2016-11-07 16:29:31	
Status	Accepted	
Submission ID	84022720163125000025	

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	JUNIC. ACHIEVEMENT USA 84-1267604
rm	990 (2015) Page 2
Pa	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	O INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.
-	
	Did the organization undertake any significant program services during the year which were not listed on the
1	prior Form 990 or 990-EZ? Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program
5	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, he total expenses, and revenue, if any, for each program service reported.
a	Code:) (Expenses \$including grants of \$, 502, 525) (Revenue \$)
1	THE ORGANIZATION ASSISTED ITS US AREAS IN SETTING UP AND/OR MAINTAINING THEIR OWN ORGANIZATION TO ADMINISTER JUNIOR
	ACHIEVEMENT PROGRAMS. JA'S MEMBERS REACHED APPROXIMATELY 4.8
	4ILLION ELEMENTARY THROUGH POST-SECONDARY STUDENTS FOR THE YEAR
	ENDED 6/30/2016.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$)(Revenue \$) Total program service expenses ▶ 18,526,854.
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Form 9	90 (2015)		<u> </u>	age 3
Part	V Checklist of Required Schedules	T	<u> </u>	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
•	complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	Δ	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	x	
F	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	7		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
Ģ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ŷ	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	ļ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	L
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>	ļ	<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x x	
,	Schedule D, Parts XI and XII	120	<u> _^</u>	+
Ω.	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	<u> </u>	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
L	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
••	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		[
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2015)

Checklist of Required Schedules (continued)

			 	1
			20a	
this return?			20b	

	Sheckist of Required Schedulos (Sommond)		Yes	No
		20.0	163	X
20a		20a		
b	11 res to me zoa, did die organization diddon d boby of its addition interference to me retain $1, 1, 1$	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	ļ
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	Ì		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
		24a		Х
b		24b		
c	Did the organization mices any process of tax oximpt benes beyond a temperary price being the pear			\square
U		24c		1
		24d		
d oc-	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u></u>		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	transaction with a disqualified person during the year in res, complete Schedule L, Fart F	200		
đ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		x
		200		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	~~		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	itt steve	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	8338	3.283 S	
а	A conclusion of formore, and dot a most of the provident	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u> </u>	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)]	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		[1
~ 1	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1
52	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>	T
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1	1
34	or IV, and Part V, line 1	34	X	:
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		+	+
đ	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R; Part V, line 2	35b		}
		1000	+	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	0.0		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-		
	Part VI	37	-	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		_	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>

Form 990 (2015)

Form 990 (2015)

Part IV

Page 4

	JUNIC. ACHIEVEMENT USA 84-1267	604		
Form	990 (2015)		Pa	age 5
Par				, ,
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u> </u>
	Enter the number reported in Roy 3 of Form 1096 Enter 0 if not applicable $18 $	12010	Yes	No I
	Litter the humber reported in box 5 or 1 of 1050. Either 50 in hor applicable,,			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
G	reportable gaming (gambling) winnings to prize winners?	1c	X	199 <u>1999</u> 298
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 89			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			v
	account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
Ea	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?,,	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b	Singlesting week	14002734234
7	Organizations that may receive deductible contributions under section 170(c).	CHLOU SHO		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?			
u o	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	19 <u>2-19</u> 30-1444	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	61°*		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	61.522	Thereis are a	
, a		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ł	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
â	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
I	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand	14a	3 <u>80100000000000000000000000000000000000</u>	X
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1
JSA		_	n 990) (201
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	1	1º			
Eorm O	90 (2015) JUNICA ACHIEVEMENT USA		84-126760	4	-age 6
Part		to lines 2 throw			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Secti	on A. Governing Body and Management	······			
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax yea	r 1a	a 33		
	If there are material differences in voting rights among members of the governing body, or if the				
	body delegated broad authority to an executive committee or similar committee, explain in Schu	}			
b	Enter the number of voting members included in line 1a, above, who are independent	1 4	ь 32		
2	Did any officer, director, trustee, or key employee have a family relationship or a		onship with		
_	any other officer, director, trustee, or key employee?			2	X
3	Did the organization delegate control over management duties customarily perfor		r the direct	ļ	
	supervision of officers, directors, or trustees, or key employees to a management con	•			X
4	Did the organization make any significant changes to its governing documents since the prior l			<u>ا</u>	X
5	Did the organization become aware during the year of a significant diversion of the o	organization's ass	ets? 5	5	X
6	Did the organization have members or stockholders?			; X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the				Ì
	one or more members of the governing body?			a	X
b	Are any governance decisions of the organization reserved to (or subject	to approval by)			
	stockholders, or persons other than the governing body?		7	b X	1
8	Did the organization contemporaneously document the meetings held or written	actions underta	- 0.634		
	the year by the following:				
а	The governing body?		· · · · · ·	a X	
b	Each committee with authority to act on behalf of the governing body?		· · · · · · -	b X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sch				x
Secti	on B. Policies (This Section B requests information about policies not requir				12
0000	on B. Toncics (This Could B Toquesis mornation about policies net requir	ou by the interi		Yes	No
10 -	Did the organization have local chapters, branches, or affiliates?		11	Da X	
	If "Yes," did the organization have written policies and procedures governing the		4		
	affiliates, and branches to ensure their operations are consistent with the organization			оь х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governin			1a X	
	Describe in Schedule O the process, if any, used by the organization to review this I				
	Did the organization have a written conflict of interest policy? If "No," go to line 13 .		1	2a X	
b	Were officers, directors, or trustees, and key employees required to disclose annu	ally interests tha	t could give		
	rise to conflicts?		<u>1</u> ;	2b X	1
C	Did the organization regularly and consistently monitor and enforce compliance	e with the polic	y? If "Yes,"		
	describe in Schedule O how this was done		· · · · · · · ·	2c X	_
13	Did the organization have a written whistleblower policy?			3 X	<u> </u>
14	Did the organization have a written document retention and destruction policy?		10000	4	X
15	Did the process for determining compensation of the following persons include		62033	1. 3.4	
	independent persons, comparability data, and contemporaneous substantiation of the				
a	The organization's CEO, Executive Director, or top management official			5a X 5b X	
b	Other officers or key employees of the organization	•••••••••			
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	4			
зbа	Did the organization invest in, contribute assets to, or participate in a joint ven with a taxable entity during the year?		-	6a	X
h	If "Yes," did the organization follow a written policy or procedure requiring the		Annali Annali		
U	participation in joint venture arrangements under applicable federal tax law, and				
	organization's exempt status with respect to such arrangements?			6b	
Sect	ion C. Disclosure		.		
17	List the states with which a copy of this Form 990 is required to be filed LCA, CT	',NY,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if application	able), 990, and 9	90-T (Section 50	01(c)(3)	s only)
	available for public inspection. Indicate how you made these available. Check all that				
		explain in Scheo	-		
19	Describe in Schedule O whether (and if so, how) the organization made its govern	ning documents,	conflict of intere	est polic	cy, 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 TIMOTHY ARMIJO ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	organization's bo 719-540-6235	oks and records:		
JSA		<u></u>		Form 99	0 (2015)

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Form 990 (2015	orm 990 (2015)			N ACHIEVI	Bright Obr		0112	01001	rayer		
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 i							ne in this Part	VII			<u> </u>
Section A.	Officers, Directo	rs, ĭ	Frustees, K	ey Employee	es, and High	est Co	mpensated Em	ployees			

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	iot ch unles	s pe	ition more rson i	than o is both pr/trust	ап	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)AINAR D. AIJALA, JR.	2.00									
DIRECTOR	0.	Х						0.	0.	0
(2)EVELYN ANGELLE	2.00	1	1							
TREASURER	0.	X		Х				0.	0.	0
(3)ALAN S. ARMSTRONG	2.00									
DIRECTOR	0.	Х						0.	0.	0
(4) SANDRA BEACH LIN	2.00			ł						
DIRECTOR	0.	X						0.	0.	0
(5)CATHERINE S. BRUNE	2.00	}	1							
CHAIR	0.	X		Х	1			0.	0.	0
(6)RODNEY D. BULLARD	2.00						1			
DIRECTOR	0.	X		1]		0.	0.	0
(7) JAMES M. CARROLL	2.00				1					
DIRECTOR	0.	X						0.	. 0.	0
(8)LYNNE FORD	2.00		-				1			
DIRECTOR	0.	X						0.	. 0.	0
(9) JEFF HANSBERRY	2.00	1								
DIRECTOR	0.	X					1	0	. 0.	0
(10)PERRY HEWITT	2.00				1	ľ				
DIRECTOR	0.	X						0	. 0.	0
(11)KYLE H. HYBL	2.00		ļ		ļ					
SECRETARY	0.	X		X		1		0	. 0.	C
(12)CLYDE D. KEATON	2.00			[
DIRECTOR	0.	X						0	. 0.	<u> </u>
(13) DEBORAH J. KISSIRE	2.00					1				
DIRECTOR	0.	X						0	. 0.	0
(14)LOREN C. KLUG	2.00	1]				
DIRECTOR	0,	1 x		1				0	. 0.	0

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	ot ch unles r and	s per Ia di	lion more rson i irecto	than or s both a	an xe)	(D) Reportable compensation from the	ted Employees (i (E) Reportable compensation from related organizations (W-2/1099-MISC)		other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from the organization and related organizations
5) LARRY LEVA DIRECTOR	2.00	x						0.		0.	. 0.
6) ROBERT LLOYD DIRECTOR	2.00	x						0.		0.	0
7) PAUL E. MCKNIGHT DIRECTOR	2.00	x						0.		0.	0
8) JULIE A. MONACO VICE CHAIR	2.00 0.	x		x				0.		0.	0
9) JONAS PRISING DIRECTOR	2.00 0.	x						0.		0.	0
20) ED RAPP DIRECTOR THRU JAN 2016	2.00	x						0.		0.	0
21) ROBERT REEG DIRECTOR THRU NOV 2015	2.00	x						0.	· · · · · · · · ·	0.	0
22) ALBERT E. SUTER DIRECTOR	2.00	x						0.		0.	0
3) RICHARD A. WOODS DIRECTOR	2.00	x						0.		0.	C
24) JACK E. KOSAKOWSKI PRESIDENT & CEO	40.00 0.	х		x				447,373.		0.	49,111
25) ASHEESH ADVANI DIRECTOR	2.00	x						0	•	0.	c
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-		 	•••	•••	 		0 3,318,452. 3,318,452.	•	0. 0. 0.	0 598,212 598,212
 2 Total number of individuals (including but not reportable compensation from the organizatio 	limited to t		liste			e) wh	o re				Yes N
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the 	ule J for su	ch ind	livid	ual	••	• • •	••	• • • • • • • • • •		•	3 ×
organization and related organizations gr individual	eater thar	n \$1	50,0	0007	? II	' "Yes	5,"	complete Sched	ule J <u>f</u> or suc		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 ×
 Section B. Independent Contractors Complete this table for your five highest componentiation from the organization. Report of year. 											s tax
(A) Name and business ad	dress							(B) Description of s	services	Со	(C) mpensation
ATTACHMENT 1	· · · · · · · · · · · · · · · · · · ·										
							-	····			
 Total number of independent contractors (i more than \$100,000 in compensation from the second second				mite		o tho	se	listed above) who	o received		
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Page 8

