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		EXTEN	DED	то м	IAY :	17, ⁻	2021		
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form **9**

(Rev. January 2020)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Inter	nai Rever	Be to www.irs.gov/Form990 for instructions and the la			Inspection
Α	For the	2019 calendar year, or tax year beginning JUL 1, 2019 and endin	g JUN 30, 2020		
B	Check if applicable	c Name of organization	D Employer ic	lentific	ation number
	Addres	JUNIOR ACHIEVEMENT OF NEW YORK, INC.			
	Name	Doing business as	13-303	1828	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Room/ 420 LEXINGTON AVENUE 205	suite E Telephone n		50
L	termin ated		G Gross receipts \$		3,983,207.
	Ameno		H(a) Is this a gr		
	Applic		for subord	-	
	pendir	¹⁹ SAME AS C ABOVE	H(b) Are all subord		
	Tox ox	empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) 4947(a)(1) or			ist. (see instructions)
<u>+</u>	Nahai	empt status. ▲ 501(c)(3) = 501(c) () ◄ (insert no.) = 4947(a)(1) 01 = te: ► WWW.JANY.ORG	- · · · · · · · · · · · · · · · · · · ·		· · · ·
			Year of formation: 192		number 1116
	art I	Summary	rear of formation. 192		State of legal domicile: NY
	-		AND DREDARE VOIN	G	
é	1	Briefly describe the organization's mission or most significant activities: <u>TO INSPIRE</u> PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.	AND I KEI AKE 100N	9	
Activities & Governance					
ern	2	Check this box if the organization discontinued its operations or disposed of			
Š	3				43
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			43
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			51
ivit	6	Total number of volunteers (estimate if necessary)		6	0
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
			Prior Year		Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	4,176,		3,503,238.
Revenue	9	Program service revenue (Part VIII, line 2g)		٥.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	· · · · · · · · · · · · · · · · · · ·	896.	16,229.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			180,490.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			3,699,957.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,	300.	27,300.
	14	Benefits paid 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)	2,515,	992.	2,686,465.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,399,	154.	1,278,732.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,942,	446.	3,992,497.
	19	Revenue less expenses. Subtract line 18 from line 12	447,	743.	-292,540.
Net Assets or	9		Beginning of Current	Year	End of Year
sets	20	Total assets (Part X, line 16)	3,740,	546.	3,700,518.
Ase	21	Total liabilities (Part X, line 26)	611,	794.	864,306.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	3,128,	752.	2,836,212.
P	art II	Signature Block			
Und	ler pena	- Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the bes	t of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			
		CIAG-Pr-		6/202	1
Sig	n	Signature of officer	Date		
Hei		JOSEPH A. PERI PRESIDENT & CEO			

nere	Type or print name and title		
Paid	Print/Type preparer's name CHRISTINE KAWECKI	Preparer's signature Uit Kawceki 2/22,	/2021 Check PTIN if self-employed P00743140
Preparer	Firm's name 🕞 DELOITTE TAX LLP		Firm's EIN 🕨 86-1065772
Use Only	Firm's address 👞 TWO JERICHO PLAZA		
	JERICHO, NY 11753		Phone no.516-918-7000
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No
-			000

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	** PUBLIC DISCLOSURE COPY **		
Form	990 (2019) JUNIOR ACHIEVEMENT OF NEW YORK, INC.	13-3031828	Page <b>2</b>
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: SEE SCHEDULE 0.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		res 🗴 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		res 🗓 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	_	s, and
4a	(Code:       ) (Expenses \$ 3,025,861. including grants of \$ 27,300.)       (Revenue 27,300.)         JUNIOR ACHIEVEMENT OF NEW YORK'S EXPERIENTIAL AND INTERACTIVE PROGRAMS	\$	73,744.)
	FOCUS ON THREE KEY CONTENT AREAS: WORK-READINESS, FINANCIAL LITERACY		
	AND ENTREPRENEURSHIP. THESE PROGRAMS ARE DELIVERED BY A NETWORK OF		
	BUSINESS AND COMMUNITY VOLUNTEERS. DURING FISCAL YEAR 19-20, MORE THAN		
	4,700 VOLUNTEERS DELIVERED OUR PROGRAMS TO MORE THAN 53,000 K-12		
	STUDENTS IN NEW YORK CITY, LONG ISLAND, AND THE LOWER HUDSON VALLEY.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
			,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 3,025,861.		000

Form	990 (2019) JUNIOR ACHIEVEMENT OF NEW YORK, INC. 13-303182	8	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х
			~~~	

	990 (2019) JUNIOR ACHIEVEMENT OF NEW YORK, INC. 13-3031	328	Р	age 4
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	х	
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	
0 4 -	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
25.2		0.5		x
		554		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
~~	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	.4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(aambling) winnings to prize winners?	10	x	

Part V Statements Regarizing Other IRS Flings and Tax Compliance (continued) Yes No 2a Inter the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, 2 2		990 (2019) JUNIOR ACHIEVEMENT OF NEW YORK, INC. 13-303182	8	Р	age 5
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 51 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b If a least one is reported on line 2a, did the organization have an interest in, or a signature or other autothory over, a financial account in a trenge nourly isoch as a bank account, accurties account, or other financial account? 3a X b If 'Y's, 'instancian have emication have an interest in, or a signature or other autothory over, a financial account is profibiot tax shelter transaction and any inter during the tax year? 3a X B I'Y's, 'instancianto a party to profibitot tax shelter transaction and any inter during the tax year? 3a X B I'Y's, 'indication a party to comparization have in the many time during the tax year? 3a X B I'Y's, 'indication an express statement than Statements, inclusing tax year? 3b X B I'Y's, 'indication an express statement that such contributions or gifts were not tax deductible? 3b X B I'Y's, 'i'd d the organization have envine good seas vises p	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interface Image: Instruction of the sector within the year covered by this return Image: Ima				Yes	No
b If at least one is reported on line 2a, did the organization file all required leaders employment tax returns? 2b X Note: If the sum of line 3 and 2a is greater than 250, you may be required to e- <i>nb</i> (soo instructions) 3a X b If "Yes," has it filed a form 390 T for the year? 1b X X b If "Yes," has it filed a form 390 T for the year? X X X b If "Yes," has it filed a form 390 T for the year? X X X b If "Yes," has it filed a form 390 T for the year? X X X b If "Yes," has it filed a form 390 T for the year? X X X Se instructions for timg requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP), Sa X b If "Yes," to be 5ar 5b, did the organization the filer massher? Sa X b If "Yes," to be 5ar 5b, did the organization the filer massher? Sa X b If "Yes," to be 5ar 5b, did the organization the ferm 888-f? Sa X b If "Yes," to be 5ar 5b, did the organization the ferm 889-f? Sa X b If "Yes," to be 5ar 5b, did the organization the ferm 889-f? Sa <	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-site</i> (see instructions) Image: Second 10 and 10 an		filed for the calendar year ending with or within the year covered by this return 2a 51			
a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b H "Yes," has if field a Form 980-T for this year? /f "No" to line 3b, provide an explanation on Schedule O 3b - 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is oreign country (section as a bank account, securities account, or other financial accounts (FBAP), 5a X 5 Was the organization have to prohibed tax shelter transaction at any time during the tax year? 5a X b Id any taxable party notify the organization that it was or is a party to a prohibed tax shelter transaction? 5a X 6 I I "ves", indit the organization in the form 1880-17. 5a X 6 D loes the organization hould with every solicitation are spress statement that such contributions or gifts were not tax deductible? 5a X 7 Organizations that may receive deductible contributions under section 170(c). 10 If wes, "indicate the number of the walke of the posito as orxings provided? 7a X 7 Organization sell, exchange, or otherwise dispose of tangble personal property for which it was required? 7a X 7 D Id the organization needwe a corribution of qualified intelexular property for which it was required? 7a X 9 D If the organization needwe a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," has it filed a Form 990 T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> 3b 4a At any time during the calendar year, id the organization have an interest in, or a signature or other authority over, a transcription outry (such as a bank account, socultis a scoul, or other financial accounts)? 4a X b If "Yes," enter the name of the foreign country but as a bank account scouttes account, or other financial accounts (FEAP). 