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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2019

Prepared for	Junior Achievement of Greater Washington 919 18th Street, NW No. 901 Washington, DC 20006
Prepared by	Jones & Mcintyre, PLLC 6225 Brandon Avenue, Suite 307 Springfield, VA 22150
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	
	For calendar year 2018, or fiscal year beginning JUL 1 , 2018, and ending JUN 30 , 201	. 9
Department of the Treasury	Do not send to the IRS. Keep for your records.	
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.	
Name of exempt organizatio	n Em	ıpl

OMB No. 1545-1878

2018

Employer identification number

54-0788947

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

Name and title of officer

AMY MARCENARO HECKMAN

CHIEF OPERATING OFFICER Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,839,537.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		-	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize JONES & MCINTYRE, PLLC	to enter my PIN	12345
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicate is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State progran enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax indicated within this return that a copy of the return is being filed with a state agency(ies) regulation program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature Date	►	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
	509534 er all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed re confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized <i>e-file</i> Providers for Business Returns.	0	
ERO's signature > JONES & MCINTYRE, PLLC Date	▶ 07/15/20	
ERO Must Retain This Form - See Instruction Do Not Submit This Form to the IRS Unless Requeste		
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2018)
823051 10-26-18		

12590715 137244 JUNI01

			** PUBLIC DISCLOSURE COPY	**				
	Ω	00	Return of Organization Exempt Fro	m Inc	ome Ta	ax	OMB No. 1545-0047	
Foi	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	e (except	private foun		2018	
	Department of the Treasury Internal Revenue Service							
_	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019							
		- î			-			
В	Check if applicat	f C Name of	organization	P	Employer ide	entificati	on number	
Г	Addr		OR ACHIEVEMENT OF GREATER WASHINGTON	.				
	chan Nam				57	4-078	8917	
	chan Initia returi		usiness as and street (or P.O. box if mail is not delivered to street address) Room	/suite E	Telephone nu			
	Final	010	18TH STREET, NW 901				6-1200	
	Lreturi termi ated	n_	pwn, state or province, country, and ZIP or foreign postal code		Gross receipts \$,	5,422,615.	
	Amer	nded WACU	INGTON, DC 20006		a) Is this a gro	oup retur		
	Appli tion		nd address of principal officer: EDWARD J. GRENIER				Yes X No	
	pend		AS C ABOVE	H(I			ded? Yes No	
		kempt status:		527			. (see instructions)	
			MYJA.ORG		c) Group exer			
		of organization:	X Corporation I Trust Association Other ► L	Year of for	rmation: 196	55 м St	ate of legal domicile: DC	
Ρ	art I							
ė	1	Briefly describ	e the organization's mission or most significant activities: TO EDUC	ATE A	ND INSI	PIRE	YOUNG	
Activities & Governance			TO SUCCEED IN A GLOBAL ECONOMY.					
ērn	2		★ ► ☐ if the organization discontinued its operations or disposed of					
2 0 0 0	3		ing members of the governing body (Part VI, line 1a)			3	52	
જ	4		ependent voting members of the governing body (Part VI, line 1b)		4	48 45		
ties	5		of individuals employed in calendar year 2018 (Part V, line 2a)			5	6746	
ţ	6		of volunteers (estimate if necessary)			6	0,40	
Ac			d business revenue from Part VIII, column (C), line 12			7a 7b	0.	
		Net unrelated	business taxable income from Form 990-T, line 38		Prior Year		Current Year	
	8	Contributions	and grants (Part VIII, line 1h)	-	,278,17	78.	3,879,956.	
Revenue	9		ce revenue (Part VIII, line 2g)	·	618,29		859,061.	
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		9,70		16,160.	
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-27,54		84,360.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,878,63		4,839,537.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		113,00		100,500.	
	14		to or for members (Part IX, column (A), line 4)			0.	0.	
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	2	,342,11	L0.	2,480,342.	
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 374, 398.			0.	0.	
xpe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 374, 398.					
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	. L	,654,97		1,779,031.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	,110,08		4,359,873.	
	19	Revenue less	expenses. Subtract line 18 from line 12		768,54		479,664.	
Net Assets or Fund Balances				1 -	ing of Current		End of Year	
Sset	20	Total assets (F			,762,12		16,449,540.	
et A	21		(Part X, line 26)		, 397, 51		1,597,727.	
			fund balances. Subtract line 21 from line 20	. 14	,364,61	L J •	14,851,813.	
	art II	•	declare that I have examined this return, including accompanying schedules and s	etatomente	and to the bee	t of my kn	owledge and balief, it is	
			Declaration of preparer (other than officer) is based on all information of which pr			-	owieuye anu bellet, it is	
	,			ομαιοι παδ		•		
					1			

Sign Here	Signature of officer			Date						
	AMY MARCENARO HECKMAN,	CHIEF OPERATING	OFFICER							
	Type or print name and title	-								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	JOEY JAY JONES, CPA			if self-employed	P00229534					
Preparer	Firm's name 🕒 JONES & MCINTYRE	, PLLC	-	Firm's EIN 🕨	75-3218994					
Use Only	Firm's address 6225 BRANDON AVE	NUE, SUITE 307								
	SPRINGFIELD, VA	22150		Phone no.703	866-4500					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)									

	JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 54-0788947	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: JUNIOR ACHIEVEMENT OF GREATER WASHINGTON, IN PARTNERSHIP WITH BUSI AND EDUCATORS, TEACHES YOUNG PEOPLE HOW TO SUCCEED IN THE DYNAMIC	NESS
	GLOBAL ECONOMY THROUGH OUR WORK READINESS, FINANCIAL LITERACY, AND	
	ENTREPRENEURSHIP EDUCATIONAL PATHWAYS THAT GIVE STUDENTS THE TOOLS	,
2	1	s X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s 🛛 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expensis Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported.	
4a		,061.)
	PROVIDED FINANCIAL LITERACY, ENTREPRENEURSHIP AND WORK READINESS	<u> </u>
	CURRICULUM TO 57,610 STUDENTS FROM K-12TH GRADE IN THE GREATER	
	WASHINGTON DC REGION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
		<u> </u>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	2 2 5 9 6 7 0	
		990 (2018)
83200	2 12-31-18	
	2	

12590715 137244 JUNI01 2018.06000 JUNIOR ACHIEVEMENT OF GREAT JUNI01_1

Form 990 (201	-/	ACHIEVEMENT	OF	GREATER	WASHINGTON		
Part IV Checklist of Required Schedules							

Is the organization described in section SOI(GR) or 4947(a)(1) (other than a private foundation)? I X 2 Is the organization request in decist or index policieal campaign activities on behalt of or in opposition to candidate stor public official campaign activities on behalt of or in opposition to candidate stor public official (and page) activities, or have a section SOI(1) election in effect. 3 X 3 Section SOI(2)(3) organizations. Dit the organization engage in obbying activities, or have a section SOI(1) election in effect. 4 X 4 Section SOI(2)(4) SOI(2)				Yes	No
2 Is the organization required to complete Schedule 0. Schedule of Contribution? 2 X 3 DDX the organization regime in direct or indirect political campaigin activities on have a section 501(h) election in offect during the superil 11 % schedule 0. Part II 3 X 4 Section 501(c)(A) organizations. Bid the organization magage in biblying activities, or have a section 501(h) election in offect during the superil 11 % schedule 0. Part II 4 X 5 Is the organization as defined in Perune Procedure 91191 // % schedule 0. Part II 5 X 6 Did the organization or investment of anounds in such Indire activities? II % schedule 0. Part II 6 X 7 Did the organization markain any done advised funds or any similar funds or accounds PT % schedule 0. Part II 6 X 7 Did the organization measure of holds catonizations of the distributions or accounds PT % schedule 0. Part II 6 X 7 Did the organization and counds in such Interview Part X into 21, for second or custodia account leability, serve as a custodia for amounts in soft the organization and the part II with 21. Complete Schedule 0. Part II 7 X 9 Did the organization and part II way of the following questions is Yes, 'then complete Schedule 0. Part IV with X, in 12 M with 32. Sor more of its total asset reported in Part X, in 12 M with 32. Sor more of its total a	1	• • • • • • • • • • • • • • • • • • • •			
3 Did the arganization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, 'complete Schedule C, Part II 3 X 4 Section SOL(c)3 organizations. Did the organization angage in lobbying activities, or have a saction SOL(t)9 election in effect during the tax year // Yes, 'complete Schedule C, Part II 4 X 5 Is the organization a section SOL(c)3. SOL(c)3: conjects Schedule C, Part II 5 X 6 Did the organization markina and one advised finds or any similar funds or accountifs of which domo have the right to provide advice on the distribution or investment of amounts in such funds or accountifs of which domo have the right to provide advice and the distribution or investment of amounts in such funds or accountifs of which domo have the right to provide advice and the distribution or investment of amounts on such target and the assesses? If Yes, 'complete Schedule D, Part II 7 X 9 Did the organization markina and accelorate of works of art, historical treasures, or other similar assess? If Yes, 'complete Schedule D, Part II 8 X 9 Did the organization astern amount in Part X, line 21 for secret or custodial account liability, serve as a custodian for a constraint of the organization metry of the following questions is 'Yes,' templete Schedule D, Part VI 9 X 9 Did the organization sector an amount for instraint accellate organizatis in temporanily restricted endowments, error parts accellate orga		If "Yes," complete Schedule A			
public office /f // Yes,* complete Schedule C, Part // 3 X 4 Section 501(h) election in section 501(h) election in offect during the taxy year // Yes,* complete Schedule C, Part // 4 X 5 Is the organization a section 501(h) election in offect during the taxy year // Yes,* complete Schedule C, Part // 4 X 6 Det the organization a section 501(h) election or investment of amounts in such finds or accounts // Yes,* complete Schedule C, Part II 5 X 7 Det the organization or investment of amounts in such finds or accounts // Yes,* complete Schedule C, Part II 6 X 7 Det the organization crivestment of amounts in such finds or accounts // Yes,* complete Schedule C, Part II 6 X 7 Det the organization intrastrue of Yes,* complete Schedule C, Part II 7 X 8 Det the organization report an amount in Part X, Ine 21, for server or custodial account lability, serve as a custodian for amounts not filed in Part X, ine 21, for server or custodial account lability, serve as a custodian for amounts not provide cardio customeling, det management, credit mejarity or det negation services ?/ 9 9 Det the organization report an amount for Part X, Ine 21, for server or custodial account lability, serve as a custodian for amounts not provide cardio customeling, det management, oredit mejarity, ine 124 this 5% or more of its total assets report an anx,			2	X	
4 Section 501(c)(3) organizations. Dd the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization asset: of lo(k), 501(c)(k), 50	3				v
during the tax year/if "Yes," complete Schedule Q, Part II 4 X 5 Is the organization a section Stork(). Soft(Q)(S) or SOT(Q)(S) or SOT(Q)(S) or ganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule Q, Part III 6 X 6 Did the organization revelve or hold a conservation casement, including essements to preserve open space, the environment, historical dramads, or historical structures? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization report an amount in a sub-structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization (alcetly or through a related organization, hold assets in temporarily restructed endowments, permanent endowments; If "Yes," complete Schedule D, Part V 10 X 10 Did the organization, epot an amount for fine storements, program related in Part X, line 107 If "Yes," complete Schedule D, Part V 10 X 11 H the organization report an amount for fine storements, program related in Part X, line 107 If "Yes," complete Schedule D, Part VII 10 X 12 L the organization report an amount for investments - program related in Part X, line 12 tha	4		3		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 39 H9 // Yes," complete Schedule D, Part II 5 X 0 Did the organization maintain any door advices funds or any similar funds or accounts for which donons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for breaker. Complete Schedule D, Part II 6 X 8 Did the organization receives on diverse of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization and incitity or through a related organization, hold assets in temporality restricted endowments, permanent endowments, or quasi-andowments? If Yes," complete Schedule D, Part V 7 X 10 LX 11 The organization report an amount for investments - other securities in Part X, line 12 full Yes," complete Schedule D, Part V 10 X 10 LX 11 X 10 X 11 If the organization report an amount for investments - order securities in Part X, line 12 full Yes," complete Schedule D, Part V 10 X <tr< td=""><td>-</td><td></td><td>4</td><td></td><td>х</td></tr<>	-		4		х
similar amounts as defined in Revenue Procedure 98-19? If 'Yes," completer Schedule C, Part II. 5 X 6 Did the organization maintain any donor advised funds or any sources for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical reserves or or state as a suctorial measure, including easements to preserve open space, the environment, historic lead measu, or historic connelling, dott management, credit repair, or debt negation report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts no titsof in Part X, or provide cording to connelling, dott management, credit repair, or debt negation services? 7 X 10 Ubt eorganization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for link buildings, and equipment in Part X, line 12? M'Yes,' complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - ordine securities in Part X, line 12? M'Yes,' complete Schedule D, Part X 11 X 13 M the organization report an amount for investments - ordine securities in Part X, line 12? M'Yes,' complete Schedule D, Part X 11 X 14 X Did the organ	5				
6 Did the organization maintain any donce advised funds or any similar funds or accounts for which donce have the right to provide advice on the distribution or investment of amounts in such funds or accounts for twice, complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonc ind areas, or historic structures? If 'Ves, 'complete Schedule D, Part II 7 X 8 Dot the organization maintain collections of works of art, historical treasures, or other similar asset? If 'Yes, 'complete Schedule D, Part II 7 X 10 Dot the organization report an amount in Part X, line 11, for encrow or custodial account liability, serve as a custodian for anonum to not listed on Part X. 9 X 10 Did the organization canswer to any of the following questions is 'ves', then complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? If 'Yes, 'complete Schedule D, Part VI. 114 X 12 Did the organization report an amount for investments - other securities in Part X, line 12? If 'Yes, 'complete Schedule D, Part VI. 116 X 13 X 116 X 118 X 14 If the organization report an amount for investments - other securities in Part X, line 12? If 'Yes, 'complete Schedule D, Part X			5		Х
7 Ded the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic and areas, or historic structures? If 'Yes,' complete Schedule D, Part II Y X Did the organization maintain collections of works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part II 8 X Did the organization memory the Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on tires of any of the following questions is 'Yes,' then complete Schedule D, Part V 9 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 11 B dth eorganization report an amount for investments - other socurities 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 VI 11a X 11 Did the organization report an amount for investments - program related 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 VI 11a X 11 Did the organization report an amount for investments - program related in Part X, line 12%	6				
the environment, historic tand 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,' complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, for provide credit counseling, dobt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for investments. Other sacurities in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11a X b Did the organization report an amount for investments. organ 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 VI 11a X b 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 VI 11a X b 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 VI 11d X 2 Did the organization report an amount for		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II a X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, or dite repair, or debt negotiation services? 9 X 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 9 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11a X Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11a X 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 10? If "Yes," complete Schedule D, Part X 11a X 11a X 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 10? If "Yes," complete Schedule D, Part X 11d X 11b Did the organization included in consolidated financial statements for the tax year? I	7				
Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, line 21, line 21, rescrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted andowments, perment endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted andowments, perment endowments, or quasi-endowments of the following questions is 'Yes," then complete Schedule D, Part VI, VII, VII, VII, VX, or X as applicable. 10 X 11 If the organization report an amount for investments - organization exported in Part X, line 161 If 'Yes," complete Schedule D, Part VIII 11a X 12 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 161 If 'Yes," complete Schedule D, Part X VIII 11a X 13 Did the organization report an amount for investments is program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 161 If 'Yes," complete Schedule D, Part X VIII 11a X 14 Did the organization insport an amount for the relabilities in Part X, line 25 that is 5% or more of its total assets reported in Part X, line 161 If 'Yes," complete Schedule D, Part X VIII 114 <t< td=""><td></td><td></td><td>7</td><td></td><td><u> </u></td></t<>			7		<u> </u>
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II 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 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on 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? If "Yes," 19 X 20a X 19 X 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedu					
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>. 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>. b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>. 	16				v
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		<u> </u>
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		04-		x
Ŀ	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		<u> </u>
34		34	x	
25 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
b		056		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
~-	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			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Da	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Chack if Schedule O contains a reasonance on the term line in this Dart V	38	X	L
Pa	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטת זו סטוופטעוב ט טטווגמווז מ ופסטטוסב טו ווטנב נט מוזץ וווופ ווו נוווז דמוג ע			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2018)