84-1267604

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rt VII Section A. Officers, Directors, Ti (A)	(B)	y	pio.	<u>yec</u> (C			<u>- 9</u>	(D)	(E)	(F)
(A) Name and tille	Average hours per week (list any	box,	ot ch unles	Posi iecki s per	tion more rson i	than or s bolh a	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	or director	Institutional trustee	_	_	Highest compensated	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
) CHARLES GARCIA DIRECTOR	2.00	x						0.	0	
DAVID PAUL DIRECTOR	2.00	x						0.	0	•
DOUGLAS OLSON DIRECTOR	2.00	x						0.	0	
) DR. KERRY HEALEY DIRECTOR	2.00	x						0.	0	
) LAWRENCE SIDWELL DIRECTOR	2.00	x						0.	0	
) MICHELLE LEE DIRECTOR	2.00	x						0.	0	•
) RANDAL CAIN DIRECTOR	2.00	x						0.	0	•
) RICHARD NEGRIN, ESQ. DIRECTOR	2.00	X						0.	0	•
) TIMOTHY BAXTER DIRECTOR	2.00	X						0		
) TRIPP DAVIS DIRECTOR	2.00	x						0.	. c	•
) TIMOTHY ARMIJO CFO	40.00			x				198,755.	C	. 59,1
o Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organizat	ot limited to	hose	liste					eceived more than	\$100,000 of	
Did the organization list any former of employee on line 1a? <i>If "Yes," complete Sche</i> For any individual listed on line 1a, is the organization and related organizations	ficer, directo edule J for su e sum of re greater that	<i>ch inc</i> portal າ \$1:	r tru <i>livid</i> ble (50,0	ual com 100?	 	nsatio Yes	 па з,"	nd other comper complete Schedu	sation from the ule J for such	Yes 3 4 X
Individual	or accrue co	mper	nsati	ion	fron	n any	ur	nrelated organizat	ion or individual	5
ection B. Independent Contractors	, ee, ee, ipie				,					
Complete this table for your five highest co compensation from the organization. Report year.										
(A) Name and business a	address							(B) Description of s	ervices	(C) Compensation
										····•
Total number of independent contractors				••					2500-000	

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	iot ch unles r and	s pe la d	ition more rson i irecto	than or is both a pr/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	other compensation
	related organizations below dolled line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC) from the organization and related organizations
CECIL THIBODEAUX EVP	40.00			x				299,523.	(50,92
GARY BLANCHETTE SVP - DEVELOPMENT	40.00			х				270,110.). 73,5
LISA GILLIS CHIEF ACADEMIC OFFICER	40.00			x				286,561.). 34,4
SUSAN LUU SVP - BUSINESS IMPROVEMENT	40.00			х				223,054.	(). 28,7
MARY CATHERINE DESROSIERS SVP EDUCATION & LEARNING	40.00				x			157,005.	(). 2,5
HOWARD BARTNER SVP - OPERATIONS	40.00	-			x			194,408.	(). 66,9
ED GROCHOLSKI SVP - BRAND	40.00				x			230,711.	(). 36,2
LESLIE PIERCE SVP TALENT & ORGANIZATION DEV	40.00				x			200,119.	(). 41,3
STEVE SCHMIDT SVP - OPERATIONS	40.00				x			189,855.	(). 38,4
CHRISTINE KUNTZ VP - OPERATIONS	40.00					x		137,813.		32,2
JACQUELINE DANT VP - OPERATIONS	40.00	-				x		133,252.	· · · · · · ·). 31,3
Sub-total	-				••	 				
Total number of individuals (including but no reportable compensation from the organizat	ot limited to t ion ►	hose 1	liste 7	ed a	bov	e) who				Yes
Did the organization list any former of employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the organization and related organizations individual	edule J for su s sum of re greater thar	ch inc portal n \$1	divid ble (50,0	ual com)001	 1 11	nsatio	 па з,"	nd other comper complete Sched	sation from the ule J for such	3
Did any person listed on line 1a receive for services rendered to the organization? <i>If</i> ection B. Independent Contractors	or accrue co "Yes," comple	mper te Sc	nsati hedi	ion ule .	fror J for	n any <i>such</i>	ur pe	nrelated organizat rson	ion or individual	5
Complete this table for your five highest co compensation from the organization. Repor year.										
(A) Name and business	address						-	(B) Description of s	ervices	(C) Compensation

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art VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related	(dor box, office	not cł unies er anc	(C Posi heck s per	;) more rson irect	than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ontinued) (F) Estimated amount of other compensation from the
	organizations below dotted line)	ndividual trustee r director	nstitutional trustee	ficer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
) KRIS PONCIROLI	40.00							101 504		0.6 1.0
VP DONOR RELATIONS & DEV SVCS	0. 40.00					X		121,524.	0.	26,19
VP EMPLOYMENT & EMPLOYEE RELAT	0.					Х		105,656.	0.	18,03
)) JEANNINE REILLY VP - EDUCATION DELIVERY & TECH	40.00					х		122,733.	0.	9,00
	<u>.</u>							1227133.		
			_				ĺ			
										<u> </u>
		ł								
										
	+	-						2		
		-								
b Sub-total		ļ	<u> </u>		[└ ▶			
c Total from continuation sheets to Part VII, S		 	•••	•••	•••	•••				
d Total (add lines 1b and 1c)									\$100.000 of	
reportable compensation from the organizatio		1		,u a		e) wii			\$100,000 bi	
						_				Yes
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	cer, directo <i>ule J for su</i>	or, oi ch inc	tru Iivid	uste ual	e, 	key (emp	ployee, or highes	t compensated	3
For any individual listed on line 1a, is the	sum of re	oortal	ole d	com	per	isatio	n a	nd other compen	sation from the	
organization and related organizations gr individual									ile J for such	4 X
Did any person listed on line 1a receive or	accrue co	mper	isati	ion	fron	n any	/ un	related organizati		
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	te Sc	hedi	ule J	l for	such	pei	rson	<u></u>	5
Complete this table for your five highest com compensation from the organization. Report of										
year. (A)								(B)	I	(C)
Name and business ad	dress							Description of s	ervices (Compensation
								··· ·· ···		····

			ſ	•		C		
m 99	0 (20 [.]	15) J	UNICA ACHII	EVEMENT USA		Ę	84-12676	04 Page
art '	VIII							
*******************************		Check if Schedule O co	ntains a respons	e or note to an				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
and Other Similar Amounts	b c di e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gifts	1b 1c 1c 1d 1d	26,058.				
	g	and similar amounts not included Noncash contributions included it Total. Add lines 1a-1f	n lines 1a-1f: \$	7,767,869. 15,453.	7,793,927.			
anıı				Business Code				
		AREA LICENSE FEES		611710 611710	4,800,207.	4,800,207. 28,151.		
gram	e	All other program service rev	enue					
2		Total. Add lines 2a-2f		►	4,828,358.			
	4	Investment income (inc and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds . >	498,146. 0. 0.			498,14
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses Rental income or (loss)						
		Net rental income or (loss) . Gross amount from sales of assets other than inventory	(i) Securities 2,775,378.	(ii) Other	0. 			
	b c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			-199,766.			-199,7
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
Other	b c	Less: direct expenses Net income or (loss) from fu	b	l	0	Second Second		
	9a	Gross income from gaming See Part IV, line 19	activities.					
	b c	Less: direct expenses Net income or (loss) from g	ь	L	0	• • • • • • • • • • • • • • • • • • •		
	10a	Gross sales of invent returns and allowances .	tory, less	14,443,435.				
	b C	Less: cost of goods sold Net income or (loss) from sa Miscellaneous Reven	ales of inventory		9,547,930	. 9,547,930		
┝			<u>ч</u> ь	900099	525, 75 <u>5</u>	. 525,755		
	11a b	MISCELLANEOUS			323, 733	. 323,155	· · · · · · · · · · · · · · · · · · ·	
	c đi	All other revenue			525, 755			
	е 12	Total revenue. See instructi			22,994,350			298,

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Check if Schedule O contains a resp		in this Part IX		<u></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	2 427 275	2 427 275		
and domestic governments. See Part IV, line 21	3,437,375.	3,437,375.		
2 Grants and other assistance to domestic	0.			
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	65,150.	65,150.		
4 Benefits paid to or for members	0.	057150.		
5 Compensation of current officers, directors,			<u>e nites en ser un nu se sins un no lideo nomi una un s</u>	ooyyyin bo <u>giny</u> Adabatha Abaty Baray
trustees, and key employees	3,178,835.	2,352,338	699,344.	127,153
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,869,335.	3,365,344.	774,311.	729,680
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	756,829.	546,378.	116,002.	94,449
9 Other employee benefits	643,893.	458,952.	130,144.	54,797
10 Payroll taxes	467,935.	339,538.	86,157.	42,240
11 Fees for services (non-employees):				· · · · · · · · · · · · · · · · · · ·
a Management	0.			
b Legal	159,794.	83,706.	47,967.	28,121
c Accounting	64,230.	17,342.	46,888.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17,	0.			
f Investment management fees	76,441.		76,441.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list fine 11g expenses on Schedule O.),	1,607,285.	1,205,844.	291,081.	110,360
12 Advertising and promotion	143,340.	136,173.	7,167.	
13 Office expenses	602,652.	293,199.	279,320.	30,133
14 Information technology	1,653,205.	1,092,185.	478,360.	82,660
15 Royalties	0.			
16 Occupancy	431,345.	171,745.	225,092.	34,508
17 Travel	643,522.	478,978.	78,854.	85,690
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	119,800.	11,951.	105,127.	2,722
20 Interest	1,076.	291.	785.	
21 Payments to affiliates	1,245,707.	336,341.	909,366.	
22 Depreciation, depletion, and amortization	953,473.	817,161.	121,196.	15,116
23 Insurance	27,939.	8,382.	19,557.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a JA PROGRAM EXPENSES	2,855,433.	2,703,071.	150,793.	1,569
bEVALUATIONS	37,762.	35,874.	1,888.	
cSUBSCRIPTIONS & DUES	38,381.	24,395.	11,743.	2,243
dTRAININGS	181,117.	135,838.	36,223.	9,056
e All other expenses	548,520.	409,303.	101,609.	37,608
25 Total functional expenses. Add lines 1 through 24e	24,810,374.	18,526,854.	4,795,415.	1,488,105
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here 🍗 🦳 if				
following SOP 98-2 (ASC 958-720)	0.			