5a X 5a Was the organization a party to a prohibited tax sheater transaction at any time during the tax year? 5a X 5b Did any taxabite party notify the organization that was or is a party to a prohibited tax sheater transaction? 5c X 6b Does the organization have end tax deductible ac shaftable contributions? 5c X 6b To againzation shaft were not tax deductible ac shaftable contributions? 7a X 7b T'vas," ddt the organization interve signation an express statement that such contributions or gitts were not tax deductible ac shaftable contribution any try for goods and services provided? 7a X 7b Did dt tax deductible contribution are express statement that such contributions or gitts were not tax deductible ac shaftable contribution any any try for goods and services provided? 7a X 7b Tys, " ddt the organization network signature or other success provided? 7a X X 7c X		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendar year, idd the organization have an interest in, or a signature or other fanancial accountly. 4a X b f"Yes," enter the name of the foreign country. b X b f"Yes," enter the name of the foreign country. b See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b Ud any taxable party notify the organization intat 4 was or is a party to a prohibited tax shelter transaction? 5b X cline is Sa or 5b, diff the organization into the value of the organization solicit any contributions that were not tax deductible? 5c C cline is Sa or 5b, diff the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 5a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 5a X b If "Yes," did the organization and the expanse or the value of the organization aparty or a protein tax be organized to aparty aparts to a protein tax be organized to aparts to a goods and services provided to the party or to the foreign Bark aparts to a protein tax be organized to aparts to applic the aparized to aparts to applic the aparized to applic the aparts to applic the aparts to applic the aparized to applic the aparts to applic the	3a		3a		X
Interval account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If 'Yes,' renter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR)). 5e 5a X 64 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 7b Did any taxable party notify the organization file Form 8898-17? 5c X 6a Does the organization actual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 7 Tyse,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7a X 7 Tyse,' did the organization notify the donor of the value of the goods or services provided? 7a X 7 Tyse,' reliation receive aparty finds, directly or indirectly, on a personal benefit contract? 7c X 7 Tyse,' reliation receive aparty finds, directly or indirectly, on a personal benefit contract? 7a X 7 Did the organization receive aparty finds, directly or indirectly, on a personal benefit contract? 7a X 7 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7a X <th>b</th> <th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</th> <th>3b</th> <th></th> <th></th>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the forsign country See instructions for filing requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR). 6 Was the organization a party to a prohibited sus shelter transaction? 5a X b Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 6 Does the organization aptro tax deductible as charitable contributions? 5c X 6 Does the organization notity the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c X b If "Yes," did the organization include with every solicitation an express provided? 7c X 0 Did the organization notify the donor of the value of the opodo s envices provided? 7c X 0 Did the organization include with every solicitation an express provided? 7c X 0 Did the organization include due values of the value of the opodo or services provided? 7c X 0 Did the organization have express the expressol proventorotraci? 7c X <	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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11 Section 501(c)(12) organizations. Enter: Image: section form members or shareholders Image: section form members or shareholders Image: section form members or shareholders Image: section form other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Image: section form form other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Image: section form form form form form form form form	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a 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. 13b 13c b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	11	Section 501(c)(12) organizations. Enter:			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b 13c 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 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		amounts due or received from them.)			
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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 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 16 X	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		organization is licensed to issue qualified health plans 13b			
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
excess parachute payment(s) during the year?	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		If "Yes," complete Form 4720, Schedule O.			

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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 on Schedule O. See instructions.

JUNIOR ACHIEVEMENT OF NEW YORK, INC.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	43	3		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	43	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
-				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6				6		x
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			F		
74				7a		x
h				10		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			76		x
•	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0-	X	
a	The governing body?			8a		<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
0	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	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 rise	to conf	licts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," de	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	th a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?		0	16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{NY}					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (Section 501(c)(3)	s only)	availa	ble
-	for public inspection. Indicate how you made these available. Check all that apply.		(
	X Own website Another's website X Upon request Other (explain	n on Sa	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	statements available to the public during the tax year.		·			
20	State the name, address, and telephone number of the person who possesses the organization's boo	nks and				
20	CHRISTOPHER MALIN - 212-907-0077					
	420 LEXINGTON AVE SUITE 205, NEW YORK, NY 10170					

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Form 990 (2	2013)		ACHIEVEMENT						13-
Part VII	Compensation	of Offic	cers, Directo	ors,	Trus	stees,	Key Emp	oloyees, Highest	Compensated
	Employees, an	d Indep	endent Cont	trac	ctors	5			

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 (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior) than (Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		98	ipens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		yolqr	st con	L_			and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY SPRINGSTEEL	1.00	-	_			1				
BOARD MEMBER	0.00	x						٥.	Ο.	0.
(2) ANA RUA	1.00									
BOARD MEMBER	0.00	Х						٥.	0.	0.
(3) ANGELA D. HARRELL	1.00									
BOARD MEMBER	0.00	х						٥.	0.	0.
(4) ANTHONY G. VISCOGLIOSI	1.00									
BOARD MEMBER	0.00	Х						٥.	0.	0.
(5) BRIAN INSELBERG	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) BRIAN VARGA	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) CHARLES H. BORROK	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) CHRIS ANDERSON	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) CHRIS LEVENDOS	1.00									
BOARD MEMBER (UNTIL 10/25/19)	0.00	Х						0.	0.	0.
(10) CHUCK IMHOF	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) CRAIG SOLOFF	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) CRYSTAL SAMPSON	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) DAVID FISHMAN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) GABRIELLA FITZGERALD	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) GARY KOZLOWSKI	1.00									
TREASURER	0.00	Х		X				0.	0.	0.
(16) GAVIN G. O'CONNOR	1.00									
BOARD CHAIR	0.00	х		x				0.	0.	0.
(17) GREG BISHOP	1.00									_
BOARD MEMBER	0.00	Х						0.	0.	0.

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	990 (2019) JUNIOR ACHIE									13-30318	20	Page 8
Part	Section A. Onicers, Directors, Trus		oloy	ees,			ghes	t Co	ompensated Employee	s (continued)		
	(A) Name and title	(B) Average hours per		not c	Pos heck		1 than c is both		(D) Reportable compensation	(E) Reportable compensation	Esti	(F) mated ount of
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer	lirecto	Highest compensated	Former (a	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orgai and	ther ensation m the nization related nizations
(18)	JIM FOSINA	1.00										
BOARI	D MEMBER	0.00	х						0.	0.		0.