Form 990 (2018)	JUNIOR	ACHIEVEMENT	OF	GREATER	WASHINGTON	54-0788947	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)							

			Vaa	Na				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No				
	filed for the calendar year ending with or within the year covered by this return 2a 45							
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)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country: ►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b		5b 5c		Х				
	, 3							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х				
h	any contributions that were not tax deductible as charitable contributions?	6a						
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Gh						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b						
'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					
		7b	X					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
Ū	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11 а	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
~	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
С	Enter the amount of reserves on hand 13c			37				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v				
	excess parachute payment(s) during the year?	15		X				
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		27				
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2018)				

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Form 990 (2018)

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

	Check if Schedule O contains a response or note to any line in this Part VI					
ec	tion A. Governing Body and Management					Т
		1.1	БЭ		Yes	4
1 a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	52			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		4.0			
b	Enter the number of voting members included in line 1a, above, who are independent		48			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with any oth	ner			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under	the direct supe	rvision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Forn	n 990 was filed?	•	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members					
~				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			10		┥
		-	-	0-	Х	1
a	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			
					Yes	_
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affilia	tes,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing	the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	ise to conflicts?		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	in Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and appro					
0		• •	aont			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			45-	Х	1
	The organization's CEO, Executive Director, or top management official			15a	Δ	_
b	Other officers or key employees of the organization			15b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					J
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	gement with a				
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	• •	ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganization's				
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{MD}$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Sec	tion 501(c)(3)	s only)	avail	la
	for public inspection. Indicate how you made these available. Check all that apply.					
		ain in Schedule ()			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, of			finan	cial	
-	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's l	books and races	rde 🕨			
0	AMY MARCENARO HECKMAN - 202 296-1200	JUUNS ANU TECO	us 💌			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per		not c , unle					compensation	compensation	amount of
	week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	æ			ited		organization	(W-2/1099-MISC)	from the
	related	istee	truste		a	pensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal		ploye	com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID KESSLER	1.00		드	6	ž	Ξъ	2			
DIRECTOR		x						0.	0.	0.
(2) EDWARD L. COHEN	1.00									
DIRECTOR		X						0.	0.	0.
(3) PAM BENTLEY	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) MICHELLE BOSCH	1.00									
DIRECTOR		х						0.	0.	0.
(5) RON MORGAN	1.00									•
CHAIR ELECT		X		X				0.	0.	0.
(6) WILLIE W. CALLAHAN III	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(7) DANTE P. D'EGIDIO	1.00							0		0
GOVERNANCE & NOMINATIONS COMMITTEE C	1 00	X						0.	0.	0.
(8) ROBERT T. CONNOLLY, II	1.00	x						0.	0.	0
DIRECTOR (9) JOSE HERNANDEZ	1.00	<u>^</u>						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) JAMES CORNELSEN	1.00	<u>^</u>					<u> </u>	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) ANDY FUHRMANN	1.00									
DIRECTOR		x						0.	0.	0.
(12) ROBERT JOHNSTON	1.00									
DIRECTOR		x						0.	0.	0.
(13) BRADLEY C. FLICKINGER	1.00									
DIRECTOR		x						0.	0.	Ο.
(14) EARLE HORTON, III	1.00									
GENERAL COUNSEL		X						0.	0.	0.
(15) DAVID SAMUELS	1.00									
AUDIT COMMITTEE CHAIR		Х						0.	0.	0.
(16) BRENT SIMONICH	1.00									
DIRECTOR		Х						0.	0.	0.
(17) LEON HARRIS	1.00							_	_	-
DIRECTOR		Х						0.	0.	0.
832007 12-31-18						_				Form 990 (2018)

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	CHIEVEM	EN'	г	OF	G	RE	ATE	ER WASHINGTO	N 54-07	88	947	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	box	not c , unle	Pos check ess pe	more erson	than is bot	th an	(D) Reportable compensation	(E) Reportable compensatior	n	am	(F) timate iount	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		comp fro orga anc	other oensa om the anizat d relat nizati	e ion ed
(18) DAVID HARRINGTON	1.00	.,						0		~			•
DIRECTOR	1.00	X						0.		0.			0.
(19) BETH JOHNSON	1.00	x						0.		Ο.			0.
DIRECTOR (20) ROBERT LAVET	1.00			-		-		0.		0.	<u> </u>		0.
DIRECTOR	1.00	x						0.		Ο.			0.
(21) LYNNE FORD	1.00	11								••			•••
DIRECTOR		x						0.		Ο.			0.
(22) DAN HELFRICH	1.00												
DIRECTOR		x						0.		0.			0.
(23) HORST MEIMA	1.00												
DIRECTOR		Х						0.		0.	<u> </u>		0.
(24) JOSHUA HOWARTH	1.00							0		~			~
DIRECTOR	1 00	X				-		0.		0.	└───		0.
(25) JOHN OLIVER	1.00	x						0.		Ο.			0.
DIRECTOR (26) SUSAN LACZ	1.00			-		\vdash		0.		0.	<u> </u>		0.
DIRECTOR	1.00	x						0.		Ο.			0.
1b Sub-total					I	I		0.		0.			0.
c Total from continuation sheets to Part VI								777,209.		0.	15:	2,9	49.
d Total (add lines 1b and 1c)								777,209.		0.		2,9	
2 Total number of individuals (including but n							ho re	ceived more than \$100	,000 of reportable	ə			
compensation from the organization 🕨													4
										I		Yes	No
3 Did the organization list any former officer,													х
line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-						-		4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	-				-			-			5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co										pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	/ithin		year.				
(A) Name and business	address							(B) Description of s	ervices	C	(C omper		n
RIDGEWELLS CATERING								Description of a				Ioutio	
5525 DORSEY LANE, BETHESI	DA, MD	208	810	6				CATERING			182	2,2	71.
MACRO SYSTEMS, LLC 3867 PLAZA DRIVE, FAIRFAX	K, VA 22	203	30				I	T SUPPORT			14!	5,0	52.
							-+						
2 Total number of independent contractors (i	ncluding but n	not li	mite	ed to	tho	se li	sted	above) who received n	nore than				
						ົ							

\$100,000) of compe	ensation fr	rom the organiza	tion		
 SEE	PART	VII,	SECTION	Α	CONTINUATION	SHEETS

Form **990** (2018)

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	CHIEVEM	EN'	гс	OF	GI	RE2	AT]	ER WASHINGTO	N 54-078	8947
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	k all i	that	app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any	lirecto				l em p		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		/ee	mpen				organizations
	below	d ual t	utiona	L_	mplo	st co	5			organizationio
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEFFERY RUBERY	1.00									
DIRECTOR		Х						0.	0.	0.
(28) MIMI YEH	1.00									
MISSION IMPLEMENTATION CHA		X						0.	0.	0.
(29) STEVE PROCTOR	1.00									
DIRECTOR		X						0.	Ο.	0.
(30) JIM LAWLER	1.00									
DIRECTOR		X						0.	Ο.	0.
(31) KEVIN MCGOWAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(32) JACK MCDOUGLE	1.00									
DIRECTOR		Х						0.	0.	0.
(33) PATRICIA BROOKS-NOBLES	1.00									
DIRECTOR		X		Х				0.	0.	0.
(34) PRUFESH MODHERA	1.00									
DIRECTOR		X						0.	0.	0.
(35) KEVIN CLARK	1.00									
CHAIR		Х		Х				0.	0.	0.
(36) TIMOTHEY O'NEIL	1.00									_
DIRECTOR		X						0.	0.	0.
(37) MATTHEW SCHWARTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(38) DAVID STRAUT	1.00									_
DIRECTOR		Х						0.	0.	0.
(39) JEFF WEINGARTEN	1.00									_
DIRECTOR		X						0.	0.	0.
(40) W. MICHAEL ELLIS	1.00									_
DIRECTOR		Х						0.	0.	0.
(41) JOHN A. STALFORT	1.00									_
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(42) BRUCE THORNE	1.00									
DIRECTOR		Х						0.	0.	0.
(43) JONATHAN ABERMAN	1.00									
DIRECTOR		X						0.	0.	0.
(44) JULIE COONS	1.00									
DIRECTOR		Х						0.	0.	0.
(45) JOHN DURRANT	1.00									
DIRECTOR		Х						0.	0.	0.
(46) CECILIA HODGES	1.00									
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c	<u></u>									

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								ER WASHINGTO		8947
Part VII Section A. Officers, Directors		mplo I	byee			ligh	est			/= \
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours			Pos call 1			5	Reportable compensation	Reportable compensation	Estimated amount of
	per				linat	app I	'y) 	from	from related	other
	week					/ee		the	organizations	compensation
	(list any	ector				u plo		organization	(W-2/1099-MISC)	from the
	hours for	or dire	æ			ited ei		(W-2/1099-MISC)		organization
	related	steed	ruste		a.	pensa				and related
	organizations	ual tru	onal 1		ploye	com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ERIC LEWIS	1.00	-	-	0	×	Ŧ	F			
DIRECTOR	100	x						0.	0.	0
(48) MARK ROTHMAN	1.00									
DIRECTOR		x						0.	0.	0
(49) NEIL SMITH	1.00									
DIRECTOR		x						0.	0.	0
(50) JACOB STREIT	1.00									
DIRECTOR	-	x						0.	0.	0
(51) RISHI VYAS	1.00									
DIRECTOR		Х						0.	0.	0
(52) TIEN WONG	1.00									
DIRECTOR		х						0.	0.	0
(53) EDWARD J. GRENIER	40.00							205 000	0	
PRESIDENT AND CEO	10.00			X				325,000.	0.	75,651
(54) AMY MARCENARO HECKMAN	40.00			37				1 (7 71)	0	
CHIEF OPERATING OFFICER	40.00			X				167,712.	0.	39,600
(55) RACHAEL DOSS	40.00					x		156 570	0.	27 600
VICE PRESIDENT, DEVELOPMEN	40.00					^		156,578.	0.	37,698
(56) CHELSEA ROSE SONEIRA	40.00					x		127,919.	0.	0
VICE PRESIDENT, EDUCATION								127,919.	0.	0
			 							
		-								
		<u> </u>								
		I			1					
Total to Part VII, Section A, line 1c								777,209.		152,949

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				/EMENT OF	GREATER W	ASHINGTON	54-0788	947 Page 9
Pa	rt VII							
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII	(B)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Am (с	Fundraising events	1c	825,994.				
lar lar	d	Related organizations	1d					
jn,	е	Government grants (contribu	tions) 1e					
er S	f	All other contributions, gifts, grar						
<u>P</u>		similar amounts not included abo	ove 1f 3 ,	<u>,053,962.</u>				
ud u	-	Noncash contributions included in lines		110,781.				
ãŭ	h	Total. Add lines 1a-1f			3,879,956.			
				Business Code	050 061	050 061		
ice	2 a	FINANCE PARK PA	ARTICIPA	900099	859,061.	859,061.		
ue v	b							
ven S	С							
Be	d							
Program Service Revenue	e							
-	T	All other program service reve			859,061.			
	<u> </u>	Total. Add lines 2a-2f			055,001.			
	3	other similar amounts)			16,160.			16,160.
	4	Income from investment of ta		r i i i i i i i i i i i i i i i i i i i				
	5	Royalties		· · · ·				
	Ū		(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		►				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		·· <u>····· ►</u>				
Other Revenue	8 a	Gross income from fundraisir including \$ 825, 9	994. of					
Rev		contributions reported on line		667 420				
Jer		Part IV, line 18	a	667,438. 583,078.				
8		Less: direct expenses			84,360.			84,360.
		Net income or (loss) from fun	-	▶	04,500.			04,500.
	эa	Gross income from gaming a Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
Ī		Miscellaneous Revenu		Business Code				
Ì	11 a							
	b							
	с							
	d							
	е	Total. Add lines 11a-11d			4 000 505			100 500
	12	Total revenue. See instructions		🕨	4,839,537.	859,061.	υ.	100,520.
83200	9 12-31	-18						Form 990 (2018)

54-0788947 Page 10 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON Form 990 (2018) Part IX Statement of Functional Expenses

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

D۵	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,000.	18,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	82,500.	82,500.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		400 005	50 246	
•	trustees, and key employees	607,963.	488,985.	52,346.	66,632
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,462,844.	1,176,637.	125,876.	160,331
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)	137,913.	110,859.	11,854.	15,200
9	Other employee benefits	130,484.	104,897.	11,217.	14,370
10	Payroll taxes	141,138.	113,475.	12,138.	15,525
11	Fees for services (non-employees):				
	Management	3,069.		3,069.	
		16,270.		16,270.	
		10,270.		10,270.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	145,968.	21,440.	88,864.	35,664
12	Advertising and promotion	5,586.	854.	4,732.	
13	Office expenses	36,452.	26,600.	9,582.	270
14	Information technology	121,803.	34,908.	86,895.	
15	Royalties				
16	Occupancy	238,462.	191,723.	20,507.	26,232
17	Travel	46,342.	19,644.	24,095.	2,603
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	66,014.	41,505.	23,594.	915
19 20	Conferences, conventions, and meetings	66,602.	64,195.	2,407.	913
20 21	Interest Payments to affiliates			2,20,0	
22 22	Depreciation, depletion, and amortization	446,202.	423,399.	22,803.	
23	Insurance	35,961.	28,913.	3,093.	3,955
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)				
а	amount, list line 24e expenses on Schedule 0.)	142,168.	114,303.	12,226.	15,639
a b	PROGRAM MATERIALS	133,442.	133,442.	,	,
c	DUES & SUBSCRIPTIONS	50,723.	12,619.	31,901.	6,203
d	TELEPHONE	33,508.	20,712.	12,766.	30
е	All other expenses	190,459.	129,069.	50,561.	10,829
25	Total functional expenses. Add lines 1 through 24e	4,359,873.	3,358,679.	626,796.	374,398
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)				

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,247,892. 1,522,976. Cash - non-interest-bearing 1 1,154,911. 939,003. 2 Savings and temporary cash investments 5,570,270. 3 5,099,027. Pledges and grants receivable, net