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Form 990 (2015)

Page 11

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Form 990 (2015)
Part X Balance Sheet

Balance Sheet Check if Schedule O contains a response or note to any line in this P	Part Y		
oneek in ochedule o contains a response of note to any line in this P	(A) Beginning of year		(B) End of year
ash - non-interest-bearing	5,907,524.	1	5,652,885.
avings and temporary cash investments	2,674,876.	2	1,116,823.
edges and grants receivable, net	3,671,575.	3	1,813,281
counts receivable, net	898,863.	4	779,015
ans and other receivables from current and former officers, directors,			
istees, key employees, and highest compensated employees.			
	Ο.	5	0
omplete Part II of Schedule L ans and other receivables from other disqualified persons (as defined under section 58(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers id sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ganizations (see instructions). Complete Part II of Schedule L	0.	6	0
otes and loans receivable, net		7	0
ventories for sale or use	2,287,604.	8	3,539,250.
repaid expenses and deferred charges	434,938.	9	336,005.
and, buildings, and equipment: cost or		13:2:22	
her basis. Complete Part VI of Schedule D 10a 12, 215, 237.		8899	
ess: accumulated depreciation	2,708,671.		
vestments - publicly traded securities	9,480,559.	11	11,092,082.
vestments - other securities. See Part IV, line 11	0.	12	0
vestments - program-related. See Part IV, line 11		13	0
tangible assets	0.	14	0
ther assets. See Part IV, line 11	0.	15	76,178.
otal assets. Add lines 1 through 15 (must equal line 34)			26,191,624
ccounts payable and accrued expenses	3,892,705.	17	4,639,304.
rants payable	0.		0
eferred revenue	147,513.	i	116,510
ax-exempt bond liabilities			0
scrow or custodial account liability. Complete Part IV of Schedule D	1,635,630.	21	947,720
pans and other payables to current and former officers, directors,		0.02M.: 5783	
ustees, key employees, highest compensated employees, and			
squalified persons. Complete Part II of Schedule L	0.		0
ecured mortgages and notes payable to unrelated third parties	227,119.		147,918.
nsecured notes and loans payable to unrelated third parties	0.	24	0
ther liabilities (including federal income tax, payables to related third			
arties, and other liabilities not included on lines 17-24). Complete Part X			
Schedule D	0.	25	0
otal liabilities. Add lines 17 through 25	5,902,967.	26	5,851,452.
rganizations that follow SFAS 117 (ASC 958), check here ▶ X and omplete lines 27 through 29, and lines 33 and 34.			
nrestricted net assets	12,772,556.	27	13,630,953.
emporarily restricted net assets	9,389,087.	28	6,709,219
	0.	29	0
omplete lines 30 through 34.			
apital stock or trust principal, or current funds		30	
and he are a set to a surface of the test of test		31	
etained earnings, endowment, accumulated income, or other funds		32	
otal net assets or fund balances	22,161,643.	33	20,340,172
otal liabilities and net assets/fund balances	28,064,610		26,191,624.
ermar rganiz omplet apital aid-in etaine otal ne	nently restricted net assets	nently restricted net assets 0. ations that do not follow SFAS 117 (ASC 958), check here ▲ and and te lines 30 through 34. and stock or trust principal, or current funds	nently restricted net assets 0. 29 ations that do not follow SFAS 117 (ASC 958), check here and ations that do not follow SFAS 117 (ASC 958), check here and ations that do not follow SFAS 117 (ASC 958), check here and ations that do not follow SFAS 117 (ASC 958), check here and ations that do not follow SFAS 117 (ASC 958), check here and ations 30 through 34. 30 stock or trust principal, or current funds 30 or capital surplus, or land, building, or equipment fund 31 at earnings, endowment, accumulated income, or other funds 32 at assets or fund balances 22,161,643.

Form 990 (2015)

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	84-1267604

Form 9	90 (2015)		Pa	age 12
Par	XI Reconciliation of Net Assets			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,994,	350.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,810,	374.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,816,	024.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,161,	
5	Net unrealized gains (losses) on investments	5		447.
6	Donated services and use of facilities	6	· · · · ·	0.
7	Investment expenses	7		0.
8	Prior period adjustments	8		0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	20,340,	172.
Part	XII Financial Statements and Reporting		·	
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in	
	Schedule O.	•		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npilec	d or	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na 👘	
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs		1
	of the audit, review, or compilation of its financial statements and selection of an independent acc			
	If the organization changed either its oversight process or selection process during the tax year, e		 Construction and a second system 	
	Schedule O.	•		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in	
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	1

Form 990 (2015)

4607

		6			í	C .	
					(
SCHEDULE A		Public Cha	rity Status an	d Pul	blic S	upport	OMB No. 1545-0047
(Form 990 or 990-EZ)		Complete if the org	anization is a section 5 947(a)(1) nonexempt ch	01(c)(3) o	organizatio	••	2015
Department of the Treasury			Attach to Form 990 or				Open to Public
Internal Revenue Service	1	n about Schedule A	(Form 990 or 990-EZ) a	nd its ins	tructions i	s at www.irs.gov/form99	
Name of the organization JUNIOR ACHIEVEM						Employer identi	fication number 1267604
		rity Status (All o	roanizations must o	omnlet	e this na	rt.) See instructions.	1207004
The organization is not							
			tion of churches desci	-	-		
2 A school desc	ribed in <mark>secti</mark>	on 170(b)(1}(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990-	-EZ).)	
			rganization described i				
			conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)(iii). Enter the
hospital's nan					•		
		cor the penetit of a complete Part II.)	a college or universit	y owned	а ог оре	rated by a governmer	ital unit described in
		· ·	rnmental unit describe	d in sect	ion 170/1	h)(1)(A)(v)	
						vernmental unit or from	m the general public
		(1)(A)(vi). (Compl			J		
)(1)(A)(vi). (Complete				
						contributions, membe	
						tions, and (2) no mor	
						(less section 511 t	ax) from businesses
			975. See section 509(usively to test for publication of the section of the se		•		
				•		functions of, or to car	wout the nurnoses of
						on 509(a)(2). See sec	
						and complete lines 11e	
						orted organization(s), t	-
						f the directors or trust	
		omplete Part IV, S					
						supported organizatio	
				the sam	e person	s that control or mana	ige the supported
	• •	-	, Sections A and C.	ted in a	annadia	n with, and functionall	
			is). You must comple				y integrated with,
						ection with its support	ed organization(s)
						ution requirement and	- · · ·
			omplete Part IV, Sect				
						nat it is a Type I, Type II	, Type III
			ionally integrated sup				
			orted organization(s).	• • • •	••••	•••••	•••••
(i) Name of supported		(ii) EIN	(iii) Type of organization	find is the	organization	(v) Amount of monetary	(vi) Amount of
(),		((described on lines 1-9	listed in yo	our governing	support (see	other support (see
			above (see instructions))	0000	ment?	instructions)	instructions)
· · · · · · · · · · · · · · · · · · ·				Yes	No		
(A)							
					Į		
(B)							
(C)							
(D)							
/E)							
(E)		and the second se					• •• •• ···
_							
Total				12000			
For Paperwork Reduction Form 990 or 990-EZ.	on Act Notice, s	see the instructions fo	or			Schedule A	(Form 990 or 990-EZ) 2015

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2015

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify 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) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts. grants, contributions. and membership fees received. (Do not include any "unusual grants.") 20,020,733. 12,116,945. 9,619,828 12,449,756. 7,793,927 62,001,189. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf θ. 3 The value of services or facilities furnished by a governmental unit to the organization without charge ο. 4 Total. Add lines 1 through 3 12,116,945 20,020,733 9,619,828 12,449,756 7,793,927 62,001,189. 5 The portion of total contributions by person (other each than or governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f), , , , , , , 24,106,512. 6 Public support. Subtract line 5 from line 4. 37,894,677. Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2011 (c) 2013 (d) 2014 (b) 2012 (e) 2015 (f) Total Amounts from line 4 7 12,116,945 20,020,733. 9,619,828 12,449,756 7,793,927 62,001,189. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 263,374. 215,033. 260,283 419,746. 498,146. 1,656,582. 9 Net income from unrelated business activities, whether or not the business is regularly carried on Ο. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Ο. Total support. Add lines 7 through 10 11 63,657,771. Gross receipts from related activities, etc. (see instructions) 12 12 96,167,357. 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 59.53% 14 14 59.87% 15 16a 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

4607

Page 2

Schedule A (Form 990 or 990-EZ) 2015

Pai	(Complete only if you check	ed the box on	line 9 of Part	I or if the orga	nization failed	to qualify unde	er Part II.
	If the organization fails to qu	alify under the	tests listed b	elow, please c	omplete Part I	l.)	
	tion A. Public Support	(=) 2011	(1) 0040	1 () 0040			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	· · · · · · · · · · · · · · · · · · ·					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		s ļ				
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						•
8	Public support. (Subtract line 7c from						
	line 6.)			and a start of the			
Sec	tion B. Total Support			Contracting a strangene and	<u> </u>	And the received of the states	
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6.						(,)
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources,						
b	Unrelated business taxable income (less	····					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b				·····		
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
	carried on			ł			
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	· ····					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			<u> </u>			
14	First five years. If the Form 990 is f						
	organization, check this box and stop here			<u></u>	<u></u>	<u></u>	· · · . ►
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2014 Sche			<u></u>		16	%
Sec	tion D. Computation of Investme	nt Income Per	centage		-		
17	Investment income percentage for 2015 (li	ne 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2014	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2015. If the or	ganization did no	ot check the bo	x on line 14, an	d line 15 is mor		
	17 is not more than 331/3%, check th	is box and stor	here. The ord	anization qualifie	s as a publicly	supported organi	zation ►
b	331/3% support tests - 2014. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16 is	more than 224"	2auon ► [] 3% and
	line 18 is not more than 331/3%, check	this box and e	top here. The o	rdanization qualifi	ies as a nublicity		zation b
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19	b. check this h	oupported organi	
JSA				.,, (0)		Schedule A (Form 9	
ə⊨122	11.000 71762E 5974 1/25/2017 1	:45:55 PM		,	1607 -		PAGE 1

4607

Page 3

Schedule A (Form 990 or 990-EZ) 2015
Part IV Supporting Orga

Supporting Organizations (Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedu	ie A (Form 990 or 990-EZ) 2015		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	22		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
		C	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	200		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			940923 48-8-8-8
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			9949495 9949495
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		.	
		F	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	2000		14602-751 14502-751 14506-751
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		γ·	
1	Did the graphization provide to each of its supported graphizations, by the last day of the fifth month of the	1.72.77.27	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously		1262	
	provided?	1	1974 N 177	15161-051
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	8070.)		
		2		1. 100. GAR
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		2.85	199626
		3		
	ion E. Type III Functionally-Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions):	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instru		•
2	Activities Test. Answer (a) and (b) below.	ya, Kw	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	10000	18888	1080.637
	that these activities constituted substantially all of its activities.	2a	100000	
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		Y SQL RE	pereiti.
	activities but for the organization's involvement.	2b	1	1

- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
 3b

Schedule A (Form 990 or 990-EZ) 2015

<u>3a</u>

Schedule A (Form 990 or 990-EZ) 2015

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizati	ons
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus	on Nov. 20, 1970. See instructions. All
_	other Type III non-functionally integrated supporting organizations must complete	Sections A through E.
		(D) 0

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	· ·	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	; -	groted Type III supporting	1

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

Schedule A (Form 990 or 990-EZ) 2015

4607

84-1267604

Schedu Part	e A (Form 990 or 990-E2) 2015 Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)	Page 7
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	rations	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
- 8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
C				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.	<u>, , , , , , , , , , , , , , , , , , , </u>		
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			i en en la primer de la companya de
·	and 4c.			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Page 8

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. 	2015
Name of the organization	Employer	identification number
JUNIOR ACHIEVEM		267604
Organization type (cho	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990,	990-EZ, or 990-PF) (2015)

Page **2**

Name of organization	JUNIOR	ACHIEVEMENT	USA

Employer identification number 84-1267604

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$903,903.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$388,415.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$238,306.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization JUNIOR ACHIEVEMENT USA

Employer identification number 84-1267604

Page **2**

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$174,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$182,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$220,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u></u> \$ <u></u> 269,787.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$405,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$203,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization JUNIOR ACHIEVEMENT USA

Page 2 Employer identification number

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	84-1267604

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rti	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$187,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$275,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	· · · · · · · · · · · · · · · · · · ·	\$193,266.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$250,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$324,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Pa					
Name of organization	JUNIOR ACHIEVEMENT USA		Employer identification number		
			84-1267604		

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

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chedule B	(Form 990, 990-EZ, or 990-PF) (2015)		· · · · · · · · · · · · · · · · · · ·	Page 4			
lame of o	rganization JUNIOR ACHIEVEMENT USA			Employer identification number 84-1267604			
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	he year from any one ns completing Part III, e year. (Enter this inform	contributor. Contributor contributor contributor contribution of the total of total of the total of tot	ibed in section 501(c)(7), (8), or omplete columns (a) through (e) and f ex <i>clusívely</i> religious, charitable, etc			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
	· · · · · · · · · · · · · · · · · · ·						
		(e) Transfer of g	lift				
	Transferee's name, address, and	1 ZIP + 4	Relation	ship of transferor to transferee			
(a) No.			······				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
<u></u>							
		(e) Transfer of (gift.				
	Transferee's name, address, an	1 ZIP + 4	Relation	ship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gif	t l	(d) Description of how gift is held			
Part I							
		(e) Transfer of					
	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held			
		-					
		(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee			
				Schedule B (Form 990, 990-EZ, or 990-PF) (201			
SA				Constant in from any access of son-LL (to			