(19)	JOHN GAMBLE	1.00										
BOARI	D MEMBER	0.00	Х						٥.	0.		0.
(20)	JOSEPH MURPHY	1.00										
BOARI) MEMBER	0.00	Х						٥.	0.		0.
	KEITH PINNIGER	1.00										
	D MEMBER	0.00	Х		х				0.	0.		0.
	KENNETH E. NEWMAN	1.00										
	D MEMBER	0.00	х						0.	0.		0.
	KEVIN BARR	1.00										
	MEMBER	0.00	х						0.	0.		0.
	KISHORE SIVA	1.00								•		•
	MEMBER	0.00	Х				-		0.	0.		0.
	KURT KURIMSKY D MEMBER	1.00	x						0.	0.		Ο.
	LESLIE GODRIDGE	1.00	~						· ·	0,		0.
) MEMBER	0.00	x						0.	0.		Ο.
	Subtotal								0.	0.		0.
	Total from continuation sheets to Part VI								527,829.	0.	1	.11,696.
	Total (add lines 1b and 1c)								527,829.	0.	1	.11,696.
	Total number of individuals (including but n							o re	ceived more than \$100.0	000 of reportable	1	
	compensation from the organization						,		,			3
											١	Yes No
3	Did the organization list any former officer,	director, trust	ee, k	key e	mp	loye	e, or	hig	hest compensated empl	oyee on		
	line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
	For any individual listed on line 1a, is the su											
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual		4	x
	Did any person listed on line 1a receive or a							late	ed organization or individ	ual for services		
	rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or sl	ich i	pers	on .				5	X
	ion B. Independent Contractors											
	Complete this table for your five highest co	•	•							•	ation fron	n
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.	(0)	
	(A) Name and business	address	NO	NF					(B) Description of se	ervices	(C) Compens	
			NO.					+	Beschption of S			
								-				

2 Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000 of compensation from the organization
 0

orm 990 JUNIOR ACHIEVEMENT OF NEW YORK, INC. Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest								Compensated Employe	es (continued)	
(A)	(B)		ycc		C)	ingin		(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl				app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				oyee		the	organizations	compensation
	(list any	lirecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	stee			Isated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	mper				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler			5
	line)	Indiv	Insti	Officer	Key (High	Former			
(27) MANUEL CHINEA	1.00									
BOARD MEMBER	0.00	х						0.	0.	0
(28) MARIE GALLAGHER	1.00									
BOARD MEMBER	0.00	х						0.	0.	0
(29) MICHAEL BARTON	1.00									
BOARD MEMBER	0.00	х						0.	0.	0
(30) MICHAEL FINN	1.00									
BOARD MEMBER	0.00	х						0.	0.	0
(31) MONA MOAZZAZ	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(32) NANNETTE MALEBRANCHE	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(33) PAUL GRIGGS	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(34) PERVEZ D. BAMJI	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(35) PHIL EVANS	1.00									
BOARD MEMBER (UNTIL 10/25/19)	0.00	х						٥.	0.	0
(36) ROSA RAMOS KWOK	1.00									
BOARD MEMBER	0.00	х						٥.	0.	0
(37) SCOTT KARNAS	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(38) SCOTT LIPSTREAU	1.00									
BOARD MEMBER	0.00	х						0.	0.	0
(39) SEAN HOUSTON	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(40) SEY-HYO LEE	1.00									
SECRETARY	0.00	х		x				0.	0.	0
(41) SHMUEL BULKA	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(42) TOBY SINGH BABA	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(43) TYLER SPALDING	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(44) VICTOR A. MALANGA	1.00									
BOARD MEMBER	0.00	x						0.	0.	0
(45) WILLIE E. DENNIS	1.00								·	
BOARD MEMBER (UNTIL 10/25/19)	0.00	x						0.	0.	0
(46) YVETTE BAEZ	1.00								·	
BOARD MEMBER	0.00	x						0.	0.	0

Part VII Section A. Officers, Directors, Tr	ustees, Key En	nplo	yee	s, ai	nd H	lighe	est (Compensated Employe	ees (continued)		
(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours	(cl				app	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week					yee		the	organizations	compensation	
	(list any	ector				mplo		organization	(W-2/1099-MISC)	from the	
	hours for	or dire				ted e		(W-2/1099-MISC)		organization	
	related	stee c	uste			ensa				and related	
	organizations	al trus	nal tr		loyee	omp				organizations	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				
	line)	Indi	Inst	Officer	Key	Higl	For				
47) CHRISTOPHER MALIN	40.00										
FO, VP FINANCE & ADMIN	0.00			х				120,987.	0.	37,23	
48) JOSEPH A. PERI	40.00										
RESIDENT & CEO	0.00			х				244,285.	0.	40,323	
49) RENEE M. COLOMBO	40.00										
R.VP DEVELOPMENT & COMM.	0.00					x		162,557.	0.	34,13	
					L						
	1										
	1										

						VEMENT	OF NEW YORK,	INC.		13-303182	8 Page 9
Pa	rt VI		Statement of Re	ven	ue						
			Check if Schedule O	conta	iins a r	response	or note to any line	e in this Part VIII			
								(A)	(B) Related or exempt		(D) Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
(0 , 10		_	Enderstad environting a			4-					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns			1a 1b					
D			Membership dues Fundraising events				1,157,245.				
fts, r Ar			Related organizations			1d					
, Gi nila			Government grants (contr			1e	447,328.				
ons Sir			All other contributions, gifts,				, -				
her			similar amounts not included			1f	1,898,665.				
l ot	ç	g	Noncash contributions included in			1g \$					
Cor	g Noncash contributions included in lines 1a-1f 195 h Total. Add lines 1a-1f							3,503,238.			
							Business Code				
e	2 8	а									
e rvio	k	b									
Se	c	С									
am eve	c	d									
Program Service Revenue	e	е									
P	f	f	All other program service	rever	nue						
	ç	g	Total. Add lines 2a-2f				►				
	3		Investment income (includ								
	other similar amounts)							16,229.			16,229.
	4		Income from investment of								
	5		Royalties								
			_		(1)	Real	(ii) Personal				
			Gross rents	6a							
		b Less: rental expenses 6b c Rental income or (loss) 6c									
				6c							
			Net rental income or (loss) Gross amount from sales of	,	(i) Se	ecurities	(ii) Other				
	1 6	a	assets other than inventory	7a	() 00	Journes					
		h	Less: cost or other basis	74							
e	Ľ		and sales expenses	7b							
evenue			Gain or (loss)	7c							
			Net gain or (loss)	· · · ·							
er R			Gross income from fundraisi								
Other	-		including \$ 1,3								
-			contributions reported on								
			Part IV, line 18			8a	389,996.				
	k		Less: direct expenses				283,250.				
	c	С	Net income or (loss) from	fundı	raising	events	►	106,746.			106,746.
	9 a	а	Gross income from gamin	-							
			Part IV, line 19				1				
			Less: direct expenses								
			Net income or (loss) from				▶				
	10 a		Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold				-				
		C	Net income or (loss) from	sales	s ot inv	entory					
sn		_	INCOME FROM JA USA				Business Code 611710	72 714	73,744.		
Miscellaneous Revenue	11 8						011/10	73,744.	/3,/44.		
ilar ven	k	b									
sce Bei	(4	All other revenue								
Σ			Total. Add lines 11a-11d					73,744.			