4 Accounts receivables, net 4 5 Loars and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loars and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons desorbed in section 4958(r)(2)(8), and contributing employees: and parsoning organizations (see inst). Complete Part II of Sch L 6 7 Notes and Loars receivable, net 7 8 Inventories for sale or use. 10.6, 2007. s 9 Prepaid expenses and deferred charges 10.6, 2,378, 236. 7 Notes and Loars receivables. Net Hill 10 (see 11) 12 11 Investments - program-related. See Part IV. line 11 12 12 Investments - program-related. See Part IV. line 11 13 14 11 12.7, 878, 798. 10.6, 42, 132. 16 Total assets. Add lines 1 through 15 (must qual line 34) 15, 7762, 123. 16, 644, 95, 540. 17 Accounts payable and accound tabilitie 20 21 21 21 Exerce wor custofial accound tability. Complete Part IV of Schedule D 21 22 21 22 Loars and other payable to unrelated third parties.		0	Theorem and grants receivable, net		······	• / • · • / = · • •	<u> </u>	0,000,01
get Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 6 Loans and other receivables from other disqualified persons (as defined under receivables from other disqualified persons) (as defined under employers and tables) (h). Decode Schedule D (k) (k) and contributing employees beneficiary organizations (see inst). Complete Part II of Sch L. 7 7 Notes and came receivable, net 7 8 Prepaid expenses and deferred charges 106, 207. 9 48, 505. 10a Land, buildings, and equipment cost or other tables. Complete Part II of Sch L. 7, 878, 798. 10c 8, 604, 162. 11 Investments - publicity traded securities. 10 9, 979. 10c 8, 604, 162. 11 Investments - publicity traded securities. 11 11 12 11 Investments - publicity traded securities. 14 149, 959. 14 19, 959. 14 13 Investments - publicity traded securities. 15, 762, 122. 16 16, 7449, 540. 14 Itangbia assets. Add intext through 15 (mst equal line 24) 15, 7762, 123. 17 495, 644. 14 Itangbia assets. 10, 982. 348. 24 26 15 Total abactern tabrough 15 (mst		4	Accounts receivable, net				4	
Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4956)(1)(1), persons described in section 505(c)(3) with any employers' bareficiatory organizations of section 501(c)(3) with any employers in the section 502(c) (3) with any employers and depreciation 6 10 Land, buildings, and quipment: cost or other togs in the securities. Sec Part IV, line 11 11 12 11 Investments - program-telated. See Part IV, line 11 11 12 11 Investments - program-telated. See Part IV, line 11 11 13 11 Investments - during 16 fmust equal line 24) 15, 762, 1239. Its 16, 449, 5604. 16 Total assets. Add lines 1 through 16 fmust equal line 24) 16 16, 449, 5604. 12 Lesser and other payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 20 21 21 Escrew or custodial account expanyable to urrelated third parties 72, 7, 166. 23 1, 065, 804		5						
Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4956)(1)(1), persons described in section 505(c)(3) with any employers' bareficiatory organizations of section 501(c)(3) with any employers in the section 502(c) (3) with any employers and depreciation 6 10 Land, buildings, and quipment: cost or other togs in the securities. Sec Part IV, line 11 11 12 11 Investments - program-telated. See Part IV, line 11 11 12 11 Investments - program-telated. See Part IV, line 11 11 13 11 Investments - during 16 fmust equal line 24) 15, 762, 1239. Its 16, 449, 5604. 16 Total assets. Add lines 1 through 16 fmust equal line 24) 16 16, 449, 5604. 12 Lesser and other payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 20 21 21 Escrew or custodial account expanyable to urrelated third parties 72, 7, 166. 23 1, 065, 804			trustees, key employees, and highest compensation	ated en	nployees. Complete			
get Lans and other receivables from other disqualified persons (as defined under section 4958)((1)), persons desoribed in section 4968(c)(3)(8), and contributing employees thereficiary organizations of section 501c)(8) voluntary employees thereficiary organizations (see inst). Complete Part II of Sch L 6 7 Notes and loss receivable, net 7 8 inventories for sale or use 8 9 Prepaid expenses and deferred charges 106, 207. 9 48, 505. 10a 10, 982, 398. 8 9 11 10, 982, 398. 11 11 12 investments - publicly traded securities 11 11 13 investments - publicly traded securities 11 12 14 113 11 13 15 Other assets. See Part IV, line 11 13 14 16 Other assets. See Part IV, line 11 15, 762, 129. 16 16, 449, 540. 16 Tax exempt bord liabilities 20 20 22 20 21 Exerce on custodial account liability. Complete Part IV of Schedule D 21 22 22 22 22 22 22<			Part II of Schedule L				5	
sector 4958(h(1)), persons desoribed in section 3958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(B) voluntary employers its enfolding organizations of section 501(c)(B) voluntary employers its enfolding organizations of section 501(c)(B) voluntary B (reventise for sale or use. 6 10 A low set of the section 501(c)(B) voluntary employees its enfolding or use. 7 8 9 Prepaid expenses and deferred charges 100, 982, 398. 8 10 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 100, 2, 378, 236. 7, 878, 798. 106 8, 604, 162. 11 Investments - publicy traded securities 111 12 11 11 12 11 Investments - program-telated. See Part IV, line 11 11 12 19, 9559. 16 16, 6, 49, 5400. 16 Other assetts. See Part IV, line 11 11 12 16, 6, 449, 5400. 16, 6, 449, 5400. 16 Other assetts. See Part IV, line 11 12 16, 6, 449, 5400. 16, 449, 5400. 17 Accounts payable and accrued expenses 642, 139. 17 495, 644. 18 Grants payable 18 20 21		6						
gen employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see inst). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 100, 2, 378, 798. 10a Land, buildings, and equipment: tost or other basis. Complete Part V of Schedule D 10a 10, 982, 398. 11 Investments - publicly traded securities 11 12 11 Investments - other securities. See Part IV, line 11 13 13 Investments - other securities. See Part IV, line 11 13 14 Intangible assets 11 19, 9559. 15 Total assets. Add lines 1 through 15 (must equal line 34) 15, 762, 129. 16 16, 449, 540. 16 Grants payable 18 20 22 22 22 22 22 22 22 22 22 22 22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 25 26 1, 065, 804. 24 28 <th></th> <th></th> <th>•</th> <th>•</th> <th>· ·</th> <th></th> <th></th> <th></th>			•	•	· ·			
general construction of the securities (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 106, 207. 9 48, 505. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10, 982, 398. 8 11 Investments - publicity traded securities 111 12 10 2, 378, 236. 7, 878, 798. 100. 8, 604, 162. 11 Investments - publicity traded securities 11 12 11 11 12 11 13 11 Investments - publicity traded securities 11 13 11 19, 9559. 15 19, 959. 16 16, 449, 540. 16 Other assets. See Part IV, line 11 13 15, 762, 129. 16 16, 449, 540. 17 Accounts payable and accrued expenses 642, 139. 17 495, 644. 18 Deferred revenue 19 2 2 2 2 2 2 2 </th <th></th> <th></th> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td>					•			
98 7 Notes and loars receivable, net 7 9 Prepaid expenses and deferred charges 106, 207.9 48, 505. 10a Land, buildings, and equipment: cost or other 10a 10, 982, 398. 10c 8, 604, 162. 11 Investments - other sourcities 11 11 12 11 12 Investments - other sourcities 11 12 11 13 Investments - other sourcities 11 12 12 11 13 14 Intargible assets 19, 959. 15 19, 959. 16 16, 449, 540. 16 Total assets. Add lines 1 through 15 (must equal line 34) 15, 762, 129. 16 16, 449, 540. 17 Accounts payable and accrued expenses 642, 139. 17 495.644. 18 Deferred revenue 19 20 21 22 21 Escrow or custodial account and former officers, directors, trustees, key employees, highest compensate engloyees, and disqualified persons. Complete Part II of Schedule L 22 24 24 23 Secured mortgages and notes payable to urrelated third parties 24 24 36, 279. <th>s</th> <th></th> <td></td> <td></td> <td>-</td> <td></td> <td>6</td> <td></td>	s				-		6	
9 Prevende sporess and deferred charges 106, 207. s 48, 505. 10a Land, buildings, and squipment: cost or other basis. Complete Part Vi of Schedule D 10a 10, 982, 398. 10c 8, 604, 162. 11 Investments - publicly traded securities 11 12 11 12 11 Investments - publicly traded securities. See Part IV, line 11 13 13 14 12 Investments - other securities. See Part IV, line 11 13 14 15 15 Other assets. See Part IV, line 11 13 15, 762, 129. 16 16, 449, 540. 16 Other assets. Add lines 1 through 15 (must equal line 34) 15, 762, 129. 16 16, 449, 540. 17 Accounts payable and accruet expenses 642, 139. 17 495, 644. 18 Grants payable and account liability. Complete Part IV of Schedule D 21 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 22 Leans and other payables to unrelated third parties 727, 166. 23 1, 065, 804. 22 Secured mortgages and notes payable to unrelated third parties 727, 77, 7516.	set	7			F			
9 Prepaid expenses and deferred charges 106, 207. 9 48, 505. 10a Land, buildings, and equipment: cost or other 10a 10, 982, 398. b b Less: accumulated depreciation 10b 2, 378, 236. 7, 878, 798. 10c 8, 604, 162. 11 Investments - publicly traded securities 11 12 11 12 12 Investments - program-related. See Part IV, line 11 13 14 19, 959. 15 19, 959. 16 Other assets. See Part IV, line 11 13 14 19, 959. 15 19, 959. 16 Total assets. See Part IV, line 11 13 14 9, 959. 15 19, 959. 17 Accounts payable and accrued expenses 642, 139. 17 495, 644. 20 20 Tax exempt bond liabilities 20 20 21 22 20 22 21 Loars and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 24 24 24 24 25 36, 279. 28 1, 957, 727. 28 36	As	-						
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10, 982, 398. 10c 7, 878, 798. 10c 8, 604, 162. 11 Investments - publicly traded securities 11 11 11 11 12 11 Investments - publicly traded securities 11 11 12 11 11 12 11 12 11 12 11 12 11 12 11 12 11 13 14 19, 959 15 19, 959 16 16, 449, 540 17 Accounts payable and accrued expenses 642, 139. 17 495, 644 18 Grant assets, Add lines: 1through 15 (must equal line 34) 15, 762, 129. 16 16, 449, 540 19 Detered revonue 18 19 Detered revonue 18 18 Grants payable and accrued expenses 642, 139. 17 495, 644								

Form 990 (2018)

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Form	990 (2018) JUNIOR ACHIEVEMENT OF GREATER WASHINGTON	54-	078894	7 ра	age 12
Par	t XI Reconciliation of Net Assets				
	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			537.
2	Total expenses (must equal Part IX, column (A), line 25)	2			373.
	Revenue less expenses. Subtract line 2 from line 1	3			564.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,3		
5	Net unrealized gains (losses) on investments	5		7,5	536.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
	Prior period adjustments	8			
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	14,8	51,8	313.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			_	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u>ا</u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?			<u>, x</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			; X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?			<u>ا</u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
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(Form	990	or	990-E	7
	330	UI.	330-L	<u> </u>

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public Inspection

		nue Service			Attach to Form 990 or i v/Form990 for instructi			nformation.		Inspection
Nan	ne of t	the organizati							Employer	r identification number
			JUNI	OR ACHIEVE	MENT OF GREA	TER W	ASHIN	GTON	5	4-0788947
Pa	rt I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a	private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		A church, cor	nvention of ch	urches, or associati	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	onjunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	ped in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governi	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	antial part of its support	from a gov	rernmental	unit or from t	the general	public described in
		section 170(I	b)(1)(A)(vi). (C	omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9		-		5	l in section 170(b)(1)(A)(-		-	-
		or university o	or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	je or
		university:								
10					e than 33 1/3% of its sup					
					ect to certain exceptions,					
					e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 30, 1975.
11				mplete Part III.)	webs to toot for public or	faty Caa	ocation Fl	0(~)(4)		
12	H	-	-	-	sively to test for public sa sively for the benefit of, to	•			arry out the	a purposes of one or
12		•	0	•	ed in section 509(a)(1) o	•		-		• •
					of supporting organization					
а			-	• •	supervised, or controlled				-	<i>i</i> aivina
					egularly appoint or elect					
			-	complete Part IV, S						
b		¬ -		-	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
					anization vested in the s					
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fun	nctionally inte	grated. A supportir	ng organization operated	in connec	tion with,	and functiona	Illy integrat	ed with,
		its supporte	ed organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	/ integrated. A supp	porting organization oper	rated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not f	unctionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	- ·		,	mplete Part IV, Section					
е			-		written determination fro			а Туре I, Туре	e II, Type III	
	_				onally integrated support	ing organi	zation.			
f		er the number of		-						
<u> </u>		(i) Name of suppo		about the support	(iii) Type of organization		nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	``	organization		(.,	(described on lines 1-10	Yes	ing document? No	support (see ir	-	support (see instructions)
					above (see instructions))					
Tota	ll 👘									1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 54-0788947 Page 2 Part II

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,717,172.	3,897,084.	3,463,897.	4,278,178.	3,879,956.	21,236,287.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	5,717,172.	3,897,084.	3,463,897.	4,278,178.	3,879,956.	21,236,287.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5,021,077.
6	Public support. Subtract line 5 from line 4.						16,215,210.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5,717,172.	3,897,084.	3,463,897.	4,278,178.	3,879,956.	21,236,287.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,617.	2,551.	3,945.	9,708.	16,160.	33,981.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	201,997.	219,748.	163,218.	-27,549.	84,360.	641,774.
11	Total support. Add lines 7 through 10						21,912,042.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 2	,919,168.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	74.00 %
	Public support percentage from 2017					15	69.37 _%
1 6a	33 1/3% support test - 2018. If the c	organization did no	ot check the box o	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	0 10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►
					Sche	dule A (Form 990	or 990-F7) 2018

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Schedule A (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 54-0788947 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 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						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
	check this box and stop here	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2018 (line 8, column (f), (divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Invest	stment Incom	e Percentage	•			
17	Investment income percentage for 20)18 (line 10c, colui	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	ie 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2017. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organization	>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see ir	nstructions	▶□
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Schedule A (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON54-0788947 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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0 10a 10a 10b Schedule A (Form 990 or 990-EZ) 2018

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

No

Schedule A (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON54-0788947 Page 5

Pa	τΝ	V Supporting Organizations (continued)			
				Yes	No
11	Ha	s the organization accepted a gift or contribution from any of the following persons?			
а	Αp	person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	bel	low, the governing body of a supported organization?	11a		
b	A fa	amily member of a person described in (a) above?	11b		
-		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		
Sec	tio	n B. Type I Supporting Organizations			
				Yes	No
1	Did	the directors, trustees, or membership of one or more supported organizations have the power to			
	reg	gularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax	year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	cor	ntrolled the organization's activities. If the organization had more than one supported organization,			
	des	scribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	org	panizations 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			
		ganization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	-	rt VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		pervised, or controlled the supporting organization.	2		
Sec		n C. Type II Supporting Organizations			
				Yes	No
1	We	ere a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•		trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		management of the supporting organization was vested in the same persons that controlled or managed			
		e supported organization(s).	1		
Sec		n D. All Type III Supporting Organizations	•		
000				Yes	No
4	Did	the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NU
1		d the organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ganization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		e organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	reason of the relationship described in (2), did the organization's supported organizations have a			
	0	nificant voice in the organization's investment policies and in directing the use of the organization's			
	inc	ome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		oported organizations played in this regard.	3		
Sec		n E. Type III Functionally Integrated Supporting Organizations			
1	Ch	eck the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	Ļ	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	Ļ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside the second s	ructions		
2	Act	tivities Test. Answer (a) and (b) below.		Yes	No
а		d substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the	e supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	tho	ose supported organizations and explain how these activities directly furthered their exempt purposes,			
	hov	w the organization was responsive to those supported organizations, and how the organization determined			
	tha	at these activities constituted substantially all of its activities.	2a		
b	Did	the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of t	the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	rea	asons for the organization's position that its supported organization(s) would have engaged in these			
	act	tivities but for the organization's involvement.	2b		
3		rent of Supported Organizations. Answer (a) and (b) below.			
а		the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		stees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		I the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON54-0788947 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
_				