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	HEDULE C m 990 or 990-EZ)		Political Campaign a	nd Lobbying	Activ	ities	OMB No. 1545		
(<i>i</i> ¢,		For O	rganizations Exempt From Incom	ne Tax Under sectio	n 501(c) a	nd section 527	201	5	
	rtment of the Treasury al Revenue Service		ete if the organization is described be ion about Schedule C (Form 990 or §) or Form 990-Ei ww.irs.gov/form			
If the	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 organize				o				
			on Form 990, Part IV, line 4, or Form						
٠	Section 501(c)(3) or	ganizations	that have filed Form 5768 (election ur	ider section 501(h)): Cor	nplete Part	II-A. Do not comp	blete Part II∝B.		
		•	that have NOT filed Form 5768 (election	• •			•		
Tax)	(see separate instru	ctions), then	on Form 990, Part IV, line 5 (Proxy mizations: Complete Part III.	Tax) (see separate in	structions)	or Form 990-E2	Z, Part V, line 35c	(Proxy	
	e of organization	-,, (-,3-		· · · · · · · · · · · · · · · · · · ·		Employer iden	tification number		
	IOR ACHIEVEM	ENT USA				84-126			
Pa	rt I-A Comple	te if the o	rganization is exempt under	section 501(c) or i	s a secti				
1			organization's direct and indirect						
2			· · · · · · · · · · · · · · · · · · ·						
3									
Par			rganization is exempt under						
1	Enter the amount	t of any exc	ise tax incurred by the organization	in under section 495	5	. ►\$			
2	Enter the amount	of any exc	ise tax incurred by organization m	anagers under section	on 4955 .	. ►\$	· 		
3			section 4955 tax, did it file Form					No	
					• • • • •		🔄 Yes 📘	No	
-	If "Yes," describe		rganization is exempt under			(I			
							•		
1	activities		xpended by the filing organizatio			. ►\$			
2	527 exempt func	tion activiti	g organization's funds contributed	.		. ►\$			
3			nditures. Add lines 1 and 2. Er						
4 5	Did the filing orga Enter the names, organization mac the amount of po	anization file addresses le payment plitical cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, er ributions received that were pron of or a political action committee (per (EIN) of all section nter the amount pair nptly and directly de	on 527 po I from the livered to	litical organiza filing organiza a separate pol	tions to which the ation's funds. Also litical organization	o enter n, such	
	(a) Name		(b) Address	(c) EIN	filing o	unt paid from rganization's none, enter -0	(e) Amount of pol contributions receiv promptly and dire delivered to a sep political organizat none, enter -0	ved and ectly arate ion. If	
(1)									
(2)									
(3)		- · .							
(4)									
(5)				-					
(6)				-	• • • • • • • • • • • • • • • • • • •				
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

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Schedule C (Form 990 or 990-EZ) 2015 JUNIOR	ACHIEVEMENT USA	84-1	267604 Page 2	
Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	ction under	
	belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		roup member's	
B Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	4	
	ying Expenditures eans amounts paid or incurred.}	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)			
d Other exempt purpose expenditures		24,810,374.		
f Lobbying nontaxable amount. Enter the	e amount from the following table in both			
columns.		1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000	\$1,000,000.			
g Grassroots nontaxable amount (enter 25	5% of line 1f)	250,000.		
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.	
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.	0.	
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this year?			Yes No	
	4-Year Averaging Period Under section 501(h)			

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.	
c Total lobbying expenditures	164,428.	160,949.			325,377.	
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

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Sche	dule C (Form 990 or 990-EZ) 2015						⁵ age 3
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Foi	rm 576	88		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b))	
	cription of the lobbying activity.	Yes	No		Amo	unt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c	Media advertisements?			f edit factor	2000-8649000	der Niedlice i	consections.
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?			1			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ				
b							
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		noosie Aatoka				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				9. je s		
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)), or :	sectio	n		
·						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (b) Pa			3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
c	lotal			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible						
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		• • •	4			
_	rt IV Supplemental Information	• • •	•••	1.0			
	and a second morning of						

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

Schedule C (Form 990 or 990-EZ) 2015

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Schedule C (Form 990 or 990-EZ) 2015						
Part IV	Supplemental Information	(continued)				

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Page 4

		((
(For	EDULE D m 990)	Complete if t	ental Financial Stateme the organization answered "Yes" on Form 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12 Attach to Form 990.	n 990,	OMB No. 1545-0047 2015 Open to Public
Depar	tment of the Treasury al Revenue Service	Information about Schedul	e D (Form 990) and its instructions is at w	ww.irs.gov/form990,	Inspection
	of the organization			Employer Identific	
JUN	IOR ACHIEVEME	NT USA		84-12676	04
_			sed Funds or Other Similar Fund		
		-	"Yes" on Form 990, Part IV, line 6		
			(a) Donor advised funds		other accounts
1	Total number at e	nd of year			
		of contributions to (during year)			
	-	of grants from (during year)			
		it end of year.			
5		-	advisors in writing that the assets I	eld in donor advised	
-			organization's exclusive legal control		
6	-		and donor advisors in writing that gra		
-			fit of the donor or donor advisor, or		
			<u> </u>		
Pa		tion Easements.			
		e if the organization answered	"Yes" on Form 990, Part IV, line 7		
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).		
	Preservatio	n of land for public use (e.g., rec	reation or education) 📃 Preserva	tion of a historically in	portant land area
	Protection of	of natural habitat		tion of a certified histo	•
	Preservatio	n of open space			
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation contributi	on in the form of a cor	nservation
		last day of the tax year.			e End of the Tax Year
а	Total number of c	onservation easements		. 2a	
b	Total acreage res	tricted by conservation easement	\$. <u>2b</u>	
C			historic structure included in (a)		
d	Number of conse	rvation easements included in (c	acquired after 8/17/06, and not on	a	
	historic structure I	isted in the National Register		. 2d	
3	Number of conse	rvation easements modified, trai	nsferred, released, extinguished, or te	erminated by the orga	nization during the
	tax year 🕨				
4	Number of states	where property subject to conse	ervation easement is located >		
5			garding the periodic monitoring, ins		
			sements it holds?		
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	g conservation easement	s during the year
	▶				
7			ting, handling of violations, and enforc	ing conservation easer	ments during the year
	▶\$				
8			2(d) above satisfy the requirements of		
	and section 170(h	i)(4)(B)(ii)?			Yes No
9			conservation easements in its revenu		
		counting for conservation easeme	of the footnote to the organization's fi	nancial statements tha	t describes the
De		—	s of Art, Historical Treasures, or (Athan Cimilar Acast	
Га			I "Yes" on Form 990, Part IV, line 8		5.
1a	works of art. his	n elected, as permitted under S torical treasures, or other simil	FAS 116 (ASC 958), not to report in ar assets held for public exhibition,	education, or resea	nt and balance sheet
	public service, pro	ovide, in Part XIII, the text of the f	ootnote to its financial statements that	t describes these item	S.
b	If the organization	n elected, as permitted under	SFAS 116 (ASC 958), to report in	its revenue statemer	nt and balance sheet
	works of art, his	torical treasures, or other simil	ar assets held for public exhibition.	education, or resea	rch in furtherance of
		ovide the following amounts related in Form 000, Part (#1, line 4		•	•
			• • • • • • • • • • • • • • • • • • • •		
-	• •				
2			art, historical treasures, or other sim		al gain, provide the
			SFAS 116 (ASC 958) relating to these		•
a b	Assets included in	a III FOITH 990, Part VIII, IINE 1 n Eorm 990, Part X	<u></u>	•••••	ቅ ዊ
	Paperwork Reductio	n Act Notice, see the Instructions for	pr Form 990.		ֆ hedule D (Form 990) 2015
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	ule D (Form 990) 2015	tions of Aut Illat	wight Transvers	an Other Cincile	Page 2
Par					
	Using the organization's acquisition, access	sion, and other record	is, check any of th	le following that a	re a significant use of its
	collection items (check all that apply):	. [
a	Public exhibition	d	Loan or exchange	e programs	
b	Scholarly research	e [Other		
c	Preservation for future generations	13 17 1 1			
4	Provide a description of the organization's	collections and expla	in now they turthe	r the organizations	s exempt purpose in Part
_	XIII.				
5	During the year, did the organization solicit o				
	assets to be sold to raise funds rather than to		t of the organizatio	n's collection?	Yes No
Par				O	
	Complete if the organization answ	erea Yes on Form	990, Part IV, line	9, or reported an	amount on Form
	990, Part X, line 21.				•
าล	Is the organization an agent, trustee, custod				
	included on Form 990, Part X?				Yes X No
b	If "Yes," explain the arrangement in Part XIII	i and complete the foll	owing table:	· · · · · ·	
					mount
C	Beginning balance				
	Additions during the year				
e	Distributions during the year				
f	Ending balance				
	Did the organization include an amount on F				• — —
	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	planation has been	provided on Part XII	
Par		·····		40	
	Complete if the organization answ		······································		
	(a) Cur	rent year (b) Prior	r year (c) Two ye	ears back (d) Three y	ears back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu		e (line 1g, column (a)) held as:	
a	Board designated or quasi-endowment	%			
b	Permanent endowment %	- /			
C	Temporarily restricted endowment				
	The percentages on lines 2a, 2b, and 2c sh	•			
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	ind administered for	
	organization by:				Yes No
	(i) unrelated organizations				
	(ii) related organizations				
	If "Yes" on line 3a(ii), are the related organiz				3b
4	Describe in Part XIII the intended uses of th	e organization's endo	wment funds.		
Par	t VI Land, Buildings, and Equipment. Complete if the organization answ	wered "Yes" on For	n 990 Part IV lin	e 11a. See Form	990 Part X line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	Land	(investment)	(other)	depreciation	, .
1a			1,260,730		1,260,730.
b	Buildings		4,120,471	. 3,827,930.	292,541.
C	Leasehold improvements				
d	Equipment		1,032,308		
	Other		5,801,728		
Tota	al. Add lines 1a through 1e. (Column (d) musi	t equal Form 990, Part	X, column (B), line	10c.)	1,786,105.