	12		Total revenue. See instruction					3,699,957.	73,744.	0.	122,975.

	IX Statement of Functional Expense		r organizationa must cam	poloto column (A)	
ectioi	n 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		V	· · · · · · · · · · · · · · · · · · ·	
	t include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
,	Grants and other assistance to domestic organizations		CAPCINGCO	general expenses	expenses
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22	27,300.	27,300.		
	Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	rustees, and key employees	650,618.	364,346.	149,642.	136,63
	Compensation not included above to disqualified				
ŗ	persons (as defined under section 4958(f)(1)) and				
ŗ	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,520,076.	1,336,263.	30,077.	153,73
	Pension plan accruals and contributions (include	-			
5	section 401(k) and 403(b) employer contributions)	134,216.	91,267.	12,079.	30,87
	Other employee benefits	226,724.	163,241.	28,794.	34,68
	Payroll taxes	154,831.	105,285.	13,935.	35,62
	Fees for services (nonemployees):				
a I	Management				
	_egal				
	Accounting	53,300.	39,975.	5,330.	7,99
	_obbying	89,500.			89,50
	Professional fundraising services. See Part IV, line 17				
f I	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
- (column (A) amount, list line 11g expenses on Sch 0.)	82,306.	61,729.	8,231.	12,34
	Advertising and promotion	13,139.	9,854.	1,314.	1,97
	Office expenses	98,038.	73,528.	9,804.	14,70
	nformation technology	31,668.	23,751.	3,167.	4,75
	Royalties				
	Dccupancy	321,398.	241,048.	32,140.	48,21
	Fravel	8,551.	6,413.	855.	1,28
F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	25,980.	19,485.	2,598.	3,89
	nterest	2,642.	1,982.	264.	39
F	Payments to affiliates				
	Depreciation, depletion, and amortization	34,720.	25,724.	3,031.	5,96
	nsurance	28,727.	26,262.	2,465.	
2 2	Other expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
ч ₋	PROGRAM & ADMIN SUPPORT	300,412.	231,858.	50,289.	18,26
× -	PROGRAM MATERIALS	157,535.	157,535.		
· -	EQUIPMENT	13,990.	10,493.	1,399.	2,09
d 1	IAINTENANCE	11,363.	8,522.	1,136.	1,70
	All other expenses	5,463.		5,463.	
	Total functional expenses. Add lines 1 through 24e	3,992,497.	3,025,861.	362,013.	604,62
r	Joint costs. Complete this line only if the organization eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)				

	<u>990 (</u> 2 t X	2019) JUNIOR ACHIEVEMENT OF Balance Sheet	INEW I	onn, 110.		13-30	31828 Page
		Check if Schedule O contains a response or not	e to any l	ine in this Part X			
			c to any i		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,169,867.	2	2,044,36
	3	Pledges and grants receivable, net			1,375,921.	3	1,426,20
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	ied perso				
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net		n 4958(c)(3)(B)		7	
Assels	8	Inventories for sale or use			4,059.	8	3,09
2	9	Prepaid expenses and deferred charges	67,314.	9	100,00		
	10a	Land, buildings, and equipment: cost or other		Г			
		basis. Complete Part VI of Schedule D	10a	459,901.			
	b	Less: accumulated depreciation		420,471.	61,675.	10c	39,43
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line -			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		61,710.	15	87,42	
	16	Total assets. Add lines 1 through 15 (must equa		3,740,546.	16	3,700,51	
	17	Accounts payable and accrued expenses	516,189.	17	301,41		
	18	Grants payable		18			
	19	Deferred revenue		95,605.	19	88,56	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete R	Part IV of	Schedule D		21	
2	22	Loans and other payables to any current or form	er officer	, director,			
		trustee, key employee, creator or founder, subst					
LIAUIIUES		controlled entity or family member of any of thes	e person	s		22	
3	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	ties		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D		······ -	0.	25	474,33
	26	Total liabilities. Add lines 17 through 25			611,794.	26	864,30
<u>,</u>		Organizations that follow FASB ASC 958, che	ck here				
2		and complete lines 27, 28, 32, and 33.			0.000.007		4 005 05
39	27		····· -	2,328,837.	27	1,895,27	
Ĭ	28	Net assets with donor restrictions			799,915.	28	940,93
Ĕ		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.		F		-	
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or ec				30	
۲ ۲	31	Retained earnings, endowment, accumulated in			2 100 850	31	0.000.01
ž	32	Total net assets or fund balances		······ -	3,128,752.	32	2,836,21
	33	Total liabilities and net assets/fund balances			3,740,546.	33	3 , 700 , 51 Form 990 (20

Form	1990 (2019) JUNIOR ACHIEVEMENT OF NEW YORK, INC.	13-303182	3	Pa	ge 12
Pa	rt 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		,699,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,992,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-292,	540.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,128,	752.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	,836,	212.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		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	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

**	PUBL	.IC	DISCL	OSL	JRE	COPY	**
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Public Charity Status and Public Support

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organizat	on
-----------------------	----

Nam	ie or	the organization										
Do	~+ I		ACHIEVEMENT OF	1					13-3031828			
	rt I	Reason for Public 0					e instructions	•				
	orgar	nization is not a private found	•	0		,						
1		A church, convention of ch					I)(A)(i).					
2		A school described in sect										
3	Щ	A hospital or a cooperative					•					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	e or			
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersh	ip fees, an	nd gross receipts from			
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	from gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	ne functior	ns of, or to ca	ry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section 5	i09(a)(3). 🤇	Check the box in			
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting			
		organization. You must o	omplete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	/ing			
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	e the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	y integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiza	ation.						
f	Ent	er the number of supported o	organizations									
g		vide the following information			(iv) Is the orga							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of	•	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Tota												

Schedule A (Form 990 or 990 EZ) 2019 JUNIOR ACHIEVEMENT OF NEW YORK, INC.

Part II

13-3031828

Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,248,653.	3,564,609.	3,961,924.	4,197,977.	3,503,238.	18,476,401.
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						
4	Total. Add lines 1 through 3	3,248,653.	3,564,609.	3,961,924.	4,197,977.	3,503,238.	18,476,401.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						18,476,401.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,248,653.	3,564,609.	3,961,924.	4,197,977.	3,503,238.	18,476,401.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	18.	27.	30.	6,896.	16,230.	23,201.
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.)	197,628.	241,265.	174,651.	185,316.	180,490.	979,350.
11							19,478,952.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and stor						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di [,]	vided by line 11, co	olumn (f))		14	94.85 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	84.37 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	(and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization	-	►□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test	The organization qu	ualifies as a public	ly supported orgar	nization	
<u>18</u>	Private foundation. If the organizatio	n did not check a	<u>box on line 13, 16a</u>	i <u>, 16b, 17a, or 1</u> 7b	, check this box a	<u>nd see instructi</u> ons	

Schedule A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF NEW YORK, INC.

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

13-3031828 Page **3**

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
5	furnished by a governmental unit to						
	the organization without charge						
•							
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(u) 2010		(0) 2011			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here	-			-	-	
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (li	ine 8. column (f). c	livided by line 13.	column (f))		15	%
	Public support percentage from 2018					16	%
_	ction D. Computation of Inves						/0
	•			no 12 oclumn (f))		17	04
	Investment income percentage for 20					17	%
	Investment income percentage from 2					· · · ·	<u>%</u>
198	33 1/3% support tests - 2019. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						▶∟
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						

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Schedule A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF NEW YORK, INC.