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 54-0788947 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
		Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 an	Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
32028 10-11-18	Schedule A (Form 990 or 990-EZ

Identification of Excess Contributions Included on Part II, Line 5

54-0788947

2018

** Do Not File ** *** Not Open to Public Inspection ***

Total Contributions	Excess Contributions
2,650,000.	2,211,759
2,160,800.	1,722,559
1,525,000.	1,086,759
	Contributions 2,650,000. 2,160,800.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

54-0788947

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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	

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

54 - 0788947

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$118,750.	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		\$138,000.	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
3		\$320,000.	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
4		\$85,000.	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
5		\$110,000.	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
6		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

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

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Name of organization

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

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

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

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Page **3**

Employer identification number

54-0788947

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON Part Fat Generating period constructions to greated and described in action S01(c)(t), (b) (t (10) but total more than \$1,000 for the total more contribution. Form Form (a) No. Form (b) Purpose of gift (c) Use of gift (c) Description of how gift is held (c) Transfer of gift Transferce's name, address, and ZIP + 4 Felationship of transferor to transferce (c) No. (c) No. (c) No. (c) No. (c) No. (c) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Description of how gift is held (c) Transfer of gift Transferce's name, address, and ZIP + 4 (c) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Description of how gift is held (c) No. (c) No. (c) No. (c) No. (c) No. (c) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Description of how gift is held (c) Transfer of gift Transferce's name, address, and ZIP + 4 (c) Transfer of gift (c) Use of gift (c) Use of gift (c) Description of how gift is held (c) No. (g) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Description of how gift is held (c) Transfer of gift (c) Description of how gift is held (c) No. (c)		B (Form 990, 990-EZ, or 990-PF) (2018)			Page
Part III Ecolowicy religious, charitable, etc., contributions to organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 501(c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 500 (c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 500 (c/r); 80, or (10) that total more than \$1,000 for the stress organizations described in section 500 (c/r); 80, or (10) transfer or gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	Name of o	rganization			Employer identification number
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from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Image: Second Se	-	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Image: Second Se					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift	from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift					
Part I Pa		Transferee's name, address, ar			transferor to transferee
Part I Pa					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
					transforor to transforos
B23454 11-08-18 Schedule B (Form 990, 990-FZ, or 990-PE) (20		in ansieree's name, address, af	u ∠IF + + 		
26	823454 11-08			Sched	ule B (Form 990, 990-EZ, or 990-PF) (2018

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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



Name of the organization

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

Employer identification number 54 - 0788947

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acco	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised funds	(b) Fi	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 🔛 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring	
Par		-	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a cer	tified histori	c structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conse	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
	Number of conservation easements on a certified historic str			:
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ie organizati	on during the tax
	year			
_	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
e	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	iservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easem	ents during the year
•	\$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17()(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organiza	-		
	conservation easements.		Ũ	Ũ
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Sim	iilar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and b	alance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furthera	ance of pub	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service	e, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre		al gain, prov	ride
	the following amounts required to be reported under SFAS 1			
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		🕨	\$ 0.1.1.D.(5
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2018
832051	10-29-18	27		

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-		ACHIEVEMEN						54-07			age 2
Pai	t III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the f	ollowing the	at are a si	gnificant	use of its	collection	n item	s
	(check all that apply):										
а	Public exhibition	c		Loan or exch							
b	Scholarly research	e	• L	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	ı XIII.		
5	During the year, did the organization solicit of								7		-
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arrar		ete if the	e organization	answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custoo								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bllowing	table:							
_									Amount	<u>. </u>	
	Beginning balance										
	Additions during the year										
e f	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII						• • • • • • • • • • • • • • • • • • • •	L			
Pa									<u></u>		_
		(a) Current year	-	Prior year	(c) Two yea			ears back	(e) Four	vears	back
1a	Beginning of year balance		(~).	nor your	(0) 110 900	, o such ,	((0) ! 0	jeure	Juon
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu		ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held an	nd administe	ered for th	ne organiz	zation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organized	ations listed as requi	red on S	Schedule R? .					3b		
4	Describe in Part XIII the intended uses of the	Y	owment	funds.							
Pa	t VI Land, Buildings, and Equip										
	Complete if the organization answere	ed "Yes" on Form 990	0, Part I	V, line 11a. Se	ee Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost o basis (o			cumulate preciation		(d) Bool	< value	e
1a	Land										
b	Buildings			9,260	5,006.	1,2	238,8	09.	8,02	7,1	97.
с	Leasehold improvements										
d	Equipment				1,932.		572,5			9,4	
	Other				4,460.	4	166,9			7,5	
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 10)c.)				8,604	<u>4,1</u>	62.

Schedule D (Form 990) 2018

832052 10-29-18

Schedule D (Form 990) 2018 JUNIOR ACHI	LEVEMENT OF	GREATER	WASHINGTON	54-0/8894/ Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	' on Form 990, Part IV,	line 11b. See F	orm 990, Part X, line 12	2
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation: Cost	or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		-		
Complete if the organization answered "Yes'	on Form 990, Part IV,	line 11c. See F	orm 990, Part X, line 13	3.
(a) Description of investment	(b) Book value			or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		-		
Complete if the organization answered "Yes'	' on Form 990, Part IV,	line 11d. See F	orm 990, Part X, line 15	5.
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) BOOK Value
(1) Federal incor	ne taxes	
(2) DEFERRI	ED RENT	36,279.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) mo	ust equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

►

832053 10-29-18

Sche	dule D (Form 990) 2018 JUNIOR	ACHIEVEMENT	OF GI	REATER	WASHINGTO	ON 54	4-0)788947	Page 4
Pa	t XI Reconciliation of Revenue	per Audited Finance	ial Stat	tements V	Vith Revenue				
	Complete if the organization answe	red "Yes" on Form 990, F	art IV, line	e 12a.					
1	Total revenue, gains, and other support pe	er audited financial statem	ents				1	4,965	,403.
2	Amounts included on line 1 but not on For	m 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investmer	nts		2a		536.			
b	Donated services and use of facilities			2b	118,3	330.			
С	Recoveries of prior year grants			2c					
d	Other (Describe in Part XIII.)			2d					
е	Add lines 2a through 2d					2	le		<u>,866.</u>
3	Subtract line 2e from line 1						3	4,839	<u>,537.</u>
4	Amounts included on Form 990, Part VIII,								
а	Investment expenses not included on Forr	m 990, Part VIII, line 7b		4a					
b	Other (Describe in Part XIII.)			4b					
С						······	c		0.
5	Total revenue. Add lines 3 and 4c. (This m	ust equal Form 990, Part I	, line 12.)				5	4,839	,537.
_							_		
Pa	rt XII Reconciliation of Expense	•			With Expense	s per R	etui	rn.	
	Complete if the organization answe	red "Yes" on Form 990, F	Part IV, line	e 12a.		-			202
1	Complete if the organization answe Total expenses and losses per audited fina	red "Yes" on Form 990, F	Part IV, line	e 12a.		-	etui 1	rn. 4,478	,203.
	Complete if the organization answe Total expenses and losses per audited fina Amounts included on line 1 but not on For	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25:	eart IV, line	e 12a.		- 			,203.
1	Complete if the organization answe Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25:	Part IV, line	e 12a. 2a		- 			,203.
1 2	Complete if the organization answe Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25:	Part IV, line	e 12a. 2a 2b		- 			,203.
1 2 a b c	Complete if the organization answe Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25:	art IV, line	2a 2b 2c		- 			,203.
1 2 a b	Complete if the organization answer Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25:	Part IV, line	2a 2b 2c 2d	118,3	330.	1	4,478	
1 2 a b c	Complete if the organization answer Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25:	Part IV, line	e 12a. 2a 2b 2c 2d	118,3	330.	1 2e	4,478	,330.
1 2 b c d	Complete if the organization answer Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25:	Part IV, line	e 12a. 2a 2b 2c 2d	118,3	330.	1	4,478	,330.
1 2 b c d e	Complete if the organization answer Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, lin	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25:	Part IV, line	e 12a. 2a 2b 2c 2d	118,3	330.	1 2e	4,478	,330.
1 2 b c d 3	Complete if the organization answer Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, lin Investment expenses not included on Form	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25: ne 25, but not on line 1: n 990, Part VIII, line 7b	Part IV, line	e 12a. 2a 2b 2c 2d 4a	118,3	330.	1 2e	4,478	,330.
1 2 6 6 8 4	Complete if the organization answer Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, lin Investment expenses not included on Form Other (Describe in Part XIII.)	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25: ne 25, but not on line 1: n 990, Part VIII, line 7b	Part IV, line	e 12a. 2a 2b 2c 2d 4a	118,3	330.	1 2e	4,478	<u>,330.</u> ,873.
1 2 a b c d e 3 4 a	Complete if the organization answer Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, lin Investment expenses not included on Forr Other (Describe in Part XIII.) Add lines 4a and 4b	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25: ne 25, but not on line 1: n 990, Part VIII, line 7b	Part IV, line	e 12a. 2a 2b 2c 2d 2d 4a 4b	118,3	330.	1 2e 3	4,478 118 4,359	<u>,330.</u> ,873.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answer Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, lin Investment expenses not included on Form Other (Describe in Part XIII.)	red "Yes" on Form 990, F ancial statements m 990, Part IX, line 25: ne 25, but not on line 1: n 990, Part VIII, line 7b must equal Form 990, Par	Part IV, line	e 12a. 2a 2b 2c 2d 2d 4a 4b	118,3	330.	1 2e 3	4,478	<u>,330.</u> ,873.

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.

PART X, LINE 2:

JUNIOR ACHIEVEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY INCOME

TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN INCOME TAX

POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. JUNIOR

ACHIEVEMENT'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY

THE INTERNAL REVENUE SERVICE AND OTHER STATE AND LOCAL TAXING AUTHORITIES

FOR THREE YEARS AFTER THEY WERE FILED.

832054 10-29-18

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SCHEDULE G	Suppleme	ntal Information Regarding	Fune	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	, or if the	2018
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service	,	to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization		ACHIEVEMENT OF GRE	ATE	RW	ASHINGTON		Employer ide	entification number 3947
	complete this par	Complete if the organization answe	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person solicitate 2 a Did the organization key employees lister 	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P) highest paid indiv	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total		L	1					
		on is registered or licensed to solicit		oution	I s or has been notified	d it is	exempt from r	egistration
or licensing.								
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Sche	dule G (Form §	990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON54-0788947 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

· are

of fundraising event contributions and gross income on Form 990 EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Τ		5 5	(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000 (d) Total events
			HALL OF FAME		NONE	(add col. (a) through
				BOWL-A-THON		col. (c)
a l			(event type)	(event type)	(total number)	
חפעפווחפ	1	Gross receipts	1,168,978.	324,454.		1,493,432
	2	Less: Contributions	825,994.			825,994
	3	Gross income (line 1 minus line 2)	342,984.	324,454.		667,438
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	28,500.	42,643.		71,143
DILECT EXPENSES	7	Food and beverages	220,190.			220,190
Ē	8	Entertainment				
	9	Other direct expenses				291,745
		Direct expense summary. Add lines 4 through				583,078 84,360
	<u>11</u> rt I	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization		- 000 Devt IV/ line 10		04,300
a		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	n 990, Part IV, line 19, or i	reported more than	
,			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
				bingo/progressive bingo		col. (a) through col. (a
2						
_	1	Gross revenue				
	2	Cash prizes				
	-					
	3	Noncash prizes				
	4	Rent/facility costs				
1	5	Other direct expenses				
┫	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	No	
		Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	r from line 1, column (d)		►	
		er the state(s) in which the organization condu				
	ls t	he organization licensed to conduct gaming a				Yes N
		No," explain:				
		No," explain:				
b	lf "	No," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes N
b Oa	If "I					Yes N
b Oa	If "I	re any of the organization's gaming licenses re				Yes N
b Da	If "I	re any of the organization's gaming licenses re				Yes N

Sch	nedule G (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 54-	<u>0788947</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	└── No
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility		<u>%</u>
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
h	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \triangleright \$		
c	c) If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
~	organization's own exempt activities during the tax year > \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
8320	183 10-03-18 Schedule G (For	m 990 or 990	-EZ) 2018
	33		

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2018.06000 JUNIOR ACHIEVEMENT OF GREAT JUNI01_1

Schedule G	(Form 990 or 990-EZ)	JUNIOR A	ACHIEVEMENT	OF	GREATER	WASHINGTON54-0788947	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (contine	ued)				
						Schedule G (Form 990 or	⁻ 990-EZ)
832084 04-01-	18			34	L		
					-		

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	arants and Oth vernments, ar ete if the organizatio	nd Individual n answered "Yes" Attach to For	ls in the Ŭn i ' on Form 990, Pa m 990.	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2018 Open to Public			
		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection			
Name of the organization JUNIOR	ACHIEVEMENT	OF GREATER	WASHINGT	ON			Employer identification number $54 - 0788947$			
Part I General Information on Gran	ts and Assistance									
1 Does the organization maintain record criteria used to award the grants or a	assistance?						ction			
2 Describe in Part IV the organization's										
Part II Grants and Other Assistance					anization answered "א	res" on Form 990, Par	t IV, line 21, for any			
recipient that received more tha										
BENJAMIN BANNEKER ACADEMIC HIGH SCHOOL - 800 EUCLID STREET, NW - WASHINGTON, DC 20037			6,000.	0.			ESSAY COMPETITION - SCHOOL AWARD			
LOUDOUN VALLEY HIGH SCHOOL 340 NORTH MAPLE AVENUE PURCELLVILLE, VA 20132			6,000.	0.			ESSAY COMPETITION - SCHOOL AWARD			
RICHARD MONTGOMERY HIGH SCHOOL 250 RICHARD MONTGOMERY DRIVE ROCKVILLE, MD 20852			6,000.	0.			ESSAY COMPETITION - SCHOOL AWARD			
 2 Enter total number of section 501(c) 3 Enter total number of other organization 			ne line 1 table			1	·········· b			

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

54-0788947

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ESSAY COMPETITION WINNERS	9	82,500.	0.		

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

PART I, LINE 2:

THE ESSAY COMPETITION IS JUDGED BY A PANEL OF BUSINESS PROFESSIONALS

SELECTED BY JUNIOR ACHIEVEMENT. THE ESSAY COMPETITION'S OFFICIAL RULES,

WHICH DISCLOSE THE TOPIC AND CRITERIA OF THE ESSAY, THE AWARDS THAT WILL BE

GIVEN, WHO MAY ENTER, ETC., CAN BE FOUND ON JUNIOR ACHIEVEMENT'S WEBSITE.