Schedule D (Form 990) 2015
JUNIOR	ACHIEVEMENT	USA

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	Form 990) 2015		Page
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) Financia	al derivatives		
	-held equity interests		
(3) Other_			
<u>(A)</u>			
<u>(B)</u>			
(C)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
<u>(H)</u>			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		"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:
<u> </u>			Cost or end-of-year market value
(1)			
(2)			
(3)			
_(4)			
(5)			
(6)			
(6) (7)		•	
(6) (7) (8)			
(6) (7) (8) (9)	n (h) must acust Form 000. Port V. col. (8) line 13.		
(6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets		
(6) (7) (8) (9)	Other Assets.). Part IV. line 11d. See Form 990. Part X. line 15.
(6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered	l "Yes" on Form 990 scription), Part IV, line 11d. See Form 990, Part X, line 15.
(6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered		
(6) (7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered		
(6) (7) (8) (9) Total, (Column Part IX (1)	Other Assets. Complete if the organization answered		
(6) (7) (8) (9) Total. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered		
(6) (7) (8) (9) Total, (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered		
(6) (7) (8) (9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered		
(6) (7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered		
(6) (7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered		
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(6) (7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X (1) Fede (2) (3) (4) (5) (6) (7) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	scription	(b) Book value (b) Book value

JUNIOR ACHIEVEMENT USA 84-1267604 Schedule D (Form 990) 2015 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 24,555,442. 1 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -5,447 2a 250,000 2b b Donated services and use of facilities c Recoveries of prior year grants..... 2c 4,895,505 d Other (Describe in Part XIII.) 2d 5,140,058. 2e е 3 19,415,384. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 76,441 4a a Investment expenses not included on Form 990, Part VIII, line 7b 3,502,525. h 3,578,966. 4c C Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 22,994,350. 5 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 26,376,913. 1 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 250,000. 2a а b Prior year adjustments 2b 2c c Other losses..... 4,895,505. 5,145,505. 2e 21,231,408. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 76,441 4a a Investment expenses not included on Form 990, Part VIII, line 7b 3,502,525. 3,578,966. 4c 24,810,374. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Schedule D (Form 990) 2015

JSA 5E1271 1.000

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 \$267,909 AND \$450,502 RESPECTIVELY AS OF JUNE 30, 2016.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

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

4,895,505

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

3,502,525*

JSA 5E1226 1.000 SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES ON BOOKS, NOT ON RETURN: COST OF GOODS SOLD RECLASSED FROM EXPENSE AND NETTED AGAINST REVENUE

4,895,505

SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES ON RETURN, NOT ON BOOKS: DESIGNATED CONTRIBUTIONS TO US JA OFFICES AND MEMBER NATIONS TREATED AS AGENCY TRANSACTIONS FOR FINANCIAL STATEMENT PURPOSES

3,502,525*

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

JSA 5E1226 1.000

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SCHEDULE F	Staten	nent of A	ctivities	Outside the Unit	ed States	OMB No. 1545-0047
(Form 990)				Yes" on Form 990, Part IV, I		2015
Department of the Treasury	• .	-	► Attach t	o Form 990.		Open to Public
Internal Revenue Service	Informatio	n about Schedu	le F (Form 990)	and its instructions is at www		nspection
JUNIOR ACHIEVEMEN	IT USA				84-126760	
	formation o Part IV, line 14		Outside the L	Inited States. Complete	if the organization answ	vered "Yes" on
÷	-			ubstantiate the amount of	-	
				e, and the selection criteria		X Yes No
2 For grantmakers. assistance outside t		-	ganization's pr	ocedures for monitoring	the use of its grants	and other
	n. (The follow			duplicated if additional sp		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE	PACIFIC			GRANTMAKING		17,500.
(2) EUROPE				grantmaking		12,500.
(3) NORTH AMERICA				GRANTMAKING		20,400.
(4) SOUTH AMERICA				GRANTMAKING		7,500.
(5) SUB-SAHARAN AFRICA	<u> </u>			GRANTMAKING		7,250.
(6)						
(7)						
(8)						
(9)						
(10)						
<u>(11)</u>						
(12)						
(13)						
(14)					· · · · · · · · · · · · · · · · · · ·	
(15)						
(16)						
(17)		<u> </u>		1		
3a Sub-total b Total from	continuation					65,150.
sheets to Part I c Totals (add lines						

Mathematical and frequencies Description (relations) Of Party (mathematical and mathematical and mathemathematical and mathematical and mathematical and mathematical a	Part IV, line 15, for any recipient who received more than \$5,000.	cipient who received	more man \$0,000. F		rait Il call de uupilcaleu II auuiluliai space is liceueu.	Inial space is	licence.			ŧ
Out Description Description <thdescription< th=""> <thdes< th=""><th>(a) Name of organization</th><th>(b) IRS code section and EIN (if applicable)</th><th>(c) Region</th><th>(d) Purpose of grant</th><th>(e) Amount of cash grant</th><th>(f) Manner of cash disbursement</th><th>(g) Amount of non-cash assistance</th><th>(h) Description of non-cash assistance</th><th></th><th></th></thdes<></thdescription<>	(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 non-cash assistance	(h) Description of non-cash assistance		
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Number of recipient or recipients To surport promotes To surport promotes			TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	TO SUPPORT	7.500					
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Image: Number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Image: Number of other organizations or entities.										ł
<pre>number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</pre>										1
	Enter total number of recipient orga by the IRS, or for which the grantee Enter total number of other organize	anizations listed above t or counsel has provided rations or entities	hat are recognized as c d a section 501(c)(3) ec	charities by the fiquivalency letter	breign country, rec	cognized as tax	etempt		7.	E 1
								Schedule F	(Form 990) 201	10 I
	1,000						·		07 10 10 10	0

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JUNIOR ACHIEVEMENT USA

Page 4

Schedu	ile F (Form 990) 2015		Page 4
Part	IV Foreign Forms	 	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

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JUNIOR ACHIEVEMENT USA

Page 5

Schedule F (Form 990) 2015

Part V Supplemental Information

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

SCHEDULE F, PART I, QUESTION 2 -

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

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

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

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

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

DONOR.