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.)

10b

1

Yes

No

Sche		3031828	Pa	age 5
Pa	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		X	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			Vee	Na
	Did the eventiantian and ide to each of the event of event institutes, but the last day of the fifth would be the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ons).		
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF NEW YORK, IN	iC.		13-3031828	Page 6
Pa			nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
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			
c	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 Y	'ear
_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			

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

	dule A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT			13-3031828 Page 7
Par		(a)(3) Supporting Orga	nizations (continued)	2 17
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations		
4	Amounts paid to acquire exempt-use assets	es of supported organizations		
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		
U	(provide details in Part VI). See instructions.	le organization le responeive		
9	Distributable amount for 2019 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 Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c. Breakdown of line 7:			
8				
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

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Schedule A (Form 990 or 990 EZ) 2019 JUNIOR ACHIEVEMENT OF NEW YORK, INC.	13-3031828	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Sectio , Section B, line 1e; P	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
INCOME FROM FUNDRAISING ACTIVITIES AND JA USA		
2015 AMOUNT: \$ 197,628.		
2016 AMOUNT: \$ 241,265.		
2017 AMOUNT: \$ 174,651.		
2018 AMOUNT: \$ 185,316.		
2019 AMOUNT: \$ 180,490.		

	** F	UBLIC DISCI		COPY *	**			
SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities							
(Form 990 or 990-EZ)	0 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527							
Department of the Treasury Internal Revenue Service	Complete	if the organization is described to to www.irs.gov/Form990 for i	below. 🕨 Attach to	Form 990 or Form 9		2019 Open to Public Inspection		
 Section 501(c)(3) org Section 501(c) (other Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Tax) (see separate instr 	anizations: Com than section 50 ations: Complete vered "Yes," on anizations that h anizations that h vered "Yes," on uctions), then	Form 990, Part IV, line 4, or For have filed Form 5768 (election und have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	plete Part I-C. Parts I-A and C below. m 990-EZ, Part VI, lin ler section 501(h)): Co n under section 501(h)	Do not complete Par ne 47 (Lobbying Acti omplete Part II-A. Do r)): Complete Part II-B.	t I-B. vities), the not comple . Do not co	en ete Part II-B. omplete Part II-A.		
• Section 501(c)(4), (5) Name of organization	, or (6) organizat	ions: Complete Part III.			Employe	r identification number		
Part I-A Comple		EVEMENT OF NEW YORK, INC			-	13-3031828		
Part I-B Complete 1 Enter the amount of 2 Enter the amount of 3 If the organization in 4 Was a correction m b If "Yes," describe in Part I-C Complete 1 Enter the amount of 2 Enter the amount of 3 Total exempt function act 3 Total exempt function 4 Did the filing organia 5 Enter the names, act made payments. For	Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ▶ \$ 4 Was a correction made? ▶ Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 4 Did the filing organization file Form 1120-POL for this year? ¥ s							
contributions receiv political action com	ed that were pro mittee (PAC). If	omptly and directly delivered to a s additional space is needed, provid	separate political orga le information in Part I	nization, such as a se IV.	eparate se			
(a) Name		(b) Address	(c) EIN	(d) Amount paid f filing organizatic funds. If none, ent	on's co er -0	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

Schedule C (Form 990 or 990-EZ) 2019 JUNIC					3031828 Page 2
Part II-A Complete if the organiza section 501(h)).	tion is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
A Check Check Grad if the filing organization be	longs to an aff	liated group (and list in	Part IV each affiliated	aroup member's nam	ne address FIN
expenses, and share of expenses	•	•		group momber o han	
B Check if the filing organization ch	, 0	, ,	ovisions apply.		
	obbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
				totals	
1a Total lobbying expenditures to influence		• • •			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a					
 d Other exempt purpose expenditures e Total exempt purpose expenditures (add 					
f Lobbying nontaxable amount. Enter the a		,	h columns		
If the amount on line 1e, column (a) or (b) is		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce	. , , ,		
Over \$17,000,000		\$1,000,000.			
· · ·					
g Grassroots nontaxable amount (enter 25	6 of line 1f)				
h Subtract line 1g from line 1a. If zero or lea	s, enter -0-				
i Subtract line 1f from line 1c. If zero or les	s, enter -0				
j If there is an amount other than zero on e	ither line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
		eraging Period Under			
(Some organizations that ma		01(h) election do not ate instructions for lin		of the five columns b	elow.
l	obbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					n 990 or 990 EZ) 2019

Schedule C (F	⁻ orm 990 c	or 990-EZ) 2019	JUNIOR	ACHIEVEMENT	OF	NEW	YORK .	INC

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description

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

(election	under	section	501(h)).
•			· · //

of the lobbying activity.

d lf Part

Part

1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
с	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	X			89,500.
j	Total. Add lines 1c through 1i				89,500.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5),	or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR (b)	Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
~	Continue (20(c) manufacture internet and a stitute of a s				

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

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

JA NEW YORK ENGAGED A GOVERNMENT RELATIONS FIRM TO ENHANCE AWARENESS IN

THE PUBLIC SECTOR AND GAIN ACCESS TO PUBLIC FUNDING AND OTHER RESOURCES

IN NEW YORK CITY & STATE.

(b)

Amount

13-3031828

(a)

No

Yes

		** PUBLIC DIS	SCLOSUR	E COPY	**		
(Forn	HEDULE D n 990) ment of the Treasury	Supplementa Complete if the organ Part IV, line 6, 7, 8, 9, 10	s" on Form 990.		OMB No. 1	19 Public	
	I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and t	he latest information.		Inspect	ion
Nam	e of the organization				Emp	loyer identificatio	
		UNIOR ACHIEVEMENT OF NEW Y				13-3031828	
Par		Maintaining Donor Advised		milar Funds or Ad	coun	tS. Complete if t	he
	organization answe	ered "Yes" on Form 990, Part IV, line		d frue de la la la desta de	(I.) [
			(a) Donor advised	a tunas (b) Fund	ds and other accou	unts
1		ar					
2		butions to (during year)					
3 4		from (during year) year					
- - 5		n all donors and donor advisors in v		d in donor advised fund	10		
Ŭ	•	perty, subject to the organization's of	•			Yes	No
6		n all grantees, donors, and donor a					
•	•	nd not for the benefit of the donor of	• •				
	impermissible private bene				•	Yes	No
Par	t II Conservation	Easements. Complete if the org	anization answered "Yes	" on Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation	n easements held by the organization	on (check all that apply).				