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	2
•	-	Compensated Employees		ZU)
Dene	tment of the Treesury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	o Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ection	
Nan	ne of the organizatio	1		identificati		mber
_		JUNIOR ACHIEVEMENT OF GREATER WASHINGTON	54-0	078894	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Forn	ו 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	onal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la dia sta udai da 16 st		- 41 1			
3		ny, of the following the filing organization used to establish the compensation of the organiz				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	lon to			
	X Compensation	ation of the CEO/Executive Director, but explain in Part III.				
		a committee Written employment contract compensation consultant X Compensation survey or study				
			committoo			
		ther organizations $\begin{tabular}{c} X \\ Approval by the board or compensation of the board or compensation $	Johnnittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
c		ceive payment from, an equity-based compensation arrangement?				X
-		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	-			5a		X
b		ation?				Х
		r 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	et earnings of:				
а	The organization?			6a		Х
b		ation?				X
		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forı	n 990)) 2018

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 54-0788947

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) EDWARD J. GRENIER	(i)	325,000.	0.	0.	46,899.	28,752.	400,651.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY MARCENARO HECKMAN	(i)	167,712.	0.	0.	28,091.	11,509.	207,312.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RACHAEL DOSS	(i)	156,578.	0.	0.	26,226.	11,472.	194,276.	0.
VICE PRESIDENT, DEVELOPMEN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE L	Tra	ansactior	ıs V	Vith	Interested	Persons			O	//B No.	1545-0	047
(Form 990 or 990-EZ)	Complete if the o					t IV, line 25a, 25b, 2	6, 27,	28a,		20	18	3
					EZ, Part V, line 38a 990 or Form 990-E2							
Department of the Treasury Internal Revenue Service	► Go to					Latest information.				pen T spect		DIIC
Name of the organization	P						Emp	oloyer	r ident	ificati	ion ni	umber
-	JUNIOR AC	HIEVEMEN	ит с	FG	REATER WAS	HINGTON	-	-	889			
Part I Excess Ben	efit Transacti	ions (section 5	01(c)(3	8), sect	ion 501(c)(4), and 50)1(c)(29) organization	s only	/).				
Complete if the	organization ans	wered "Yes" on	Form §	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, Pa	art V, I	line 40	Db.			
1 (a) Name of disqualified	(b) F	Relationship bet			lified) Description of trans	aactio	n		(d)	Corre	ected?
	person	person and o	rganiza	ation		Description of trans	sactio	1		Y	es	No
										_		
										_		
										_		
2 Enter the amount of tax	incurred by the c	organization mar	naders	or disc	ualified persons du	ring the year under						
	-	-	-					▶ \$				
3 Enter the amount of tax,								> \$				
					-							
Part II Loans to an	d/or From Int	terested Per	sons	-								
	-				, Part V, line 38a or I	Form 990, Part IV, lin	e 26;	or if th	ne orga	anizati	on	
	ount on Form 990								(h) Ap	orover		
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	bý bo	ard or	(i) V agre	Vritten ement?
	inter or gamzadori	orioan		zation?	philopalamount	·			comm		-	-
			То	From			Yes	No	Yes	No	Yes	No
												+
Total	Do				> \$							
	ssistance Be	•										
· · · · ·	organization ans					(d) Ture e	-f		1.			
(a) Name of interested	person	(b) Relationship interested pers the organiza	son an		(c) Amount of assistance	(d) Type assistanc) Purp assist		DT
				fan Es		0-1-						7) 00 4 0

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON54-0788947 Page 2 Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
ERIC LEWIS	DIRECTOR ERIC LEWIS	1,051,142.	JUNIOR ACHI		X
SUSAN LACZ	DIRECTOR SUSAN LACZ	182,271.	JUNIOR ACHI		X
JEFF WEINGARTEN	DIRECTOR JEFF WEING	7,000.	JUNIOR ACHI		Х
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	320,000.	SUBSTANTIAL		Х
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	1,500,000.	SUBSTANTIAL		Х

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ERIC LEWIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR ERIC LEWIS IS AN OFFICER OF BB&T BANK.

(C) AMOUNT OF TRANSACTION \$ 1,051,142.

(D) DESCRIPTION OF TRANSACTION: JUNIOR ACHIEVEMENT FINANCE PARK SECURED

CONSTRUCTION AND EQUIPMENT LOANS THROUGH BRANCH BANKING & TRUST CO.

(BB&T).

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUSAN LACZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR SUSAN LACZ IS AN OFFICER OF RIDGEWELLS CATERING.

(C) AMOUNT OF TRANSACTION \$ 182,271.

(D) DESCRIPTION OF TRANSACTION: JUNIOR ACHIEVEMENT CONTRACTED WITH

RIDGWELLS CATERING FOR ITS HALL OF FAME EVENT AND OTHER MEETINGS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JEFF WEINGARTEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

41

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

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2018.06000 JUNIOR ACHIEVEMENT OF GREAT JUNI01_1

Schedule L (Form 990 or 990-EZ) JUNIOR ACHIEVEMENT OF GREATER WASHINGTON54-0788947 Page 2
Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

DIRECTOR JEFF WEINGARTEN IS AN OFFICER OF INTERFACE MEDIA GROUP.

(C) AMOUNT OF TRANSACTION \$ 7,000.

(D) DESCRIPTION OF TRANSACTION: JUNIOR ACHIEVEMENT CONTRACTED WITH

INTERFACE MEDIA GROUP FOR ITS HALL OF FAME EVENT AND OTHER MEETINGS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 320,000.

(D) DESCRIPTION OF TRANSACTION: SUBSTANTIAL CONTRIBUTOR

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 1,500,000.

(D) DESCRIPTION OF TRANSACTION: SUBSTANTIAL CONTRIBUTOR

(E) SHARING OF ORGANIZATION REVENUES? = NO

832461 04-01-18

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

ſ 21 18

Department of the Treasury	
Internal Revenue Service	

4.1

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

►

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

Inspection Employer identification number

54 - 0788947

Name	στ	τne	organ	Ization

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

Pa	TI Types of Property							
		(a) Obsektif	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	9
		applicable	items contributed	Form 990, Part VIII, line 1g	nonousir contribu		ounte	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (<u>SUPPLIES & EQ</u>)	Х	30	110,781.				
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
						'	Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property re	ported in Part I, lines 1 throug	h 28, that it	1		
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period?	,				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
~~				• • • • • • • • • •				

- If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.
- LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

832141 10-18-18

32142 10-18-18					Schedule M	VI (Form 990)

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.

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

OMB No. 1545-0047

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 54-0

Employer identification number 54 - 0788947

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INFORMATION AND EXPERIENCES THEY NEED TO EARN AN INCOME, ADVANCE A

CAREER AND MANAGE THEIR PERSONAL FINANCES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE/AUDIT COMMITTEE (AC) REVIEWS A DRAFT OF FORM 990. ONCE THE

DRAFT IS APPROVED BY THE AC, THE 990 IS ELECTRONICALLY MADE AVAILABLE TO

THE FULL BOARD FOR THEIR FEEDBACK BEFORE THE RETURN IS FILED.

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

ANY POSSIBLE CONFLICT OF INTEREST SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS OR APPROPRIATE COMMITTEE PERSON BY THE PERSON CONCERNED. THE CONCERNED PERSON SHALL NOT VOTE ON THE MATTER OR PARTICIPATE IN THE DELIBERATION. THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF DIRECTORS, OFFICERS, AND STAFF MEMBERS. ANY NEW DIRECTORS, OFFICERS, OR STAFF MEMBERS ARE ADVISED OF THE POLICY UPON UNDERTAKING THE DUTIES OF THEIR OFFICE.

FORM 990, PART VI, SECTION B, LINE 15A: JUNIOR ACHIEVEMENT'S COMPENSATION COMMITTEE (CC) REVIEWS THE PERFORMANCE OF THE CEO. THE CC CONSISTS OF THE CURRENT BOARD CHAIR, PAST BOARD CHAIR AND THE CHAIR ELECT. THE CC, BASED ON ITS ASSESSMENT OF THE CEO'S PEFORMANCE AND COMPARISION OF THE CEO'S COMPENSATION TO MARKET DATA, RECOMMENDS COMPENSATION ADJUSTMENTS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE THEN DETERMINES THE CEO'S COMPENSATION ARRANGEMENT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18 45

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2018.06000 JUNIOR ACHIEVEMENT OF GREAT JUNI01_1

Schedule O (Form 990 or 990-EZ) (2018

Name of the organization

FORM 990, PART VI, SECTION C, LINE 19:

JUNIOR ACHIEVEMENT MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

POLICY, FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC ON THE

ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT AND AUDITOR SELECTION PROCESS HAS NOT CHANGED FROM

THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2018)

832212 10-10-18

12590715 137244 JUNI01

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

54-0788947

Department of the Treasury Internal Revenue Service

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

Name of the organization

JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JANCA FP LLC - 26-3917177					
1050 17TH STREET, N.W., SUITE 750	FINANCE PARK (LOCATED IN				JUNIOR ACHIEVEMENT OF
WASHINGTON, DC 20036	FAIRFAX COUNTY, VA)	VIRGINIA	1,284,525.	3,168,890.	GREATER WASHINGTON
JAGW PGFP, LLC					
1050 17TH STREET, N.W., SUITE 750	FINANCE PARK (LOCATED IN				JUNIOR ACHIEVEMENT OF
WASHINGTON, DC 20036	PRINCE GEORGE'S COUNTY, MD)	MARYLAND	1,127,144.	3,126,089.	GREATER WASHINGTON
JAGW MCFP, LLC					
1050 17TH STREET, N.W., SUITE 750	FINANCE PARK (TO BE LOCATED				JUNIOR ACHIEVEMENT OF
WASHINGTON, DC 20036	IN MONTGOMERY COUNTY, MD)	MARYLAND	281,797.	2,205,950.	GREATER WASHINGTON

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
JUNIOR ACHIEVEMENT USA - 84-1267604	-						
ONE EDUCATION WAY	4						
COLORADO SPRINGS, CO 80906-4477	NATIONAL ORGANIZATION	COLORADO	501(C)(3)	LINE 7			Х
	7						
	1						
	1						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

54-0788947 Page 2

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

(a)	(b)	(c)	(d)		(e)		(f)	((g)	l) (ł	ר)	(i)		(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predomir (related, excluded fr	nant income unrelated, rom tax under s 512-514)	Share inc	e of total come	end-	are of of-year sets	alloca		Code V-U amount in I 20 of Scheo K-1 (Form 1)	BI ^G box ⁿ dule	General nanagin partner	or Perce	enta ersl
		country)		sections	512-514)					Yes	No	K-1 (Form 1	065) y	/es No	>	
	-															
														_		
	-															
	-															
	-															
	-															
	•															-
IV Identification of Related Or organizations treated as a co	rganizations Taxable orporation or trust duri	as a Corpo	pration or Trust. C year.	omplete if t	he organizat	ion ansv	vered "Yes	s" on Foi	rm 990, P	ı art IV,	line 34	1, because it	had or	ne or r	nore re	lat
IV Identification of Related Or organizations treated as a co (a)	rganizations Taxable orporation or trust durin	as a Corpo ng the tax y	pration or Trust. C year. (b)	omplete if t	he organizati (d)	ion ansv	vered "Yes		rm 990, P (f)		line 34	4, because it		(h)	(
organizations treated as a contract (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile	(d) Direct cont	trolling	(e) Type of) entitv	(f) Share c) of total		(g) Share of	(Perce	(h) entaq	e 512((i) ctior (b)(1 trolle
organizations treated as a co	orporation or trust duri	ng the tax y	year. (b)	(c)	(d)	trolling	(e)) entity S corp,	(f)) of total		(g)	(Perce	(h)	e 512(contr ent	(i) ctior (b)(1 trolle
organizations treated as a contract (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512((i) ctior (b)(1 trolle
organizations treated as a connection (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512(contr ent	(i) ctior (b)(1 trolle itity?
organizations treated as a connection (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512(contr ent	(i) ction (b)(1 trolle
organizations treated as a contract (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512(contr ent	(i) ctior (b)(1 trolle
organizations treated as a contract (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512(contr ent	(i) ctio (b)(1 troll
organizations treated as a contract (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512(contr ent	(i) ction (b)(1 trolle
organizations treated as a contract (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512(contr ent	(i) ctio (b)(1 troll
organizations treated as a contract (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512(contr ent	(i) ctior (b)(1 trolle
organizations treated as a contract (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512(contr ent	(i) ctior (b)(1 trolle
organizations treated as a contract (a)	orporation or trust duri	ng the tax y	year. (b)	(c) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(Perce	(h) entaq	e 512(contr ent	(i) ctior (b)(1 trolle

Schedule R (Form 990) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
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?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х				
	Gift, grant, or capital contribution to related organization(s)	1b		Х				
	Gift, grant, or capital contribution from related organization(s)	1c	X					
d	Loans or loan guarantees to or for related organization(s)	1d		Х				
	Loans or loan guarantees by related organization(s)	1e		Х				
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		Х				
	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х				
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х				
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
	Sharing of paid employees with related organization(s)	1 0		Х				
р	Reimbursement paid to related organization(s) for expenses	1p		Х				
	Reimbursement paid by related organization(s) for expenses	1q		Х				
r	Other transfer of cash or property to related organization(s)	1r	X					
s	Other transfer of cash or property from related organization(s)	1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JUNIOR ACHIEVEMENT USA	с	62,739.	CONTRIBUTIONS RECEIVED
(2) JUNIOR ACHIEVEMENT USA	R	520,526.	COST OF MATERIALS AND SUPP. SVCS.
(3) JUNIOR ACHIEVEMENT USA	R	142,168.	LICENSE FEES
(4)			
(5)			
_(6)	4.0		

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Schedule R (Form 990) 2018 JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are a partners 501(c orgs) all s sec.)(3) ;.?	(f) Share of total income	(g) Share of end-of-year assets	(F Dispr tior alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partn) al or p ging ner?	(k) Percentage ownership
		country)	Sections 5 12-5 14)	Yes	No	income	455615	Yes	No	(Form 1065)	Yes	NO	

Schedule R (Form 990) 2018

Part VII	Supplementa
Schedule R	(Form 990) 2018

Part VII Supplemental Informatio

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

332165 10-02-18					Schedule I	R (Form 990) 2018
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590715 137244 JUNI01	70T8.00000	JUNTOR	ACHIEVEMENT	OF.	GREAT	T_TOTMOO

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
295	STEEL MAILBOX	09/01/12	SL	5.00		16	560.				560.	560.		0.	560.
363	CARPETING - NEW DC OFFICE	01/01/18	SL	5.00		16	6,650.				6,650.	665.		1,330.	1,995.
364	CEILING PANELS - NEW DC OFFICE	01/01/18	SL	7.00		16	15,570.				15,570.	1,112.		2,224.	3,336.
365	OFFICE FURNITURE - NEW DC OFFICE (INNOVATIVE BUSINESS)	01/01/18	SL	7.00		16	65,909.				65,909.	4,708.		9,416.	14,124.
366	STORAGE CABINET - NEW DC OFFICE	01/29/18	SL	7.00		16	954.				954.	57.		136.	193.
367	WIRING - NEW DC OFFICE	03/01/18	SL	6.00		16	1,329.				1,329.	74.		222.	296.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						90,972.				90,972.	7,176.		13,328.	20,504.
	MACHINERY & EQUIPMENT														
255	XEROX COPIER	11/30/09	SL	5.00		16	4,990.				4,990.	4,990.		0.	4,990.
270	(D)COMPUTER (LENOVO - DAVID)	05/31/11	SL	5.00		16	793.				793.	781.		٥.	781.
288	LENOVO THINK CENTER PC - 51	07/04/12	SL	5.00		16	1,085.				1,085.	1,085.		0.	1,085.
289	(D)PC 53 MOCO	08/19/12	SL	5.00		16	1,017.				1,017.	1,017.		0.	1,017.
290	(D)PC 52 MOCO	08/19/12	SL	5.00		16	1,017.				1,017.	1,017.		0.	1,017.
291	(D)ED'S IPAD	08/15/12	SL	5.00		16	602.				602.	602.		0.	602.
292	2 SERVERS DF13H07 (IBM DONATION)	07/01/13	SL	5.00		16	5,568.				5,568.	5,568.		0.	5,568.
293	2 SERVERS DF13H08 (IBM DONATION)	07/01/13	SL	5.00		16	16,064.				16,064.	16,064.		٥.	16,064.
294	(D)2 SONY LAPTOPS @ \$900/EA	03/08/13	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.