Schedule F (Form 990) 2015

SCHEDULE I	Grants ar	nd Other A	Grants and Other Assistance to Organizations,	organiza	tions,		OMB No. 1545-0047
(Form 990)	Government	nts, and In	ts, and Individuals in the United States	the United	l States	·	2015
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	ganization ansv	n answered "Yes" on Fc ▶ Attach to Form 990.	rm 990, Part IV,	line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	Information about Schedule 1 (Form 990) and its instructions is at www.irs.gov/form990.	chedule I (Form	990) and its instru	ictions is at www	irs.gov/form990.		Inspection
organization						Employer identification number 84-1267604	ation number
DUNIOR ACHIEVENENT COR	nts and Assistance	۵					
1 Does the organization maintain records to substantiate the	ds to substantiate th	e amount of the	grants or assistan	ce, the grantees'	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	X Yes No
the selection criteria used to award the grants or assistance?	ne grants or assistanc procedures for mon	itoring the use c	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.	ce to Domestic Ory / recipient that rec	<mark>ganizations an</mark> eived more tha	d Domestic Gove In \$5,000. Part II	ernments. Com can be duplicate	plete if the organize ed if ådditional spac	ation answered "Ye ce is needed.	ss" on Form
1 (a) Name and address of organization or government	NIB (q)	(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 non-cash assistance	(h) Purpose of grant or assistance
(1) JA OF NORTH CENTRAL OHIO, INC.							SUPPORT
1563 FIRESTONE PARKWAY AKRON, OH 44301	1 34-0940986	501 (C) (3)	9,750.				MISSION
(2) JUNIOR ACHIEVEMENT OF ALASKA, INC.							SUPPORT MISSION
(2) WINT'L AIRPORT RD, ANCHORAGE AK 99518		10) TOC	- ^ ^ ^ ^				SUPPORT
CSC & CONTREVENTION OF ANTONNE D. 85282	2 R6-0184349	501 (C) (3)	44,467.				MISSION
ACHIEVEMENT OF ARKANSAS							SUPPORT
	72223 71-0658775	501 (C) (3)	10,500.				MISSION
(5) JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND, INC	D, INC						SUPPORT
10711 RED RUN BLVD, OWINGS MILLS, MD 21117	21117 52-0688275	501 (C) (3)	38,024.				MISSION
(6) JA OF GREATER BATON ROUGE & ACADIANA			4 1 1				SUPPORT
7809 JEFFERSON HWY D4, BATON F	70809 72-0485727	501 (C) (3)	. UC/ .8	5.200 P.			erradorer Alleradorer
(7) JA OF SOUTH CENTRAL KENTUCKY, INC.	10101		F15.7				NISSION
	1	101 101 100	•) + 1 • •				SUPPORT
(0) JA UF WESTERN NEW JURN, INC. 275 OAK STREET, SUITE 222 BUFFALO, NY 14203	14203 16-0821488	501 (C) (3)	42,001.				MISSION
(9) JA OF CENTRAL CAROLINAS, INC.	\square						SUPPORT
201 S TRYON ST, #LL100, CHARLOTTE, NC 28202	28202 56-0672085	501 (C) (3)	65,250.				MISSION
(10) JUNIOR ACHIEVEMENT OF CHICAGO			104 104				SUPPORT MISSION
(11) TOTAL TATAL OF ON THE AND AND THE AND		727721 726	- * > + + + + + + + + + + + + + + + + + +			·	SUPPORT
CONTON ACHIEVENENT OF OLIVETANNETT (45203 32-0014307	501 (C) (3)	64,014.				MISSION
(12) TE OF GREATER CLEVELAND, INC.	1						SUPPORT
1420 ETCLID AVENIE CLEVELAND. OH 44115	34-0733164	501 (C) (3)	23, 730.				NOISSIM
	:)(3) and governmen ations listed in the lir	t organizations li ne 1 table .	isted in the line 1 ta	ble			
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SCHEDULEI	0	brants ar	nd Other A	Grants and Other Assistance to Organizations,	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	0 0 0	Government	its, and In	ts, and Individuals in the United States	I the United	d States		2015
	Сотр	lete if the or	ganization ans [,]	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	orm 990, Part IV	, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	 Informat 	ion about So	chedule I (Form	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	uctions is at ww	v.irs.gov/form990.		Inspection
Name of the organization							Employer identification number	ation number
щ	ENT USA						84-T/0/07	
	General Information on Grants and Assistance	Assistance	() () () () () () () () () () () () () (retainer of other	the grantage	the arrante or accirtance the arrantees' elinihility for the grants or assistance and	s or assistance, and	
1 Does the organiz	Does the organization maintain records to substantiate the the coloration outso in order to suppred the grante or assistance.	ibstantiate th	e amount of the	e grants or assistat	ice, tile grantees			X Yes
2 Describe in Part	the selection criteria used to award the grants of assistance?	ures for mor	itoring the use	of grant funds in the	United States.	•		
art 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.	omestic Or ent that rec	ganizations an eived more the	id Domestic Gov an \$5,000. Part II	ernments. Con can be duplicat	plete if the organizated if additional space	ation answered "Ye ce is needed.	es" on Form
1 (a) Name and a or o	(a) Name and address of organization or covernment	(P) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENAMADATING COLUMN ()	(1) THE ADDRESS OF A CONTRACT OF A COLORADIO							SUPPORT
NA OUGHOIDA NOLVOU (1)	COLORADO AVE COLORADO SEGS. CO 80904	84-6009223	501(C)(3)	13,016.			-	MISSION
								SUPPORT
	1201 EXECUTIVE DR WEST, RICHARDSON TX 75081	175-0881589	501 (C) (3)	96,695.				MISSION
(3) JUNIOR ACHIEVEMENT OF DELAWARE,	T OF DELAWARE, INC.							SUPPORT
522 S. WALNUT STRI	522 S. WALNUT STREET WILMINGTON, DE 19801	51-0078199	501 (C) (3)	8,100-				NOTSSTW
(4) JUNIOR ACHIEVEMENT	T - ROCKY MOUNTAIN, INC.							SUPPORT
1445 MARKET,	SUITE 200 DENVER, CO 80202	84-0430495	501 (C) (3)	18,013.				MISSION
(5) JUNIOR ACHIEVEMENT	JUNIOR ACHIEVEMENT OF CENTRAL IOMA, INC.	-		2 2 2				MISSION
6100 GRAND AVENUE	6100 GRAND AVENUE DES MOINES, IA 50312	42-0759070	501 (C) (3)	37,000.				MOTOCTC:
(6) JA OF SOUTHEASTERN MICHIGAN,	INC.							MISSION
	ITE 200 DETROIT, MI 48226	<u> 38-1348535</u>	501 (C) (3)					SUIDDORT
(7) JA OF THE DESERT SOUTHWEST, INC.	SOUTHWEST, INC.			210 21				MISSIM
		Tarcact-6/	IST IN THE					SUPPORT
(8) JUNIOR ACHIEVEMENT	JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. 1130 FORDAUTH CREEK FORDAUTH CREEK, FL 33066	59-0871446	501 (C) (3)	12,200.				NOISSIM
(9) TINTOR BCHTEVEMEN	JINTOR ACHTEVEMENT OF NORTHERN INDIANA, INC							SUPPORT
601 NOBLE DRIVE FO		35-0922731	501 (C) (3)	7,600.				MISSION
(10) JA OF THE CHISHOLM TRAIL, INC.	M TRAIL, INC.							SUPPORT
6300 RIDGLEA PLACE	E #400, FT WORTH, TX 76116	75-0944915	501(C)(3)	34,250.	-			MISSIM
(11) JUNIOR ACHIEVEMENT OF GEORGIA, INC.	T OF GEORGIA, INC.							SUPPORT
460 ABERNATHY ROAL	460 ABERNATHY ROAD NE ATLANTA, GA 30328	58-0598050	501 (C) (3)	344,569.				NOTSSTM
(12) JUNIOR ACHIEVEMENT	JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC.							SUPPORT
4049 WOODCOCK DR	4049 WOODCOCK DR #200 JACKSONVILLE FL 32207	59-1021800	501(C)(3)	15,274.				NOTSSIM
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d governmen istod in the lit	t organizations of table	isted in the line i				
5 Enter total mum For Paperwork Reductio	5 Effect lotal number of outer organizations increasing the move for Porm 990.	ons for Form 9	90.				ScI	Schedule I (Form 990) (2015)
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N N N						Employer identification number 84-1267604	ation number
v v v	ssistance						
ភ ប្ល	antiate the	amount of the	grants or assistan	ce, the grantees'	eligibility for the grant	s or assistance, and	X Yes No
	assistance s for monit	oring the use o	f grant funds in the	United States.		•]
	estic Orga that recei	unizations and ved more tha	I Domestic Gov n \$5,000. Part II	ernments. Comp can be duplicate	lete if the organiza d if additional spac	ttion answered "Y∈ ce is needed.	es" on Form
 (a) Name and address of organization or government 	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INC.							SUPPORT
4001 BLUE PKWY #210, KANSAS CITY, MO 64130	44-0604809 5	501 (C) (3)	11,274.				MOTSSTM
(2) JUNIOR ACHIEVEMENT OF EAST TENNESSEE, INC.	62-0810145 5	501 (C) (3)	34,590.				MISSION
†							SUPPORT
W 89113	88-0354481 5	501 (C) (3)	10,750.			A CANADA AND A CANADA	MISSION
, INC.	61-0606480 S	501 (C) (3)	14.379.				MISSION
(5) JA OF SOUTHERN CALIFORNIA, INC.							SUPPORT
6250 FOREST LAWN DR, LOS ANGELES, CA 90068	95-1799192 5	501 (C) (3)	90,183.				MISSION
							SUPPORT
0203	61-0476694 5	501(C) (3)	51,285.			1744 - 1745 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 174 - 1	NOT SCITH
(7) JA OF MEMPHIS AND THE MID-SOUTH, INC.	62-0549549 5	501 (C) (3)	38,430,				NOISSIM
INC.							SUPPORT
C BEACH FL 33141	59-0807486 5	501 (C) (3)	33,300.			-	MISSION
(9) JA OF MIDDLE TENNESSEE, INC. 120 POWELL PLACE NASHVILLE, IN 37204 62-0	62-0582571 5	501 (C) (3)	5,867.				NISSION
Y, INC.		601 (m) (3)	98, D55,				SUPPORT MISSION
							SUPPORT
5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-0469314 5	501 (C) (3)	25,000.				MISSION
HOMA, INC.			1 260				SUPPORT MISSION
3947 SOUTH 103RD EAST AVE, TOLEA, OK /4146 1/3-0/32/033 JULICIAN 1139 114200 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.	government (t organizations li	sted in the line 1 ts	ble			
Pap	for Form 99(1	Sch	Schedule I (Form 990) (2015)
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Compl Department of the Treasury Informal Revenue Service	ste if the org on about Sch	anization ansv ► Att jedule I (Form	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form</i> 990.	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ► Attach to Form 990. ormation about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/forn</i>	line 21 or 22. .irs.gov/form990.		Open to Public Inspection
чғ.Nт USA						Employer identification number 84-1267604	ation number [
	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	stantiate the	amount of the	grants or assistar	ice, the grantees'	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grants or assistance?	or assistance res for monit	? oring the use o	f grant funds in the	· · · · · · · · · · · · · · · · · · ·		•	
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.	mestic Organt that rece	anizations an ived more the	d Domestic Gov In \$5,000. Part II	ernments. Comp can be duplicate	plete if the organiza ed if additional spac	ation answered "Ye ce is needed.	es" on Form
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JUNIOR ACHLEVEMENT OF CENTRAL FLORIDA, INC.							SUPPORT
2121 CAMDEN ROAD ORLANDO, FL 32803	59-0972112 5	501(C)(3)	11,620.				MISSION
	26.000500	51 1-1 (3)	16-460				SUPPORT MISSION
(3) JA OF OREGON AND SW WASHINGTON INC.							SUPPORT
	93-0384007 5	501 (C) (3)	29,668.				MISSION
(4) JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NY							SUPPORT
1 S WASHINGTON ST #110, ROCHESTER, NY 14614	16-0956147 5	501 (C) (3)	6,700.				WISSION.
		10,10,10,00	1				SUPPORT MISSION
60 BOX 233502 SACKARLENIO, CA 33503						No. of the second se	SUPPORT
403 E RAMSEY #201, SAN ANTONIO TX,	74-2061852 5	501 (C) (3)	34,900.	1			NOISSIM
							SUPPORT
1700 WESTLAKE AVENUE N. SEATTLE, WA 98109	<u>91-0604913 5</u>	501 (C) (3)	24,660.				MISSION
(8) JA OF WESTERN MASSACHUSETTS, INC.			000				SUPPORT MISSION
(0) THEFT AT #21/) SFRINGETERU, MA UILLS	C - FACODA-FA	Tel Int The	· ~ ~ 7 / 54				SUPPORT
	43-0652112 5	501 (C) (3)	49,470.				MISSION
							SUPPORT
200 CONNECTICUT AVENUE NORWALK, CT 06854	06-0932913 5	501 (C) (3)	14,500.				MISSION
(11) JA OF TAMPA BAY, INC.							SUPPORT
13805 58TH ST N #2-140, CLEARWATER FL 33760	59-1098499 5	501 (C) (3)	173,300.				MISSION
(12) JA OF THE UPPER MIDWEST, INC.							SUPPORT
18(<u>41-1424988 5</u> government	501 (C) (3) organizations l	136,836. isted in the line 1 t	able			MISSIM
3 Enter total number of other organizations listed in the list Perpenwork Reduction Act Notice, see the Instructions for Form 990.	ted in the line is for Form 990	1 lable	•		* • • • • • •	Sch	Schedule I (Form 990) (2015)
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OMB No. 1545-0047 20 15 Open to Public Inspection	Employer identificatio 84-1267604		grants or assistance, and]	nization answered "Yes" on Form space is needed.	on (g) Description of (h) Purpose of grant non-cash assistance or assistance	SUPPORT MISSION	SUPPORT MISSION	SUPPORT	MISSION	SUFFORT	SUPPORT	NOISSIM	SUPPORT	NOISSIM	SUPORT MISSION	SUPPORT	NISSION	SUPPORT	MOT SS TM	NOTSSIM	SUPPORT	MISSION	SUPPORT	MISSION		Schedule I (Form 990) (2015)	PAGE 50	
tions, States line 21 or 22.			eligibility for the g	•	plete if the orga ed if additional	(f) Method of valuation (book, FMV, appraisal, other)						an a													÷ •				
D Organiza the United orm 990, Part IV,			ce, the grantees'	United States.	ernments. Com can be duplicate	(e) Amount of non- cash assistance																							
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.			grants or assistan	f grant funds in the	I Domestic Gov 1 \$5,000. Part II	(d) Amount of cash grant	38,000	24 000		θ,000.	35 300	• • • • • • • • • • • • • • • • • • • •	286,076.		129,284.	0 1 0 0	COT / BA	86,432.		51,171.	36,000.		35,000.		31,700.			4607	
nd Other As its, and Inc ganization answ ▶ Atta			e amount of the	er	ganizations and eived more thar	 (c) IRC section if applicable 	501 (11) (3)	E01 (m) (3)		501 (C) (3)		15177) TOC	501 (C) (3)		501 (C) (3)		201 (C) (3)	501 (C) (3)		501 (C) (3)	501(C)(3)		501 (C) (3)		501 (C) (3)	t organizations its ie 1 table	1		
Grants and overnments oplete if the organ		Assistance	bstantiate the	s or assistance ures for mon	omestic Org	(P) EIN	07_0005875		1400010-40	59-2333738		39-0826253	13-3031828		94-1322179		04-2127020	74-1153957		23-1386172	56-1107715		95-1727087		06-0665972	l government sted in the lin	ons for Form 9	:55 PM	
SCHEDULE I G (Form 990) GOV Compl	A DIA TINGA	JUNIOR ACHIEVEMENT USA 2011 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 for support to the selection criteria used to award the grants of a sective 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	(1) JUNIOR ACHIEVEMENT OF UTAH, INC.	LOF GREATER WASH	1050 LITH ST NW, #730, MASHINGION, DC 20039 (3) JA OF THE PAIM BEACHES & TREASURE COAST	6903 VISTA PKWY N 10, W PAIM BEACH FL 33411	(4) JUNIOR ACHIEVEMENT OF WISCONSIN, INC.	(E) SYLLERRYY DR, MILMAUKEE WI 53224	(3) JUNIOR ACHIEVEMENT OF NEW JOKK, INC.	(6) JUNIOR ACHIEVEMENT OF NORTHERN CALLEORNIA	3003 OAK RD STE 109, WALNUT CREEK, CA 94597	(7) JUNIOR ACHIEVEMENT OF NORTHERN NEW ENGLAND	400 FIFTH AVE, STE 300 MALTHAM, MA 02451 (0) ANNON ADDITIONATION OF POINTUPAGE PEYRS INC	(0) JUNIOR ACHIEVEMENT OF SOUTHEAST LEARS, INC. 2115 F. GOVERNORS CIRCLE, HOUSTON, TX 77092	(9) JUNIOR ACHIEVEMENT OF SW PENNSYLVANIA		(10) JUNIOR ACHIEVEMENT EASTERN NORTH CAROLINA ADAM MANTERS THE HEASTERN WORTH WC 27606	(11) JUNIOR ACHIEVEMENT OF SAN DIEGO COUNTY, INC	4756 MISSION GORGE PLACE SAN DIEGO CA 92120	(12) JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND	70	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 dove 3 Enter total number of other organizations listed in the line 1 table	Pap	JSA 5E12881.000 71762E 5974 1/25/2017 1:45:55	