	Preservation of land	I for public use (for example, recreat	tion or education)	Preservation of a histo	orically i	mportant land are	a
	Protection of natura	l habitat		Preservation of a certi	fied hist	toric structure	
	Preservation of oper	n space					
2	Complete lines 2a through	n 2d if the organization held a qualif	ied conservation contribu	tion in the form of a co	nservati	ion easement on t	ne last
	day of the tax year.					Held at the End of t	ne Tax Year
а	Total number of conservat				2a		
b		y conservation easements			2b		
с		asements on a certified historic stru			2c		
d		asements included in (c) acquired a	,				
-		ster			2d		
3		asements modified, transferred, rele	eased, extinguished, or te	erminated by the organi	zation c	during the tax	
4	year	-	amont is located				
4 5	•	roperty subject to conservation eas re a written policy regarding the perion		on handling of			
5	U U	nt of the conservation easements it	U	on, nanoling of		Yes	No
6	,	devoted to monitoring, inspecting, I		d enforcing conservatio			
Ŭ			narialing of violations, and			nonto during the y	cui
7	Amount of expenses incur	rred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservation eas	sements	s during the year	
	▶\$	· · · · · · · · · · · · · · · · · · ·		g		y	
8	Does each conservation e	asement reported on line 2(d) above	e satisfy the requirements	s of section 170(h)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)	?	· · ·			Yes	No No
9		the organization reports conservation					
	balance sheet, and include	e, if applicable, the text of the footn	ote to the organization's	financial statements that	at descr	ribes the	
_		for conservation easements.		<u> </u>			
Par		Maintaining Collections of	-	asures, or Other S	imilar	Assets.	
		anization answered "Yes" on Form					
1a		, as permitted under FASB ASC 95	· ·				
		or other similar assets held for pub			ice of p	ublic	
		If the text of the footnote to its finan			- h - 1	and the second sec	
b	-	, as permitted under FASB ASC 95					
		r other similar assets held for public	exhibition, education, or	research in furtherance	or pub	iic service,	
		unts relating to these items:			•	2	
		Form 990, Part VIII, line 1			► \$ ► \$		
2	(ii) Assets included in For	d or held works of art, historical trea	asures or other similar as				
2		uired to be reported under FASB A			JUNICE		
а		n 990, Part VIII, line 1			▶ \$	S	
	Assets included in Form 9				•	·	

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

Sche		EVEMENT OF NEW					13-303			<u>ge</u> 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er S	imila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other records	s, check any of the f	ollowing that make	signi	ficant (use of its			
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's e	empt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simi	lar as	sets				
	to be sold to raise funds rather than to be ma		<u>u</u>					Yes		No
Par			te if the organizatio	n answered "Yes"	on Fo	rm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						_	_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		
	Did the organization include an amount on Fo				•		····· ∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									—
1 41		(a) Current year				Thropy	vooro book	(a) Four	voorok	
10	Beginning of year balance	(a) Current year 799,915.	(b) Prior year 713,360.	(c) Two years back 713,280			years back 14,907.		737,3	
1a b	Contributions	210,524.	101,555.	319,750	_		25,403.		461,5	
c b	Net investment earnings, gains, and losses	,	,		•	-				
d	Grants or scholarships			31,750			33,000.		24,2	250.
	Other expenditures for facilities				·		,		,-	
C	and programs	69,500.	15,000.	287,920		3	94,030.		459,6	591.
f	Administrative expenses	,	1	,	-		,		,	
g	End of year balance	940,939.	799,915.	713,360		7	13,280.		714,9	07.
2	Provide the estimated percentage of the curr			,			,			
a	Board designated or quasi-endowment		%	,						
b	Permanent endowment	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	nd administered for	the o	rganiza	ation	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	e 10.				
	Description of property	(a) Cost or of basis (investm	• •			imulate ciation		(d) Bool	< value	
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			459,901.		420,	471.		39,4	.30.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part >	K. column (B). line 1(0c.)					39,4	.30.

Schedule D (Form 990) 2019

chedule D (Form 990) 2019 JUNIOR ACHIEVEMEN Part VII Investments - Other Securities.	T OF NEW YORK, INC.		13-3031828 Page
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
I) Financial derivatives			
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)	()		,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of the organization answere of the organization and the organization and the organization answere of the organization and the organ		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of the organization answereed "Yes" of the organization answereed "Yes" of the organization and "Yes"		11e or 11f. See Form 990, Part X, line 2	
Complete if the organization answered "Yes" of the organization of liability		11e or 11f. See Form 990, Part X, line 2	25. (b) Book value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Complete if the organization answered "Yes" of the organization of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Complete if the organization answered "Yes" of a Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM REFUNDABLE	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM REFUNDABLE (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM REFUNDABLE (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM REFUNDABLE (3) (4) (5)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM REFUNDABLE (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM REFUNDABLE (3) (4) (5) (6) (7) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Schedule D (Form 990) 2019 JUNI	IOR ACHIEVEMENT OF NEW YORK	, INC.		13-3031828	B Page 4
Part XI Reconciliation of Rev	venue per Audited Financial	Statements With I	Revenue per Ret	turn.	
Complete if the organization	answered "Yes" on Form 990, Part	IV, line 12a.			
1 Total revenue, gains, and other sup	pport per audited financial statements	3		1	3,883,122.
2 Amounts included on line 1 but not	on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on inv	vestments	2a			
b Donated services and use of facilitie	es	2b	183,165.		
e Add lines 2a through 2d				2e	183,165.
3 Subtract line 2e from line 1				3	3,699,957.
4 Amounts included on Form 990, Pa					
a Investment expenses not included	on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		4b			
c Add lines 4a and 4b				4c	0.
5 Total revenue. Add lines 3 and 4c.	(This must equal Form 990. Part I. lin	e 12.)		5	3,699,957.
Part XII Reconciliation of Exp	enses per Audited Financia	Statements With	Expenses per R	leturn.	
Complete if the organization	answered "Yes" on Form 990, Part	IV, line 12a.			
1 Total expenses and losses per audi	ited financial statements			1	4,171,662.
2 Amounts included on line 1 but not	t on Form 990, Part IX, line 25:				
a Donated services and use of facilitie	es	2a	183,165.		
e Add lines 2a through 2d				2e	183,165.
				3	3,988,497.
4 Amounts included on Form 990, Pa					
a Investment expenses not included	on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		4b	4,000.		
				4c	4,000.
	. (This must equal Form 990. Part I. I			5	3,992,497.
Part XIII Supplemental Information	ation.			•	

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 V, LINE 4:

THE AMOUNTS IN THE ENDOWMENT FUND WILL BE USED FOR PROGRAM SERVICES.

PART X, LINE 2:

JA NEW YORK IS A NOT-FOR-PROFIT ORGANIZATION THAT HAS BEEN CLASSIFIED BY

THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN DESIGNATED AS

AN ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION. JA NEW YORK RECOGNIZES

THE IMPACT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY

THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO

JA NEW YORK'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE

CODE SECTION 511. JA NEW YORK DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS

** PUBLIC DISCLOSURE COPY **		
Schedule D (Form 990) 2019 JUNIOR ACHIEVEMENT OF NEW YORK, INC.	13-3031828	Page 5
Part XIII Supplemental Information (continued)		
INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2020 AND 2019. JA NEW		
YORK EVALUATES, ON AN ANNUAL BASIS, THE EFFECTS OF ANY UNCERTAIN TAX		
POSITIONS ON ITS FINANCIAL STATEMENTS. AS OF JUNE 30, 2020, JA NEW YORK		
HAS NOT IDENTIFIED OR PROVIDED FOR ANY SUCH POSITIONS.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
LOSS ON PLEDGES 4,000.		