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(D) - Asset disposed

FORM 990 PAGE 10

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0101 9.	O PAGE IU	-						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
297	(D)THINKPAD EDGE E540	06/30/14	SL	5.00		16	999.				999.	732.		100.	832.
299	EPSON STYLUS PRINTER	08/21/14	SL	5.00		16	772.				772.	591.		154.	745.
300	(D)LENOVO THINKPAD EDGE E540	12/22/14	SL	5.00		16	864.				864.	605.		86.	691.
301	2 LENOVO THINKPAD EDGE	08/31/14	SL	5.00		16	2,480.				2,480.	1,901.		496.	2,397.
302	(D)2 LENOVO THINKCENTER DESKTOPS	09/16/14	SL	5.00		16	1,438.				1,438.	1,080.		144.	1,224.
308	SERVER	09/16/14	SL	5.00		16	4,359.				4,359.	3,270.		872.	4,142.
330	4 LENOVO THINKPADS	01/01/16	SL	3.00		16	4,045.				4,045.	3,370.		675.	4,045.
331	2 LENOVO THINKPADS	03/01/16	SL	3.00		16	2,579.				2,579.	2,007.		572.	2,579.
332	SURFACE TABLET - ED	06/21/16	SL	3.00		16	1,092.				1,092.	728.		364.	1,092.
353	2 THINKPADS - JAGW (MACRO)	07/31/16	SL	5.00		16	2,860.				2,860.	1,096.		572.	1,668.
354	1 THINKPAD - JAGW (MACRO)	09/30/16	SL	5.00		16	1,434.				1,434.	502.		287.	789.
356	2 THINKPADS - JAGW (MACRO)	11/30/16	SL	5.00		16	2,782.				2,782.	881.		556.	1,437.
357	2 THINKPADS E560 - JAGW (MACRO)	03/31/17	SL	5.00		16	3,125.				3,125.	781.		625.	1,406.
358	3 THINKPADS - JAGW	03/31/17	SL	5.00		16	4,419.				4,419.	1,105.		884.	1,989.
372	5 LAPTOPS - DC OFFICE	08/31/17	SL	5.00		16	8,179.				8,179.	1,363.		1,636.	2,999.
373	LAPTOP - CHELSEA - DC OFFICE	03/06/18	SL	5.00		16	1,720.				1,720.	115.		344.	459.
374	SECURITY FIREWALL - DC OFFICE	04/23/18	SL	5.00		16	1,726.				1,726.	58.		345.	403.
392	4 LENOVO THINKPADS	02/01/19	SL	5.00		16	6,912.				6,912.			576.	576.

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(D) - Asset disposed

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
393	7 MICROSOFT SURFACE LAPTOPS	06/12/19	SL	5.00		16	11,193.				11,193.			187.	187.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						95,914.				95,914.	53,109.		9,475.	62,584.
	* 990 PAGE 10 TOTAL -						186,886.				186,886.	60,285.		22,803.	83,088.
	BUILDINGS														
259	BUILDING - FINANCE PARK	10/01/10	SL	39.50		16	4,007,315.				4,007,315.	786,245.		101,451.	887,696.
281	DESIGN/CONDUITS/WIRE	03/06/12	SL	38.50		16	9,947.				9,947.	1,634.		258.	1,892.
	* 990 PAGE 10 TOTAL BUILDINGS						4,017,262.				4,017,262.	787,879.		101,709.	889,588.
	FURNITURE & FIXTURES														
254	FURNITURE - FINANCE PARK	10/01/10	SL	7.00		16	282,479.				282,479.	282,479.		0.	282,479.
258	CUBICLES & SHELVING - FINANCE PARK	05/01/11	SL	7.00		16	3,587.				3,587.	3,584.		Ο.	3,584.
275	INNOVATIVE BUSINESS INTERIORS	08/15/11	SL	5.00		16	3,587.				3,587.	3,587.		0.	3,587.
276	SIGNAGE (COYLE)	12/05/11	SL	5.00		16	6,505.				6,505.	6,505.		Ο.	6,505.
277	SIGNAGE - DELOITTE	12/05/11	SL	5.00		16	350.				350.	350.		0.	350.
278	EXTERIOR SIGN (POBLACI)	01/27/12	SL	5.00		16	9,125.				9,125.	9,125.		0.	9,125.
279	SIGNAGE - CVS	03/20/12	SL	5.00		16	3,430.				3,430.	3,430.		0.	3,430.
280	BLAIR WORKSTATIONS	03/06/12	SL	7.00		16	45,000.				45,000.	40,717.		4,283.	45,000.
282	SHELVING (FP OPS)	11/01/11	SL	5.00		16	723.				723.	723.		0.	723.
334	INNOVATIVE BUSINESS-4 WORKSTATIONS FX	10/09/15	SL	5.00		16	3,513.				3,513.	1,933.		703.	2,636.

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(D) - Asset disposed

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v		Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
406	SIGNAGE	06/01/19	200DB	7.00	MQ1	.9C	4,405.				4,405.			157.	157.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						362,704.				362,704.	352,433.		5,143.	357,576.
	MACHINERY & EQUIPMENT														
260	INSTALLATION SERVICES (MACRO) - FINANCE PARK	10/01/10	SL	5.00	1	.6	20,245.				20,245.	20,245.		0.	20,245.
261	CABLES, PLATES, ETC. (CON. SOLUTIONS) - FINANCE PARK	10/01/10	SL	5.00	1	.6	29,000.				29,000.	29,000.		٥.	29,000.
273	AUDIO DOCKING (S2N)	08/18/11	SL	5.00	1	.6	2,479.				2,479.	2,479.		٥.	2,479.
274	PAGING SYSTEM (CTSI)	10/17/11	SL	5.00	1	.6	10,559.				10,559.	10,559.		٥.	10,559.
303	FP FAIRFAX PROJECTOR	11/07/14	SL	5.00	1	.6	1,307.				1,307.	957.		261.	1,218.
304	FP FAIRFAX PHONES	11/19/14	SL	5.00	1	.6	2,071.				2,071.	1,484.		414.	1,898.
305	SET UP NEW FP WIRELESS PROGRAM	10/01/14	SL	5.00	1	.6	13,840.				13,840.	10,380.		2,768.	13,148.
306	49 KIOSK LAPTOPS	09/16/14	SL	5.00	1	.6	28,214.				28,214.	21,161.		5,643.	26,804.
307	5 CHARGING CARTS	09/16/14	SL	5.00	1	.6	9,449.				9,449.	7,087.		1,890.	8,977.
325	DONATED TABLETS (FP FAIRFAX)	07/01/14	SL	3.00	1	.6	52,764.				52,764.	52,764.		٥.	52,764.
328	FX - 4 LENOVO THINKPADS	09/30/15	SL	3.00	1	.6	4,843.				4,843.	4,439.		404.	4,843.
329	FX - MICROPHONE	10/20/15	SL	3.00	1	.6	1,170.				1,170.	1,040.		130.	1,170.
333	MICROSOFT LICENSES INSTALLED	07/01/16	SL	3.00	1	.6	98,180.				98,180.	65,454.		32,726.	98,180.
355	30 SAMSUNG GALAXY TABLETS FAIRFAX (MACRO)	10/31/16	SL	5.00	1	.6	6,958.				6,958.	2,320.		1,392.	3,712.
370	30 SAMSUNG GALAXY TABLETS FAIRFAX	02/08/18	SL	5.00	1	.6	9,853.				9,853.	821.		1,971.	2,792.

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(D) - Asset disposed

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
398	60 GALAXY SAMSUNG TABLETS	02/16/19	SL	5.00		16	24,586.				24,586.			1,639.	1,639.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						315,518.				315,518.	230,190.		49,238.	279,428.
	* 990 PAGE 10 TOTAL -						4,695,484.				4,695,484.	1,370,502.		156,090.	1,526,592.
	BUILDINGS														
	BUILDING - FINANCE PARK PG COUNTY	09/30/15	SL	39.50		16	39,365.				39,365.	2,741.		997.	3,738.
	BUILDING - FINANCE PARK PG COUNTY	09/30/15	SL	39.50		16	185,601.				185,601.	12,922.		4,699.	17,621.
310	BUILDING - FINANCE PARK PG COUNTY	09/30/15	SL	39.50		16	2,604,320.				2,604,320.	181,313.		65,932.	247,245.
	BUILDING - FINANCE PARK PG COUNTY	09/30/15	SL	39.50		16	355,519.				355,519.	24,750.		9,000.	33,750.
	BUILDING - FINANCE PARK PG COUNTY	08/31/16	SL	39.50		16	14,582.				14,582.	677.		369.	1,046.
360	BUILDING - FINANCE PARK PG COUNTY	11/03/16	SL	39.50		16	41,355.				41,355.	1,745.		1,047.	2,792.
	* 990 PAGE 10 TOTAL BUILDINGS						3,240,742.				3,240,742.	224,148.		82,044.	306,192.
	FURNITURE & FIXTURES														
	EXTERIOR SIGNAGE (ART DISPLAY CO.)	09/30/15	SL	5.00		16	5,671.				5,671.	3,119.		1,134.	4,253.
	TABLES, CHAIRS, STOOLS, AND SHELVING (INNOVATIVE BUSINES	09/30/15	SL	7.00		16	17,948.				17,948.	7,051.		2,564.	9,615.
350	34 TABLES (INNOVATIVE BUSINESS INTERIORS)	09/30/15	SL	7.00		16	23,380.				23,380.	9,185.		3,340.	12,525.
	GRAPHICS/DECOR (APPLIED IMAGE, INC.)	09/30/15	SL	7.00		16	90,253.				90,253.	35,456.		12,893.	48,349.
	CONFERENCE CHAIRS	04/17/18	SL	7.00		16	2,209.				2,209.	53.		316.	369.
404	SIGN POSTS	08/10/18	200DB	7.00	MQ	19C	4,700.				4,700.			1,175.	1,175.

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(D) - Asset disposed

FORM 990 PAGE 10

ORM J.	90 PAGE 10				_			990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						144,161.				144,161.	54,864.		21,422.	76,286.
	MACHINERY & EQUIPMENT														
311	SERVERS	09/30/15	SL	5.00		16	14,550.				14,550.	8,003.		2,910.	10,913.
312	STAFF PRINTERS - HP 401 B/W	09/30/15	SL	5.00		16	131.				131.	72.		26.	98.
313	NETWORK SWITCHES	09/30/15	SL	5.00		16	2,245.				2,245.	1,235.		449.	1,684.
314	CHARGING CARTS - 4	09/30/15	SL	5.00		16	7,922.				7,922.	4,356.		1,584.	5,940.
315	FIREWALL	09/30/15	SL	5.00		16	2,424.				2,424.	1,334.		485.	1,819.
316	VOLUNTEER CHECKIN THIN CLIENTS - 6	09/30/15	SL	5.00		16	276.				276.	151.		55.	206.
317	SPARES - 2	09/30/15	SL	5.00		16	2,194.				2,194.	1,207.		439.	1,646.
318	KIOSK COMPUTERS - 41	09/30/15	SL	5.00		16	31,809.				31,809.	17,495.		6,362.	23,857.
319	CAREER CENTER COMPUTERS	09/30/15	SL	5.00		16	5,491.				5,491.	3,020.		1,098.	4,118.
320	STAFF COMPUTERS - 6	09/30/15	SL	5.00		16	9,936.				9,936.	5,464.		1,987.	7,451.
321	CHECKOUT - 2	09/30/15	SL	5.00		16	946.				946.	520.		189.	709.
322	LAPTOPS - 3	09/30/15	SL	5.00		16	3,060.				3,060.	1,683.		612.	2,295.
324	XEROX PHASER 6500 DN PRINTER	09/30/15	SL	5.00		16	593.				593.	327.		119.	446.
336	XEROX WORKCENTER 3615 PRINTER	09/30/15	SL	5.00		16	920.				920.	506.		184.	690.
337	135 SAMSUNG GALAXY TABLETS	09/30/15	SL	5.00		16	38,980.				38,980.	21,439.		7,796.	29,235.
338	WORKSTATIONS	09/30/15	SL	5.00		16	14,061.				14,061.	7,733.		2,812.	10,545.

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(D) - Asset disposed

FORM 990 PAGE 10

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	JU PAGE 10		_					330		_					
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
339	2 PURCHASE CARD ENCODERS	09/30/15	SL	5.00		16	843.				843.	464.		169.	633.
340	2 LENOVO THINKCENTER DESKTOPS FOR CHECK OUT	09/30/15	SL	5.00		16	613.				613.	338.		123.	461.
341	TECHNOLOGY INFRASTRUCTURE	09/30/15	SL	5.00		16	10,667.				10,667.	5,866.		2,133.	7,999.
342	EXECUTIVE MOBILE LECTERN 25 WIDESCREEN TOUCH	09/30/15	SL	7.00		16	700.				700.	275.		100.	375.
343	COMPUTERS WITH WALL MOUNTS	09/30/15	SL	5.00		16	63,307.				63,307.	34,818.		12,661.	47,479.
344	AV SYSTEM	09/30/15	SL	5.00		16	44,469.				44,469.	24,458.		8,894.	33,352.
345	PAGING SYSTEM (CTSI)	09/30/15	SL	5.00		16	18,018.				18,018.	9,911.		3,604.	13,515.
346	SECURITY CAMERAS AND SERVER	09/30/15	SL	5.00		16	46,408.				46,408.	25,525.		9,282.	34,807.
347	MICROSOFT LICENSES INSTALLED	09/30/15	SL	5.00		16	98,181.				98,181.	53,999.		19,636.	73,635.
397	60 GALAXY SAMSUNG TABLETS	08/22/18	SL	5.00		16	22,594.				22,594.			3,766.	3,766.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						441,338.				441,338.	230,199.		87,475.	317,674.
	* 990 PAGE 10 TOTAL -						3,826,241.				3,826,241.	509,211.		190,941.	700,152.
	BUILDINGS														
369	BUILDING - FINANCE PARK MOCO * 990 PAGE 10 TOTAL	10/01/18	SL	35.00		16	2,008,002.				2,008,002.			43,029.	43,029.
	BUILDINGS						2,008,002.				2,008,002.	0.		43,029.	43,029.
	FURNITURE & FIXTURES														
371	FURNITURE (IBI)	09/30/18	SL	7.00		16	72,229.				72,229.			7,739.	7,739.
399	FURNITURE (IBI)	10/31/18	SL	7.00		16	21,935.				21,935.			2,089.	2,089.