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Department of the Treasury Internel Revenue Service	Comple Informati	ete if the or on about Sc	ganization ans Att hedule I (Form	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form</i> 990.	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ormation about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form</i>	:omplete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. rrmation about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .		Open to Public Inspection
Name of the organization			- -				Employer identification number 84-1267604	ation number
	General Information on Grants and Assistance	Assistance	á					
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ostantiate th	e amount of the	grants or assistar	ce, the grantees'	eligibility for the grant	s or assistance, and	Vas No
the selection criter 2 Describe in Part N	the selection criteria used to award the grants or assistance?	or assistanc ires for mon	e?	of grant funds in the	United States.		· · · · · · · · · · · · · · · · · · ·	
Part II Grants and 990, Part N	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.	mestic Org	janizations an eived more the	id Domestic Gov an \$5,000. Part II	ernments. Comp can be duplicate	blete if the organiza ed if additional space	ation answered "Ye ce is needed.	ss" on Form
1 (a) Name and ad or go	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	 (g) Description of non-cash assistance 	(h) Purpose of grant or assistance
(1) JUNIOR ACHIEVEMENT	OF RHODE ISLAND, INC.							SUPPORT
57 GREENE ST, WARWICK, RI 02886	CCK, RI 02886	05-0263443	501 (C) (3)	29,710.				NOISSIM
(2) JUNIOR ACHIEVEMENT	H CAROLINA							SUPPORT
2711 MIDDLEBURG DR #105,	SC 29204	57-0511131	501 (C) (3)	26,495.				MOTOSTA
(3) JUNIOR ACHIEVEMENT OF ALABAMA, INC.	OF ALABAMA, INC.			u U U				MTSSTON
		63-0340866	201 (C) (3)	• 080, 27				SUPPORT
(4) JUNIOR ACHIEVEMENT OF THE TRIAD.	JUNIOR ACHIEVEMENT OF THE TRIAD, INC.	56-0844838	501 (C) (3)	25,000.				NOISSIM
(5) JUNIOR ACHIEVEMENT OF NE PENNSYLVANIA	OF NE PENNSYLVANIA							SUPPORT
1122 OAK STREET TOWNSHIP, PA 18640	WNSHIP, PA 18640	23-1700209	501 (C) (3)	25,000.				MISSION
(6) JUNIOR ACHIEVEMENT								SUPPORT
128 UNION ST STE 30	<u>0</u>	04-3193575	501 (C) (3)	21,100.	-			NOISSIM
7) JUNIOR ACHIEVEMENT	(7) JUNIOR ACHIEVEMENT NORTHWESTERN OHIO, INC.							SUPPORT MTSSION
2239 CHEYENNE BLVD STE 304,	STE 304', TOLEDO OH 4344	CD0C044-45	101171 101					SUPPORT
8) JUNIOR ACHIEVEMENT OF CENTRAL ILL 508 HIGH POINT LANE EAST PEORIA.	(8) JUNIOR ACHIEVEMENT OF CENTRAL ILLINGIS, INC 508 HIGH POINT LANE EAST PEORIA, IL 61611	37-0657600	501 (C) (3)	12,030.			4.444.1477 1 77.4771	NOISSIM
(9) JUNIOR ACHIEVEMENT OF HAWAII, INC	OF HAWAII, INC.							SUPPORT
1886 KALAKAUA AVE,	C-312, HONOLULU HI 96815	99-0088861	501 (C) (3)	8,000.		-		MISSION
(10) JUNIOR ACHIEVEMENT	SOUTH DAKOTA, INC.			1 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2				SUPPORT MISSION
(11) TINTOR ACHTEVEMENT OF	CENTRAL MICHIGAN, INC		727 101 402					SUPPORT
309 E. INDIAN STREET,	ET, MIDLAND, MI 48640	38-6081685	501 (C) (3)	7,250.				MISSION
(12) JUNIOR ACHIEVEMENT	JUNIOR ACHIEVEMENT COASTAL SOUTH CAROLINA							SUPPORT
24	30 MALL DRIVE NORTH CHARLESTON, SC 29406 57-0477845 501 (C) (3) 6,872. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	s7-0477845 government	t organizations	isted in the line 1 ta	l	•		MISSION
3 Enter total numb vr Paperwork Reduction	3 Enter total number of other organizations listed in the line 1 For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ted in the lin ns for Form 9	le 1 table 90.		•	*	Sch	Schedule I (Form 990) (2015)
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SCHEDULEI	<u> </u>	irants ar	id Other A	Grants and Other Assistance to Organizations,	o Organiza	itions,		OMB No. 1545-0047
(Form 990)	GO	vernmer	its, and In	Governments, and Individuals in the United States	the United	d States		2015
	Comp	lete if the or	ganization ans	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	orm 990, Part IV,	, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	 Information 	ion about Sc	hedule I (Form	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identification number ゥルーコンをフたひん	sation number ດ
JUNIOR ACHIEVEMENT USA	ACHIEVEMENT USA General Information on Grants and Assistance	Assistance					04-1201	1
1 Does the organiz	Does the organization maintain records to substantiate the	bstantiate th	e amount of the	e grants or assistar	ice, the grantees	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	
the selection crit	the selection criteria used to award the grants or assistance?	or assistance ures for mon	e?	of grant funds in the			•	X Yes No
artif	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Org	janizations an eived more the	id Domestic Gov an \$5,000. Part II	ernments. Com can be duplicat	Iplete if the organizated if additional space	ation answered "Y(es" on Form
1 (a) Name and or o	1 (a) Name and address of organization or dovernment	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JUNIOR ACHIEVEMEN	JUNIOR ACHIEVEMENT OF EAST CENTRAL OHIO							SUPPORT MTSSTON
(2) JUNIOR ACHIEVEMEN	4353 EXECUTIVE CIRCLE NW CANTON, OH 444.18 JUNIOR ACHIEVEMENT OF MAD RIVER REGION	C/T/C/0-65						SUPPORT MISSION
ONE S LIMESTONE S	ONE S LIMESTONE ST. SPALNGFIELD, UR, 43302	075/ CC1-TC			Physical			
(4)								
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(8)	A A A A A A A A A A A A A A A A A A A							
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(12)			10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
2 Enter total num	Enter total number of section 501(c)(3) and government	government	: organizations a 1 table	organizations listed in the line 1 table	able			74.
5 CINEL WAI NU	5 Effect total number of other organizations incomenter incomentations for Form 990.	ons for Form 9	90.	- - - - -			Sci	Schedule I (Form 990) (2015)
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JUNIOR ACHIEVEMENT USA						Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	iduals in the Ur ace is needed.	nited States. Co	mplete if the o	ganization answered	1 1	
(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	
2						
3						Ē
4					aran	
Q						
υ						
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	this part to pro	vide the informa	ition required in	Part I, line 2, Part III, (olumn (b), and any other additional	
SCHEDULE I, PART I, QUESTION 2						
ORGANIZATION'S PROCEDURES FOR MONITORING THE		USE OF GRANT FUNDS:	NDS:			
GRANTS ARE TO US JA OFFICES ONLY. MOST	OF THE	FUNDING FOR T	THE GRANTS ARE	E)		
PROVIDED BY DONORS WHO PLACE RESTRICTIONS	IONS ON THE	USE OF	THE MONIES. GRANT	5		
USAGE REQUIREMENTS VARY BY DONOR. THE	E REPORTING	THE REPORTING REQUIRED IS SUBMITTED TO	SUBMITTED 1	0		
THE ORGANIZATION'S GRANT STEWARD OR DI	DIRECTLY TO	TO THE DONOR.				

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Schedule I (Form 990) (2015)

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JUNIOR ACHIEVEMENT USA

		((
SCHE	EDULE J	Compen	nsat	tion Information	ОМ	3 No. 1	545-0047	7
(Forr	n 990)			Trustees, Key Employees, and Highest sated Employees		୭៣ -	15	
		Complete if the organization	on ans	wered "Yes" on Form 990, Part IV, line 23.		$\leq \bigcirc$	Public	
	ent of the Treasury Revenue Service	► A Information about Schedule J (Fo	Attach orm 99	to Form 990. 0) and its instructions is at www.irs.gov/form		Inspe		
	of the organization	· · · · · · · · · · · · · · · · · · ·			ployer identification			-
JUNI	OR ACHIEV	EMENT USA			84-1267604			
Part	Question	s Regarding Compensation				r		_
1a	Check the an	oronriate box(es) if the organization pro	ovide	d any of the following to or for a person	listed on Form		Yes 1	10
14				de any relevant information regarding th				
		ss or charter travel		Housing allowance or residence for pe				
		or companions		Payments for business use of personal				
	Tax inde	emnification and gross-up payments		Health or social club dues or initiation f	ees			
	Discreti	onary spending account		Personal services (e.g., maid, chauffeu	r, chef)			
ď	If any of the	boxes on line 1a are checked, did th	he or	ganization follow a written policy rega	rding payment			
		ment or provision of all of the ex		es described above? If "No," comple	ete Part III to	1b		
2				reimbursing or allowing expenses in				
	•	· · ·		ecutive Director, regarding the items o	checked in line			
				•		2	1997 (S. 2000) - 200	
3	Indicate whic	n, if any, of the following the filing orga	inizati	ion used to establish the compensation	of the	Contraction of the second s		
	organization's	CEO/Executive Director. Check all th	hat ap	ply. Do not check any boxes for methods O/Executive Director, but explain in Part	used by a			
		nsation committee		Written employment contract	п.			
		ident compensation consultant		Compensation survey or study				
	· · ·	90 of other organizations		Approval by the board or compensation	on committee			
4	During the ye	+), Parl	t VII, Section A, line 1a, with respect to t	he filing			
а	Receive a se	verance payment or change-of-control p		ent?		4a		X
b				nonqualified retirement plan?		4b		X
c				compensation arrangement?		4c		X
	if "Yes" to ar	iy of lines 4a-c, list the persons and p	provid	le the applicable amounts for each iter	n in Part III.			
		501(c)(3), 501(c)(4), and 501(c)(29) o						
5	•		A, line	a 1a, did the organization pay or accrue ar	у			
а		n contingent on the revenues of: tion2				5a	(000)000 (00) (20)	X
b						5b		Х
'n		e 5a or 5b, describe in Part III.						5
6			A, line	a 1a, did the organization pay or accrue ar	ıy			
	compensatio	n contingent on the net earnings of:						
a	The organiza	tion?				6a		X
b		-				<u>6b</u>	3. Julio 1978	X
		ne 6a or 6b, describe in Part III.				10.00		
7				, line 1a, did the organization provid ibe in Part III.		7	x	
8				or accrued pursuant to a contract that				
o				ulations section 53.4958-4(a)(3)? If		1	1	
		-				8		х
9				the rebuttable presumption procedu				
				· · · · · · · · · · · · · · · · · · ·		9		

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

Schedule J (Form 990) 2015

JUNIOR ACHIEVEMENT USA

84-1267604

Page 2

Schedule J (Form 990) 2015

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 are not 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.