	** Pl	UBLIC DISCLO	DS	UF	RE COP	Ý	**	
SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2019
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization	Employer i	Inspection dentification number						
		IEVEMENT OF NEW YORK, INC.					13-3031	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-I	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o red in Form 990, Pa) highest paid indiv	f Solicita 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 (incluc rofessi	non-g gover aising e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	Y	es 🗌 No be
(i) Name and addres or entity (fund	s of individual	(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No				
Total								
		n is registered or licensed to solicit o		utions	or has been notified	it is	exempt from	registration

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

			d gross income on Form 990 (a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			GALAS	BOWL-A-THONS		col. (c)
			(event type)	(event type)	(total number)	
	1 Gross	receipts	838,682.	435,449.	273,110.	1,547,241
	2 Less: (Contributions	587,077.	378,991.	191,177.	1,157,24
	3 Gross	income (line 1 minus line 2)	251,605.	56,458.	81,933.	389,996
	4 Cash p	orizes				
	5 Nonca	sh prizes				
	6 Rent/fa	acility costs	45,000.	56,458.	69,957.	171,415
	7 Food a	and beverages	111,835.			111,835
		ainment direct expenses				
		airect expenses				
						283,25
 a	10 Direct 11 Net inc rt III Ga	expense summary. Add lines 4 thro come summary. Subtract line 10 fro aming. Complete if the organizat 5,000 on Form 990-EZ, line 6a.	ough 9 in column (d) om line 3, column (d)			106,74 (d) Total gaming (ad
aı	10 Direct 11 Net inc rt III Ga \$1	expense summary. Add lines 4 thro come summary. Subtract line 10 fro aming. Complete if the organizat	ough 9 in column (d) om line 3, column (d) tion answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	106 , 74
	10 Direct 11 Net inc t III G \$1 1 Gross	expense summary. Add lines 4 thro come summary. Subtract line 10 fro aming. Complete if the organizat 5,000 on Form 990-EZ, line 6a.	ough 9 in column (d) om line 3, column (d) tion answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	106 , 74
	10 Direct 11 Net inc 1 Ga \$1 Gross 1 Gross 2 Cash p	expense summary. Add lines 4 thro come summary. Subtract line 10 fro aming. Complete if the organizat 5,000 on Form 990-EZ, line 6a.	ough 9 in column (d) om line 3, column (d) tion answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	106 , 74
	10 Direct 11 Net ind 1 Gross 1 Gross 2 Cash p 3 Nonca	expense summary. Add lines 4 thro come summary. Subtract line 10 fro aming. Complete if the organizat 5,000 on Form 990-EZ, line 6a. revenue	ough 9 in column (d) om line 3, column (d) tion answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	106 , 74
	10 Direct 11 Net ind 1 Gross 2 Cash p 3 Nonca 4 Rent/fa	expense summary. Add lines 4 thro come summary. Subtract line 10 fro aming. Complete if the organizat 5,000 on Form 990-EZ, line 6a. revenue	ough 9 in column (d) om line 3, column (d) tion answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	283,250 106,746 (d) Total gaming (add col. (a) through col. (d
	10 Direct 11 Net ind 1 Gross 1 Gross 2 Cash p 3 Nonca 4 Rent/fa 5 Other d	expense summary. Add lines 4 thro come summary. Subtract line 10 fro aming. Complete if the organizat 5,000 on Form 990-EZ, line 6a. revenue	ough 9 in column (d) om line 3, column (d) tion answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	106 , 74
	10 Direct 11 Net inc 1 Rent/fa 2 Cash p 3 Nonca 4 Rent/fa 5 Other c 6 Volunt	expense summary. Add lines 4 three come summary. Subtract line 10 fro aming. Complete if the organizat 5,000 on Form 990-EZ, line 6a. revenue orizes sish prizes acility costs direct expenses	ough 9 in column (d) om line 3, column (d) tion answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	106 , 74 (d) Total gaming (ad
	10 Direct 11 Net ind 1 Gross 1 Gross 2 Cash p 3 Nonca 4 Rent/fa 5 Other d 6 Volunt 7 Direct	expense summary. Add lines 4 three come summary. Subtract line 10 from aming. Complete if the organizat 5,000 on Form 990-EZ, line 6a. revenue prizes sh prizes acility costs direct expenses eer labor	ough 9 in column (d) om line 3, column (d) tion answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	106 , 74 (d) Total gaming (ad
	 10 Direct 11 Net individual in the individual in	expense summary. Add lines 4 three come summary. Subtract line 10 from aming. Complete if the organizat 5,000 on Form 990-EZ, line 6a. revenue	ough 9 in column (d) om line 3, column (d) tion answered "Yes" on Form (a) Bingo (a) Bingo <td< td=""><td>990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo</td><td>c) Other gaming</td><td>106,74 (d) Total gaming (ad col. (a) through col. (</td></td<>	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	106,74 (d) Total gaming (ad col. (a) through col. (

932082 09-11-19

Sch	nedule G (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF NEW YORK, INC. 12	3-303182	28	Pa	age 3
	Does the organization conduct gaming activities with nonmembers?		Yes		No
	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
13	Indicate the percentage of gaming activity conducted in:				
á	a The organization's facility	. 13a			%
	o 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 🕨				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$				
¢	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				
17	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				_
	retain the state gaming license?	📖	Yes		No
k	D 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 🕨 \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lir	nes 9,	9b, 1	0b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G (Form 990 or 990-EZ)	JUNIOR ACHIEVEMENT OF NEW YO	RK, INC.
		, .

13-3031828 Page 4

Part IV	Supplemental Information (continued)

		** F	PUBLIC E	DISCLO	SURE (COPY **		
			irants and Oth					OMB No. 1545-0047
(Form 990)			vernments, ar ete if the organizatio					2019
Department of the Treasury Internal Revenue Service			Go to wowny in	Attach to For s.gov/Form990 for		nation		Open to Public Inspection
Name of the organizat	ion			3.900/1011139010				Employer identification number
Part I General I	JUNIOR ACHIEV	EMENT OF NEW Y	YORK, INC.					13-3031828
1 Does the organi criteria used to a	zation maintain records t award the grants or assis IV the organization's pro	to substantiate the stance?	-			-		
	nd Other Assistance to	-				anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any
1 (a) Name and a	that received more than s ddress of organization evernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	per of section 501(c)(3) a per of other organization	•	•	e line 1 table				0.
	k Reduction Act Notice							Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) JUNIOR ACHIEVEMENT OF NEW YORK, INC.

13-3031828

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
AWARD	30	27,300.	0.	FMV	
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
SCHEDULE I, PART III:			-		
· · ·					

JA NEW YORK PROVIDED THE INDIVIDUAL GRANTS IN THE FORM OF CASH AWARDS

TO RECOGNIZE THE WORK OF THREE TEAMS IN THE ANNUAL HIGH SCHOOL BUSINESS

PLAN COMPETITION. THE MEMBERS OF THE FIRST PLACE TEAM EACH RECEIVED

\$1,500/TEAM MEMBER; SECOND PLACE RECEIVED \$1,000/TEAM MEMBER; AND THIRD

place received \$500/TEAM member. JA New York also provided a \$10,000

SCHOLARSHIP IN THE FORM OF A CASH AWARD TO THE JA NEW YORK STUDENT OF

THE YEAR WHO IS A RISING STAR AND BUSINESS LEADER OF TOMORROW AND

\$1,000 grants in the form of cash awards to four students of the year

Schodula	(Form 990)	JUNIOR ACHIEVEM	ENT OF NEW YORK	INC	13-3031828	Page 2
Part IV	(Form 990) Supplemental In	formation	ANDI WEW IORK	, 100.	T2 2021070	Page 2
FINALIST	s.					