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(D) - Asset disposed

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
400	FURNITURE (IBI)	10/31/18	SL	7.00		16	7,910.				7,910.			753.	753.
401	FURNITURE (IBI)	11/30/18	SL	7.00		16	3,748.				3,748.			312.	312.
402	FURNITURE (IBI)	11/30/18	SL	7.00		16	6,311.				6,311.			526.	526.
403	FURNITURE (IBI)	01/31/19	200DB	7.00	MQ	19C	8,434.				8,434.			903.	903.
405	CONFERENCE ROOM TABLES AND CHAIRS	04/17/19	200DB	7.00	MQ	19C	6,056.				6,056.			216.	216.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						126,623.				126,623.	0.		12,538.	12,538.
	MACHINERY & EQUIPMENT														
375	BACKUP SERVER - MOCO	10/01/18	SL	5.00		16	4,598.				4,598.			690.	690.
376	8 LAPTOPS - MOCO	10/01/18	SL	5.00		16	8,357.				8,357.			1,254.	1,254.
377	BACKUP SIMULATION SERVER - MOCO	10/01/18	SL	5.00		16	5,754.				5,754.			863.	863.
378	NETWORK SWITCHES - MOCO	10/01/18	SL	5.00		16	1,049.				1,049.			157.	157.
379	SIMULATION SERVER - MOCO	10/01/18	SL	5.00		16	3,562.				3,562.			534.	534.
380	LENOVO VMWARE - MOCO	10/01/18	SL	5.00		16	1,483.				1,483.			222.	222.
381	CAREER CENTER SERVER - MOCO	10/01/18	SL	5.00		16	5,193.				5,193.			779.	779.
382	BACKUP SIMULATION SERVER PROCESSOR - MOCO	10/01/18	SL	5.00		16	1,728.				1,728.			259.	259.
383	NETWORK SWITCH - MOCO	10/01/18	SL	5.00		16	653.				653.			98.	98.
384	SIMULATION SERVER PROCESSOR & HARD DRIVE - MOCO	10/01/18	SL	5.00		16	5,794.				5,794.			869.	869.
385	WIFI SWITCH - MOCO	10/01/18	SL	5.00		16	954.				954.			143.	143.

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(D) - Asset disposed

FORM 990 PAGE 10

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	90 PAGE 10		_					990		-					
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
386	LENOVO PART & INSTALL - MOCO	10/01/18	SL	5.00		16	1,880.				1,880.			282.	282.
387	LENOVO PART & INSTALL - MOCO	10/01/18	SL	5.00		16	2,066.				2,066.			310.	310.
388	LENOVO PART & INSTALL - MOCO	10/01/18	SL	5.00		16	2,066.				2,066.			310.	310.
389	LASER PRINTER - MOCO	10/01/18	SL	5.00		16	821.				821.			123.	123.
390	180 TABLETS - MOCO	10/01/18	SL	5.00		16	55,157.				55,157.			8,274.	8,274.
391	28 DESKTOP COMPUTERS - MOCO	10/01/18	SL	5.00		16	15,405.				15,405.			2,311.	2,311.
394	VIDEO INTERCOM SYSTEM	05/10/19	SL	5.00		16	5,457.				5,457.			182.	182.
395	COMPUTER SERVERS AND TABLET INSTALLATION	09/30/18	SL	5.00		16	14,972.				14,972.			2,246.	2,246.
396	CHARGING CARTS	01/31/19	SL	5.00		16	10,745.				10,745.			895.	895.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						147,694.				147,694.	0.		20,801.	20,801.
	* 990 PAGE 10 TOTAL -						2,282,319.				2,282,319.	٥.		76,368.	76,368.
	* GRAND TOTAL 990 PAGE 10 DEPR						10990930.				10990930.	1,939,998.		446,202.	2,386,200.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						8,634,221.			0.	8,634,221.	1,939,998.			2,302,332.
	ACQUISITIONS						2,356,709.			0.	2,356,709.	0.			83,868.
	DISPOSITIONS						8,530.			0.	8,530.	7,634.			7,964.
	ENDING BALANCE						10982400.			0.	10982400.	1,932,364.			2,378,236.

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(D) - Asset disposed

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o c >	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR LESS DISPOSITIONS											2,378,236.			
	ENDING BOOK VALUE											3,604,164.			

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(D) - Asset disposed

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2019

Prepared for	Junior Achievement of Greater Washington 919 18th Street, NW No. 901 Washington, DC 20006
Prepared by	Jones & Mcintyre, PLLC 6225 Brandon Avenue, Suite 307 Springfield, VA 22150
Amount due or refund	No amount is due. The organization will receive a refund in the amount of \$850
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	As soon as possible.
Special Instructions	The return should be signed and dated.

-orm 990-T	Exempt Organiz	zation BUSI proxy tax under	nes	SS INCOM		eturn	•		o. 1545-0687
	For calendar year 2018 or other tax year be					. 201	9	- 2()18
		gov/Form990T for instr				,	<u>-</u> ·		
Department of the Treasury nternal Revenue Service	Do not enter SSN numbers or					a 501(c)(3).		Open to Pu 501(c)(3) Or	blic Inspecti ganizations
Check box if address changed	Name of organization (Check box if name cha	nged a	and see instruction	ıs.)		(Emp	loyer identific oloyees' trust uctions.)	cation numb t, see
B Exempt under section	Print JUNIOR ACHIEV	EMENT OF G	REZ	ATER WASH	IINGTON		5	54-078	88947
X 501(c)(3)	or Number, street, and room or s	suite no. If a P.O. box, s	see ins	structions.			E Unre (See	lated busine instructions.	ss activity c
408(e) 220(e)	Type 919 18TH STRE	ET, NW, NO	••• •	901			,		,
408A 530(a) 529(a)	City or town, state or province WASHINGTON , D	C 20006	-				900	099	
Book value of all assets at end of year	F Group exemption number (G Check organization type ►	See instructions.)	•						
16,449,5	40 . G Check organization type 🕨	• X 501(c) corpor	ration	501(c) t	rust	401(a)	trust		Other tru
I Enter the number of the c	organization's unrelated trades or busir	nesses. 🕨 📃 1		Des	scribe the only	. ,			
	SEE STATEMENT 1				/ one, complete			-	,
	ank space at the end of the previous se	entence, complete Parts	s I and	l II, complete a Sc	nedule M for ea	ich addition	al trad	e or	
business, then complete I									,
	the corporation a subsidiary in an affilia		subsid	diary controlled gro	oup?	Þ L	Y	es X	No
	nd identifying number of the parent co			т		han b 2	0.2	206	1200
	AMY MARCENARO Trade or Business Incom			(A) Income	elephone num	ber ▶ ⊿ 3) Expenses			L ⊿ U U (C) Net
					(1) Expenses	,	(()	O) NEL
1a Gross receipts or sale			1.						
b Less returns and allow			1c 2						
	chedule A, line 7)		2 3						
3 Gross profit. Subtract		· · · · · · · · · · · · · · · · · · ·	3 4a					-	
	e (attach Schedule D)		4a 4b						
	4797, Part II, line 17) (attach Form 479	/							
	for trusts		4c						
	partnership or an S corporation (attach	· · ·	5					<u> </u>	
6 Rent income (Schedul	,		6 7						
	ed income (Schedule E)		8						
	alties, and rents from a controlled orga a section 501(c)(7), (9), or (17) organ		9						
	vity income (Schedule I)	· · · ·	9 10						
	chedule J)		11						
	tructions; attach schedule)		12						
	3 through 12				0.				
Part II Deductio	ns Not Taken Elsewhere (See instructions for I	limitat	tions on deducti					
	contributions, deductions must be					e.)			
4 Compensation of offi	cers, directors, and trustees (Schedule	eK)					14		
							15		
	ance						16		
							17		
18 Interest (attach sche	dule) (see instructions)						18		
							19		
20 Charitable contributio	ons (See instructions for limitation rule	s)					20		
	Form 4562)								
	imed on Schedule A and elsewhere on						22b		
23 Depletion							23		
	rred compensation plans						24		
	grams						25		
	nses (Schedule I)						26		
	osts (Schedule J)						27		
27 Excess readership co	ach schedule)						28		
27 Excess readership co							29		
27 Excess readership co28 Other deductions (at)	Id lines 14 through 28						20		
 27 Excess readership cc 28 Other deductions (att 29 Total deductions. Ac 	Id lines 14 through 28 axable income before net operating los			from line 13			30		
 Excess readership cc Other deductions (att Total deductions. Ac Unrelated business ta 	Id lines 14 through 28	s deduction. Subtract li	ine 29		s)		30 31		
 Excess readership cc Other deductions (att Total deductions. Ac Unrelated business ta Deduction for net operations. 	Id lines 14 through 28 axable income before net operating los	s deduction. Subtract li ing on or after January	ine 29 1, 20 ⁻	18 (see instruction					990-T (2

Total Unrelated Business Tax otal of unrelated business taxable income comp mounts paid for disallowed fringes eduction for net operating loss arising in tax yea otal of unrelated business taxable income before nes 33 and 34 pecific deduction (Generally \$1,000, but see line nrelated business taxable income. Subtract line nter the smaller of zero or line 36 Tax Computation rganizations Taxable as Corporations. Multiply rusts Taxable at Trust Rates. See instructions f Tax rate schedule or Schedule D (F	uted from all unrelated trac ars beginning before Janua e specific deduction. Subtra e 37 instructions for except ne 37 from line 36. If line 3	ary 1, 2018 (see ins act line 35 from th tions) 7 is greater than lin	structions) e sum of	· · · · · · · · · · · · · · · · · · ·	34 35 36	(
mounts paid for disallowed fringes	ars beginning before Janua e specific deduction. Subtra e 37 instructions for except ne 37 from line 36. If line 3	ary 1, 2018 (see ins act line 35 from th tions) 7 is greater than lin	structions) e sum of	· · · · · · · · · · · · · · · · · · ·	34 35 36	
eduction for net operating loss arising in tax yea otal of unrelated business taxable income before nes 33 and 34 pecific deduction (Generally \$1,000, but see line nrelated business taxable income . Subtract lin neter the smaller of zero or line 36 Tax Computation rganizations Taxable as Corporations. Multiply rusts Taxable at Trust Rates. See instructions f	ars beginning before Janua e specific deduction. Subtra e 37 instructions for except ne 37 from line 36. If line 3	ary 1, 2018 (see ins ract line 35 from the tions) 7 is greater than lin	structions) e sum of		<u>35</u> <u>36</u>	
otal of unrelated business taxable income before nes 33 and 34 pecific deduction (Generally \$1,000, but see line nrelated business taxable income . Subtract lin nter the smaller of zero or line 36 Tax Computation rganizations Taxable as Corporations. Multiply rusts Taxable at Trust Rates. See instructions f	e specific deduction. Subtra 37 instructions for except ne 37 from line 36. If line 3	act line 35 from th tions) 7 is greater than lir	e sum of		36	
nes 33 and 34 pecific deduction (Generally \$1,000, but see line nrelated business taxable income . Subtract lin nter the smaller of zero or line 36 Tax Computation rganizations Taxable as Corporations. Multiply rusts Taxable at Trust Rates. See instructions f	e 37 instructions for except ne 37 from line 36. If line 3	tions) 7 is greater than lir				
pecific deduction (Generally \$1,000, but see line nrelated business taxable income. Subtract line nter the smaller of zero or line 36 Tax Computation rganizations Taxable as Corporations. Multiply rusts Taxable at Trust Rates. See instructions f	9 37 instructions for except ne 37 from line 36. If line 3	tions) 7 is greater than lir				
nrelated business taxable income. Subtract lir nter the smaller of zero or line 36 Tax Computation rganizations Taxable as Corporations. Multiply rusts Taxable at Trust Rates. See instructions f	ne 37 from line 36. If line 3	7 is greater than lir			07	
nter the smaller of zero or line 36 Tax Computation rganizations Taxable as Corporations. Multiply rusts Taxable at Trust Rates. See instructions f		•	1e 36		31	1,000
Tax Computation rganizations Taxable as Corporations. Multiply rusts Taxable at Trust Rates. See instructions f						
rganizations Taxable as Corporations. Multiply rusts Taxable at Trust Rates. See instructions f	/ line 38 by 21% (0 21)				38	(
rusts Taxable at Trust Rates. See instructions f	/ line 38 by 21% (0 21)					,
					▶ 39	(
Tax rate schedule or Schedule D /F						
roxy tax. See instructions						
ternative minimum tax (trusts only)					42	
ax on Noncompliant Facility Income. See instru	uctions				43	
Stal. Add lines 41, 42, and 43 to line 39 or 40, w	/hichever applies				44	
-						
eneral business credit. Attach Form 3800						
stal credits. Add lines 45a through 45d					45e	
Jbtract line 45e from line 44					46	
		().			49	
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ix deposited with Form 8868			. 500	<u> </u>		
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Stal payments. Add lines 50a through 50g					51	0.0
						850
				Define de d		850
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		it the grantor of, of	transiero	to, a foreight trust?		
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			nd statemen	ts, and to the best of m	v knowledge and bel	lief it is true
correct, and complete. Declaration of preparer (other th	nan taxpayer) is based on all inf	formation of which pre	parer has ar	iv knowledge.	, monougo ana pon	
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Signature of officer	Date	Title	<u></u>			
	Broparor's signaturo		Data	Chock	_	
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- 19		52			Foi	rm 990-T (20
	ax on Noncompliant Facility Income. See instructional. Add lines 41, 42, and 43 to line 39 or 40, w Tax and Payments oreign tax credit (corporations attach Form 1118 ther credits (see instructions) eneral business credit. Attach Form 3800 redit for prior year minimum tax (attach Form 88 otal credits. Add lines 45a through 45d ubtract line 45e from line 44 ther taxes. Check if from: □ Form 4255 □ otal tax. Add lines 46 and 47 (see instructions) 018 net 965 tax liability paid from Form 965-A o ayments: A 2017 overpayment credited to 2018 018 estimated tax payments ax deposited with Form 8868 oreign organizations: Tax paid or withheld at sou ackup withholding (see instructions) redit for small employer health insurance premit ther credits, adjustments, and payments: □ Form 4136 otal payments. Add lines 50a through 50g stimated tax penalty (see instructions). Check if fax due. If line 51 is less than the total of lines 48 tverpayment. If line 51 is larger than the total of nter the amount of line 54 you want: Credited to Statements Regarding Certain t any time during the 2018 calendar year, did the ver a financial account (bank, securities, or othe inCEN Form 114, Report of Foreign Bank and Fir ere Signature of officer Print/Type preparer's name Under penalties of perjury. I declare that I have examin correct, and complete. Declaration of preparer (other th Signature of officer Print/Type preparer's name Signature of officer Print/Type preparer's na	ax on Noncompliant Facility Income. See instructions otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments oreign tax credit (corporations attach Form 1118; trusts attach Form 1116; ther credits (see instructions) eneral business credit. Attach Form 3800 redit for prior year minimum tax (attach Form 8801 or 8827) otal credits. Add lines 45a through 45d ubtract line 45e from line 44 ther taxes. Check if from: Form 4255 Form 8611 otal aredits. Add lines 46 and 47 (see instructions) O18 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, cold ayments: ax deposited with Form 8868 oreign organizations: Tax paid or withheld at source (see instructions) ackup withholding (see instructions) redit for small employer health insurance premiums (attach Form 8941) ther credits, adjustments, and payments: ax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount werpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount werpayment. If line 54 you want: Credited to 2019 estimated tax Statements Regarding Certain Activities and C thar the amount of line 54 you want: Credited to accued during the tax Ves., "see instructions for other forms the organization may have to file.	ax on Noncompliant Facility Income. See instructions otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ther credits (see instructions) eneral business credit. Attach Form 3800 redit for prior year minimum tax (attach Form 8801 or 8827) otal credits. Add lines 45a through 45d ubtract line 45e from line 44 ther taxes. Check if from: form 4255 form 8611 otal credits. Add lines 46 and 47 (see instructions) otal tax. Add lines 46 and 47 (see instructions) otal tax. Add lines 46 and 47 (see instructions) otal setsimated tax payments aydeposited with Form 8868 oreign organizations: Tax paid or withheld at source (see instructions) ackup withholding (see instructions) redit for small employer health insurance premiums (attach Form 8941) ther credits, adjustments, and payments: form 4136 otal payments. Add lines 50a through 50g stimated tax payments fortal payments. Regarding Certain Activities and Other Informa tax due. If line 51 is lass than the total of lines 48, 49, and 52, enter amount overpaid ner the amount	ax on Noncompliant Facility Income. See instructions tal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments oreign tax credit (corporations attach Form 1116; trusts attach Form 1116) 45a ther credits (see instructions) 45b ereid tor prior year minimum tax (attach Form 8801 or 8827) 45c otal credits. Add lines 45a through 45d 45d ubtract line 45e from line 44 form 8255 ther exes. Check if from: Form 4255 otal areadits. Add lines 46 and 47 (see instructions) 501 otal areadits. Add lines 46 and 47 (see instructions) 501 otal areadits. Add lines 46 and 47 (see instructions) 502 otal areadits. Add lines 46 and 47 (see instructions) 500 otal areadits. Add lines 46 and 47 (see instructions) 500 otal areadits. Add lines 48 and 47 (see instructions) 502 oreign organizations: Tax paid or withheld at source (see instructions) 500 ackup withholding (see instructions) 500 oreign organizations: Tax paid or withheld at source (see instructions) 502 oreign apanytes. Add lines 50a through 50g structure, the amount overpaid stimated tax penalty (see instructions). Check if Form 2220 is attached ▶	ax on Noncompilant Facility income. See instructions tal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 456 450 450 450 450 450 450 450 450 450 450	ax on Noncompliant Facility Income. See instructions 43 detI. Add lines 41.42, and 43 to line 39 or 40, whichever applies 44 detI. Add lines 41.42, and 43 to line 39 or 40, whichever applies 44 oreign tax credit (corporations attach Form 1116; trusts attach Form 1116) 45a her credits (see instructions) 45b otal credit. Add lines 43.5 45c ubsitess credit. Attach Form 8801 or 8827) 45c ubsitess credit. Attach Form 8801 or 8827) 45c ubsitess. Check if from: Form 4255 otal rex.ddl ines 45a attrough 45d 46 ubsitess. Check if from: Form 4255 or attax.dd lines 45a attrough 45d 46 ubsites. Add lines 45a attrough 45d 46 ubsites 45a d1 (see instructions) 50a or attax.dd lines 45a d1 (see instructions) 50a or attax.dd lines 45a d1 (see instructions) 50d or attax.dd lines 45a d1 (see instructions) 50d