benefits (B(0)-(D) 35. 19, 576. 496, 484. 0. 0. 0. 0. 29. 19, 576. 496, 484. 0. 0. 0. 0. 19, 429. 257, 913. 0. 0. 0. 0. 0. 17, 776. 350, 443. 0. 0. 0. 0. 0. 03. 19, 499. 343, 612. 0. 03. 19, 499. 343, 612. 0. 01. 0. 0. 0. 0. 02. 0. 0. 0. 0. 03. 19, 499. 343, 612. 0. 04. 0. 0. 0. 0. 01. 701. 159, 547. 0. 0. 141. 701. 159, 547. 0. 0. 170, 030. 21, 441. 231, 350. 0. 0. 19. 210, 343. 221, 441. 228, 335. <th></th> <th></th> <th>(B) Breakdown of W-2 and/or</th> <th></th> <th>1099-MISC compensation</th> <th>(C) Retirement and</th> <th>(D) Nontaxable</th> <th>(E) Total of columns</th> <th>(F) Compensation</th> <th></th>			(B) Breakdown of W-2 and/or		1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
JACK E. KOSARKOWSKT 0 347,088. 95,929. 4,356. 22,935. 19,976 496,484 INDURITY ARAUTOD 0 0 0 0 0 257,913. 0 ENDURITY ARAUTOD 0 17,75 25,101. 25,023. 35,143. 257,913. ENDURITY ARAUTOD 0 17,75 25,171. 250,871. 44,422. 4,510. 32,141. 357,913. ENDURITY ARAUTOD 0 259,877. 44,422. 2,730. 32,141. 17,776. 357,913. ENDURITY ARAUTOD 0 229,877. 47,456. 2,714. 11,165. 32,741. 320,967. WITH PADRENT 0 223,171. 47,456. 27,714. 320,967. 32,771. WITH PADRENCE 0 23,714. 11,165. 27,714. 320,967. 32,771. WITH PADRENCE 0 23,714. 11,165. 27,711. 320,967. 32,771. WITH PADRENCE 0 156,061. 27,714. 44,966. 21,714.	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	in column (B) reported as deferred on prior Form 990	
matter a col (n) (n) </td <td>KOSAKOWSKI</td> <th>e</th> <td>347,088.</td> <td>5,92</td> <td></td> <td>9, 5<u>3</u></td> <td>9,57</td> <td>96,48</td> <td>.0</td> <td></td>	KOSAKOWSKI	e	347,088.	5,92		9, 5 <u>3</u>	9,57	96,48	.0	
TINOTHY ARMIJO 0 170,612 36,141 2,002 39,739 19,426 27913 0 <th0< th=""> 0 <th0< th=""> 0</th0<></th0<>		: 6			.0	.0	.0	0.	0.	
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CECLITHIBORACK 0 250,871 44,142 4,510 33,144 17,776 350,443 WY BLANCIENTE 0 23,817 44,142 4,510 31,141 17,776 350,443 WY BLANCIENTE 0 23,817 43,563 2,730 54,003 17,716 350,443 WY ELANCIENTE 0 233,161 43,563 2,730 54,003 17,71 0 0 0 WY DEANCIENTE 0 233,161 49,666 27,71 43,562 22,741 32,957 0 <th0< th=""> 0 0</th0<>		: @				.0	.0	0	0.	æ
me me<	UL THIBODEAUX	: E	250,871.	4,1	, 51	3,14	7,77	0,44	0.	
GRAY BLANCHETTE 0 223,817 43,563 2,7300 54,003 19,499 343,612 NTS< ENRICHETTE 0 <th0< th=""> 0 0 0</th0<>			0.		•0	0.	0		0.	
We - unknesser (n)	Y BLANCHETTE		223,817.	3,56	N 1	4,00	ດົ	61	0.	
LIFA GILLTS 0 243,161. 40,666. 2,714. 11,665. 22,714. 320,967. mark standard overeax 0 0 189,485. 37,79. 0.0 <t< td=""><td></td><th>; ©</th><td>0.</td><td></td><td>.0</td><td>.0</td><td>0</td><td></td><td>.0</td><td></td></t<>		; ©	0.		.0	.0	0		.0	
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WT CATHERINE (1) <t< td=""><td></td><th>e</th><td>189,485.</td><td>2,7</td><td>. 777.</td><td>, 15</td><td>0,5</td><td>51,77</td><td>0.</td><td></td></t<>		e	189,485.	2,7	. 777.	, 15	0,5	51,77	0.	
MARY CATHERINE DESROSTE 0 156,069 0 936 1,841 701 159,547 VARY CATHERINE DESROSTE 0 156,065 0 0 0 159,547 0 VP EDGATION & LEARNING 0 16 0 <th0< th=""> 0 0 0</th0<>			.0	• 0	-0	0.	.0	0.	0.	
vv Encarton t LEARNING (m) (0)	ROSIE	ε	156,069.	.0	936.	, 84	701.	59,54	0.	
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wr = RAMD (m) 0.	L N	Ξ	92,	7,31	792.	5,67	0,5	66,97	0.	
LESLIE PIERCE (n) $171,322$. $23,905$. $4,892$. $30,932$. $10,390$. $241,441$. SVE PALENT & ORGANIZATION DEV (n) $1-0$. 0			0.	0	.0	0.	0	0.	.0.	
NF TALENT 6 ORGANIZATION DEV (m) 0.	TERCE	E	1 5	l m	\	0,93	$\dot{\circ}$	41,4	0.	
STEVE SCHMIDT () 159,869 28,987 999 17,039 21,441 228,335 VY - OPERATIONS () 1 0 136,250 0<		E	0.	.0	•0	0.	0.	.0	0.	ĺ
SVE - OPERATIONS (n) 0 170,07 PP - OPERATIONS (n) 136,250 0<		: ::::::::::::::::::::::::::::::::::::	1 w	8,98	- 666	7,03	1,44	28,33	0.	,
CHRISTINE KUNTZ (I) $136,250$ 0 $1,563$ $13,729$ $18,530$ $170,07$ P - OPERATIONS (II) 0			0.	- 0	0.	0.	.0		-0-	
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Schedule J (Form 990) 2015 Part III Supplemental Information

Complete this part to 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.

THE MIC FLAN IS DESIGNED STIMULATE AND REWARD RESULTS AND ACHIEVEMENT NECESSARY TO ACCOMPLISH THE SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD OF GOVERNORS HAS ADOPTED THE AS PART OF THE "REWARD FOR PERFORMANCE" THE EXECUTIVE COMPENSATION MIC IS INTENDED TO USA'S STRATEGIC PLAN. MANAGEMENT INCENTIVE COMPENSATION FLAN (MIC). OF JA MULTIPLE OBJECTIVES

(

A) MOTIVATE GROWTH IN TOTAL REVENUE AND PROGRAM IMPACT TO ENHANCE

SERVICES TO THE COMMUNITY

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

THE COMPENSATION OF THE ORGANIZATION'S MANAGERS

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Schedule J (Form 990) 2015

	Page 3
Part II Supplemental Information Complete this part to 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.	1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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 OFFORTUNITLES 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	
S.	Schedule J (Form 990) 2015
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mental Information t to provide the information, explanation, or descr s part for any additional information.	or Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for F	
		r Part II.
THE GOVERNORS MAY, IN THEIR SOLE DISCRETION, AND AT ANY TIME, ELECT TO	ECT TO	
AMEND, SUSPEND, OR TERMINATE THE PLAN.		
· · ·		
	·	
	Schedule J (Form 990) 2015	990) 2015
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



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

Employer identification number

84-1267604

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION CONTINUED:

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

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

DESCRIBE CIRCUMSTANCES FOR HAVING MEMBERS:

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

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

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

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

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

Page 2 Employer Identification number 84-1267604

LOCAL AREAS.

JSA 5E1228 1,000

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

FORM 990, PART VI, SECTION B, LINE 12C DESCRIBE HOW CONFLICT OF INTEREST POLICY IS MONITORED & ENFORCED: A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT VIA EMAIL OR HAND DELIVERED TO INTERESTED PARTIES EACH YEAR REQUESTING VERIFICATION OF POSSIBLE CONFLICTS. IF A CONFLICT IS DISCLOSED IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

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

4607

Employer Identification number 84–1267604 Page 2

FORM 990, PART VI, SECTION B, LINE 15A & 15B DESCRIBE PROCESS FOR DETERMINING COMPENSATION: THE GOVERNANCE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQUIREMENTS IN INTERNAL REVENUE CODE SECTION 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION. COMPENSATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS. BY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT (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 2015.

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

Schedule O (Form 990 or 990-EZ) 2015		Page 2
Name of the organization	Employer Identification number	
JUNIOR ACHIEVEMENT USA	84-1267604	

REQUEST.

FORM 990, PART VI, SECTION B, LINE 14 DOCUMENT RETENTION AND DESTRUCTION POLICY: JUNIOR ACHIEVEMENT USA FOLLOWS A PROCESS FOR DOCUMENT RETENTION AND DESTRUCTION BASED UPON THE AICPA RECOMMENDED RETENTION PERIOD. THE PROCESS IS NOT A WRITTEN POLICY ADOPTED BY THE BOARD THEREFORE THE OUESTION MUST BE ANSWERED NO.

FORM, PART VII

COMPENSATION:

COMPENSATION DELIBERATIONS TAKE INTO ACCOUNT SERVICES PROVIDED TO THE FILING ORGANIZATION AND ITS AFFILIATES. REVENUE PRESENTED IN THE FORM 990 DOES NOT INCLUDE THE REVENUE OF THE 116 JA AREA AFFILIATES WHO ARE PART OF THE JA USA NETWORK THAT JA USA OVERSEES. IN FYE 2016, REVENUE OF ALL AFFILIATES TOTALED \$321 MILLION.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MOORE WALLACE INC/RR DONNELY PO BOX 730216 DALLAS, TX 75373	STORAGE/ASSEMBLY	1,229,832.
SPARK AGENCY, INC. PO BOX 790379 ST. LOUIS, MO 63179	TRANSPORT/STORAGE	278,177.
SNI COMPANIES PO BOX 814238 HOLLYWOOD, FL 33081	TEMP STAFFING	542,531.
D2L - DESIRE TO LEARN DEP CH 19710 PALATINE, IL 60055	HOSTING/DEVELOPMENT	264,319.

Schedule O (Form 990 or 990-EZ) 2015

ame of the organization	Employer identification number
JUNIOR ACHIEVEMENT USA	84-1267604
	ATTACHMENT 1 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE	HIGHEST PAID IND. CONTRACTORS

MARKETING

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PORTER NOVELLI

1838 SOULTIONS CENTER CHICAGO, IL 60677

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	anizations and Unrelated Partnerships ization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, o	I Unrelated	I Partnersh _I V, line 33, 34, 35b	iips , ^{36, or 37.}		OMB No. 1545-0047 20 15	
Department of the Treasury Internal Revenue Service	Attach to Form 390. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Attacn to Form 990. chedule R (Form 990) and its instri	rorm 990. nd its instructions i	s at www.irs.gov/fo	rm990.		Open to Public Inspection	
Name of the organization	SA SA					Employer identificati 84-1267604	Employer identification number 84–1267604	
i i	sregarded Entities Complete if th	e organization answered "Yes" on Form 990, Part IV, line 33.	red "Yes" on Fo	orm 990, Part N	', line 33.			
Name, addr	(a) Name, address, and EIN (if applicable) of disregarded entity	<u>د</u>	(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 one or more rela	one or more related tax-exempt organizations during the tax year.	he tax year.						
Name, address,	(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	· · · · · · · · · · · · · · · · · · ·	in the second
(2)								~~~~
(3)								
(4)								
(5)		, ,						
(6)								
(2)								
For Paperwork Reduction Act No	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2015	
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JUNIOR ACHIEVEMENT USA

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PAGE 65

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Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			Yes No	
Note. Complete line 1 if any entity is listed in Parts 11, 11, or IV of unis schedure. 1 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?	elated organizations lis	sted in Parts II-IV?		bretown
			1 1 1 ×	
	•		_	1
C Cilit, glatit, or capital contribution norm retacted organization(s),			×	1
			1e X	1
				SECTOR.
f Dividends from related organization(s),				1
g Sale of assets to related organization(s)			19 X	
			1h X	(
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)	•			basa
			14	100
k Lease of facilities, equipment, or other assets from related organization(s)			×	,
Performance of services of membership of fundralising solution in related organization(s)	* * * * * * * *		-	,
B Performance of services of ittering of futurality solution solutions of related organization(s)		· · · · · · · · · · · · · · · · · · ·		1
Sharing of radiuce, equipment, manug rear of each of the second states and second s			10 X	
				into science an
p Reimbursement paid to related organization(s) for expenses,				1
				\$ control of the second se
r Other transfer of cash or property to related organization(s)		• • • • • • • • • • • •		1
s Other transfer of cash or property from related organization(s)	and a standard and a standard and a standard	and additional trans	contion threeholde	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete unis	ils lifte, litciuality cove			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Nethod of determining amount involved	(
(1)				
				,
(3)				1
(4)				
(5)				
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Page 3

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PAGE 67

Page 5

Obligation (
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

SCHEDULE R, PART II, COLUMN A

RELATED ORGANIZATIONS:

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