Average adjusted basis of or allocable to debt-financed property (attach schedule)

54-0788947

Form 990-T (2018) JUNIOR AC	HIEVEME	NT OF GRE	ATER WASHINGI	ON	54-0788	947	Page 3
Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory valuation 🕨 N/A	1			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases			7 Cost of goods sold. S				
3 Cost of labor			from line 5. Enter here	and in P	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	n 263A (v	vith respect to	Ye	s No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b							
Schedule C - Rent Income	(From Real	Property and	Personal Property	Lease	ed With Real Prop	erty)	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ved or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	nd personal property (if the percent ersonal property exceeds 50% or it t is based on profit or income)	tage f	3(a) Deductions directly co columns 2(a) and	onnected with the incom 2(b) (attach schedule)	e in
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	ot-Financed	d Income (see i	instructions)				
			2. Gross income from		3. Deductions directly conne to debt-financed		
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deducti (attach schedul	ons e)
(1)							
(2)							
(3)							
(4)							

6. Column 4 divided

by column 5

%

%

%

%

Form 990-T (2018)

0.

Ο.

8. Allocable deductions (column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B).

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(1)

(2)

(3)

(4)

Totals

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

Total dividends-received deductions included in column 8

7. Gross income reportable (column 2 x column 6)

Enter here and on page 1,

Part I, line 7, column (A).

0

►

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Form 990-T (2018) JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

Schedule F - Interest	, Annuitie	es, Royalties, a	nd Rents From Co	ontrol	led Organia	zations (see ins	structions)
			Exempt Controlled O	rganizat	tions		
1. Name of controlled organi	zation	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. To pay	otal of specified yments made	5. Part of column 4 included in the control organization's gross i	rolling connected with income
(1)							
(2)							
(3)							
(4)							
Nonexempt Controlled Orga	nizations						
7. Taxable Income		nrelated income (loss) ee instructions)	9 . Total of specified pays made	ments	in the control	mn 9 that is included ling organization's s income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
					Enter here and	mns 5 and 10. d on page 1, Part I, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				►		Ο.	0.
Schedule G - Investm	nent Inco	me of a Sectio	n 501(c)(7), (9), or	(17) O	rganizatio	้า	

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Page 4

(see instructions)

1. Description of income	2. Amount of income	 Deductions directly connected (attach schedule) 	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

(000						
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ►	0.	0.				0.
Schedule J - Advertisi	ng Income (see i	nstructions)				

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

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Form 990-T (2018)

12590715 137244 JUNI01

Form 990-T (2018) JUNIOR ACHIEVEMENT OF GREATER WASHINGTON

54 - 0788947

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Read	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I 📃 🕨 🕨	0.	0	•		•	0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ►	0.	0				0.
Schedule K - Compensatio	n of Officers,	Directors, ar	d Trustees (see ir	nstructions)		
1. Name			2. Title	3. Perce time devo busine	ted to	pensation attributable arelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, li	ine 14	I		1		0.

Form 990-T (2018)

Page 5

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

Form 4562
Department of the Treasury Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

20

OMB No. 1545-0172

8

	IOR ACHIEVEMENT OF							54-0788947
Par		ty Under Section 1	79 Note: If yo	ou have any lis	sted property	complete Par		
								1,000,000.
	otal cost of section 179 property place							
	nreshold cost of section 179 property							2,500,000
	eduction in limitation. Subtract line 3 f							
5 Do	Ilar limitation for tax year. Subtract line 4 from line		-0 If married fi					
6	(a) Description of pro	perty		(b) Cost (busine	ess use only)	(c) Elected	cost	
	sted property. Enter the amount from							
	otal elected cost of section 179 prope							
	entative deduction. Enter the smaller of							
	arryover of disallowed deduction from							
	usiness income limitation. Enter the sn				, .			
	ection 179 expense deduction. Add lir						12	
	arryover of disallowed deduction to 20				🕨 13			
	Don't use Part II or Part III below for I	,	-					
Par	•peeia 2 •pi •eeia iiei • iiiei • iii		-	-				
14 S	pecial depreciation allowance for quali	fied property (oth	her than liste	ed property) pla	aced in servio	e during		
	e tax year							
15 Pi	roperty subject to section 168(f)(1) ele	15						
							16	443,751.
Par	t III MACRS Depreciation (Don't i	include listed pro						
			-	ection A				
17 M	ACRS deductions for assets placed ir	n service in tax ye	ears beginnir	ng before 2018	3	·····	17	
18 If y	you are electing to group any assets placed in servi			-				
	Section B - Assets				Jsing the Ge	neral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use e instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property			23,595.	7 YRS	. MQ	200DB	2,451.
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
h	Decidential contal property	/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	laced in Service	During 201	8 Tax Year Us	sing the Alte	rnative Depre	ciation Sys	tem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
с	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)	-				•		
21 Li	sted property. Enter amount from line	28					21	
	otal. Add amounts from line 12, lines 1							
Er	nter here and on the appropriate lines	of your return. Pa	artnerships a	and S corporat			22	446,202
	or assets shown above and placed in source of the basis attributable to section of the basis attributable to section	-	e current yea	ar, enter the	23			

Fo	rm 4562 (2018)	JUN	IOR ACH	IIEVE	MENT	OF	GREA	TER	WASH	INGT	ON	54-	0788	947	Page 2
Ρ	art V Listed Proper	ty (Include a	utomobiles, c	ertain oth	her vehic	les, cer	tain aircı	raft, and	d propert	y used fo	or				
	entertainment, Note: For any				standar	d milear	ne rate c	nr dedu	tina leas	e exnen	se com	inlete on	lv 24a		
	24b, columns ((a) through (c	c) of Section A	A, all of S	ection B	, and Se	ection C	if applic	cable.	ссхрен	30, 00m		iy 24a,		
	Section A -	Depreciatio	on and Other	Informa	ntion (Ca	ution: S	See the i	nstructi	ons for li	mits for p	basseng	ger autor	nobiles.)		
24	a Do you have evidence to s	support the bu	siness/investm	ent use cl	aimed?	Y	es 🗌	No	24b If "Y	es," is th	e evide	nce writt	ten?	Yes	No
	(a)	(b)	(c)	,	(d)	_	(e)		(f)	(9	g)	(h)		(i)
	(a) Type of property (list vobialog first)	Date placed in	Business/ investmen	+	Cost or		is for depresiness/inve		Recovery		hod/		ciation		cted on 179
	(list vehicles first)	service	use percenta		ther basis		use only	()	period	Conv	ention	deat	uction		ost
25	Special depreciation allo	owance for q	ualified listed	property	y placed	in servio	ce during	g the ta	x year an	d					
	used more than 50% in	a qualified b	usiness use .					-			25				
26	Property used more that														
			i	%											
				%											
				%											
27	Property used 50% or le	<u> </u>													
21			1	%						S/L -					
		: :		%						S/L ·					
				%						S/L ·	1				
	Add amounts in column														
29	Add amounts in column	i (i), line 26. E	Enter here and	on line	7, page ⁻	l		<u></u>	<u></u>				29		
			:	Section I	B - Infor	mation	on Use	of Vehi	cles						
Со	mplete this section for ve	hicles used	by a sole pro	orietor, p	artner, o	r other '	'more th	an 5%	owner," o	or related	l persor	n. If you	provideo	l vehicle	S
to	your employees, first ans	wer the ques	stions in Sect	ion C to s	see if you	u meet a	an excep	otion to	completi	ng this s	ection f	or those	vehicles	S.	
								-							
				(a)	(b)		(c)	(c	i)	(e)	(f)
30	Total business/investment	miles driven d	uring the	Veł	hicle	Veł	nicle	Ve	hicle	Veh	icle	Veh	nicle	Veh	nicle
	year (don't include commu	ting miles)													
31	Total commuting miles of														
	Total other personal (no														
-	driven	-													
33	Total miles driven during														
00															
~	Add lines 30 through 32			Vee	Na	Vee	Na	- Vee	Na	Vee	Na	Vee	Na	Vee	Na
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate						ļ								
36	Is another vehicle availa	ble for perso	onal												
	use?														
		Section C	- Questions	for Emp	loyers W	ho Pro	vide Veł	nicles f	or Use b	y Their E	mploye	ees			
An	swer these questions to o	determine if	you meet an e	exceptior	n to com	pleting \$	Section	B for ve	hicles us	ed by en	nployee	s who a	ren't		
mo	re than 5% owners or rel	ated person	s.												
37	Do you maintain a writte	en policy stat	tement that p	rohibits a	all persor	nal use d	of vehicle	es, inclu	uding cor	nmuting,	by you	r		Yes	No
			· · · · · · · · · · · · · · · · · · ·												
38	Do you maintain a writte														
	employees? See the ins			-											
39	Do you treat all use of v														
	Do you provide more that													·	
40															
	the use of the vehicles,														
41	Do you meet the require													·	
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Y	es," don'	t comple	te Sect	ion B foi	the co	vered vel	nicles.					
Ρ	art VI Amortization				1				(1)					(0)	
	(a) Description of	faceto	Det	(b) e amortization		(c) Amortizat			(d) Code		(e) Amortiza		Ar	(f) nortization	
		1 60515				AITIOLIZAL	ne							r this year	
				begins		amount	JIE .		section	1	period or per	centage	fc	,	
42	Amortization of costs th			begins		amount			section	1		centage	fc	,	
42				begins		amount			section			rcentage	fc		
42				begins		amount			section			centage	fc		
		at begins du	Iring your 201	begins 8 tax yea :: :	ar:	amount			section		period or per	tentage	fc		
43	Amortization of costs th	at begins du	fore your 201	begins 8 tax yea : : : : 8 tax yea	ar: 	amount			section		period or per		fc		

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59 2018.06000 JUNIOR ACHIEVEMENT OF GREAT JUNI01_1

Form **4562** (2018)

(Rev. January 2019)

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

Entor filor's identifying number

Department of the Treasury Internal Revenue Service

►	File a	a senarate	application	for each	return.

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

				Entering	er siluent	nying number		
Type or	Name of exempt organization or other filer, see instru	ructions.			Employer identification number (EIN) or			
print								
File by the	JUNIOR ACHIEVEMENT OF GREA					788947		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 919 18TH STREET, NW, NO. 9		tions.	Social se	curity nur	nber (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20006	oreign ado	Iress, see instructions.					
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)					
Applicati	on	Return	Application	Return				
Is For		Code	Is For	Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	-BL	02	Form 1041-A	08				
Form 472	0 (individual)	03	Form 4720 (other than individual)	09				
Form 990	ŀPF	04	Form 5227	10				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
	AMY MARCENARO	HECKM	AN					
• The bo	ooks are in the care of 🕨 919 18TH STREE	Γ, NW	, SUITE 901 - WASH	INGTO	N, DC	20006		
Teleph	none No. 🕨 202 296–1200		Fax No. ► 202 296-38	37				
• If the c	organization does not have an office or place of busines	s in the Ur	nited States, check this box			>		
	is for a Group Return, enter the organization's four digit					le group, check this		
box 🕨 [7	ich a list with the names and EINs of					
1 Ire	quest an automatic 6-month extension of time until	MA	Y 15, 2020 , to file	the exen	npt organi	zation return for		
the	organization named above. The extension is for the org	anization's	zation's return for:					
▶[calendar year or							
▶[X tax year beginning JUL 1, 2018	, an	d ending JUN 30, 2019					
ŗ	,	/	0					
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n			
	Change in accounting period							
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069.	enter the tentative tax. less					
	nonrefundable credits. See instructions.	, ,		3a	\$	850.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	v refundable credits and		- -			
	imated tax payments made. Include any prior year over			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pa	-						
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	850.		
	If you are going to make an electronic funds withdrawal				nd Form 8			
instructio		、	,					
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Forr	n 8868 (Rev. 1-2019)		