** PUBLIC DISCLOSURE COPY **									
SCHEDULE J Compensation Information					OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest					2010		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					2019			
Department of the Treasury			Attach to Form 990.				ic		
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer					ection on nui	mber		
	0	JUNIOR ACHIEVEMENT OF NE	EW YORK, INC.	13-303					
Pa	rt I Question	s Regarding Compensation							
						Yes	No		
1a			any of the following to or for a person listed on Form	990,					
		· · · ·	relevant information regarding these items.						
	First-class or o		Housing allowance or residence for perso						
	Travel for com	•	Payments for business use of personal re						
		cation and gross-up payments	Health or social club dues or initiation fee						
	Discretionary	spending account	Personal services (such as maid, chauffe	ır, chef)					
h	If any of the boxes	on line 1a are checked, did the organiza	tion follow a written policy regarding payment or						
~			above? If "No," complete Part III to explain		1b				
2			sing or allowing expenses incurred by all directors,						
_			r, regarding the items checked on line 1a?		2				
		-,	,						
3	Indicate which, if a	ny, of the following the organization used	t to establish the compensation of the organization's	;					
	CEO/Executive Dire	ector. Check all that apply. Do not check	any boxes for methods used by a related organization	on to					
		ation of the CEO/Executive Director, but							
	X Compensation	ו committee	Written employment contract						
	Independent of	compensation consultant	X Compensation survey or study						
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee					
4	During the year di	h any parage listed on Form 900. Dort VII	Section A line to with respect to the filing						
4			, Section A, line 1a, with respect to the filing						
а	organization or a related organization: Receive a severance payment or change-of-control payment?				4a		x		
b							x		
с							x		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
		c)(3), 501(c)(4), and 501(c)(29) organizat							
5			did the organization pay or accrue any compensation	n					
	contingent on the r								
a	0				5a		X		
b					5b		X		
~		or 5b, describe in Part III.	did the organization pay or accrue any compensatio						
6	contingent on the r		and the organization pay of accide any compensation	"					
-					6a		x		
h	The organization?Any related organization?				6b		x		
5									
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
•	not described on lines 5 and 6? If "Yes," describe in Part III				7	x			
8		Nere any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
-	-				8		x		
9			able presumption procedure described in		_				
-					9				
			7 E 000				0040		

 $\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 JUNIOR ACHIEVEMENT OF NEW YORK, INC.

13-3031828

Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHRISTOPHER MALIN	(i)	117,315.	3,672.	0.	0.	37,236.	158,223.	0.
CFO, VP FINANCE & ADMIN	(ii)	Ο.	٥.	٥.	Ο.	Ο.	0.	0.
(2) JOSEPH A. PERI	(i)	237,247.	7,038.	٥.	Ο.	40,323.	284,608.	0.
PRESIDENT & CEO	(ii)	Ο.	0.	٥.	Ο.	0.	0.	0.
(3) RENEE M. COLOMBO	(i)	157,814.	4,743.	٥.	Ο.	34,137.	196,694.	0.
SR.VP DEVELOPMENT & COMM.	(ii)	٥.	0.	٥.	Ο.	0.	٥.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019 JUNIOR ACHIEVEMENT OF NEW YORK, INC.

13-3031828

Page 3

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.

PART I, LINE 3:

THE COMPENSATION OF JA NEW YORK'S PRESIDENT & CHIEF EXECUTIVE OFFICER IS

REVIEWED AND APPROVED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

YORK'S BOARD OF DIRECTORS PURSUANT TO AUTHORITY SPECIFICALLY DELEGATED TO

IT BY JA NEW YORK'S BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS

COMPENSATION DATA FOR COMPARABLE JUNIOR ACHIEVEMENT AREAS AND

RECOMMENDATIONS FROM A COMPENSATION STUDY COMMISSIONED BY JUNIOR

ACHIEVEMENT USA, THE UMBRELLA ORGANIZATION THAT AUTHORIZES ALL JUNIOR

ACHIEVEMENT AREAS TO OPERATE. THE DECISIONS OF THE EXECUTIVE COMMITTEE ARE

DOCUMENTED CONTEMPORANEOUSLY.

PART I, LINE 7:

BONUSES PAID TO JA NEW YORK'S EMPLOYEES REPRESENT ADDITIONAL COMPENSATION

BASED ON ANNUAL PERFORMANCE EVALUATIONS FOR EACH INDVIDUAL. BONUS

PERCENTAGES ARE SUGGESTED BY THE JA NEW YORK'S PRESIDENT, AND APPROVED BY

THE EXECUTIVE COMMITTEE. THE COMMITTEE RETAINS FULL DISCRETION TO MAKE, NOT

MAKE, OR TO REDUCE THE AMOUNT OF ANY INCENTIVE AWARD.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

** PUBLIC DISCLOSURE COPY **

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.



Employer identification number 13-3031828

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

JUNIOR ACHIEVEMENT OF NEW YORK (JA NEW YORK) IS THE LOCAL AFFILIATE OF

JUNIOR ACHIEVEMENT OF NEW YORK, INC.

JUNIOR ACHIEVEMENT USA, THE NATION'S LARGEST ORGANIZATION DEDICATED TO

GIVING YOUNG PEOPLE THE KNOWEDGLE AND SKILLS THEY NEED TO OWN THEIR

ECONOMIC SUCCESS, PLAN FOR THEIR FUTURE AND MAKE SMART ACADEMIC AND

ECONOMIC CHOICES. OUR MISSION IS TO INSPIRE AND PREPARE YOUNG PEOPLE TO

SUCCEED IN A GLOBAL ECONOMY.

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

THE FORM 990 WAS REVIEWED WITH THE JA NEW YORK AUDIT COMMITTEE. THE AUDIT

COMMITTEE THEN PROVIDED AN OVERVIEW OF THE FORM 990 TO THE JA NEW YORK

BOARD OF DIRECTORS. THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE JA NEW

YORK BOARD IN ELECTRONIC FORMAT PRIOR TO ITS FILING WITH THE INTERNAL

REVENUE SERVICE.

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

JA NEW YORK PROVIDES EACH NEW DIRECTOR AND NEW EMPLOYEE WITH A COPY OF JA

NEW YORK'S WRITTEN CONFLICT OF INTEREST POLICY AND REQUIRES THEM TO

COMPLETE AN ACKNOWLEDGEMENT DECLARING ANY POTENTIAL CONFLICT OR

ACKNOWLEDGING THAT THERE ARE NONE. IN ADDITION, JA NEW YORK CIRCULATES

ANNUALLY IN JANUARY OF EACH YEAR THE CONFLICT OF INTEREST POLICY TO EACH

DIRECTOR AND EMPLOYEE AND REQUIRES THEM TO COMPLETE AN ACKNOWLEDGMENT

DECLARING ANY POTENTIAL CONFLICT OR ACKNOWLEDGING THAT THERE ARE NONE. THE

CONFLICT OF INTEREST ACKNOWLEDGEMENTS ARE REVIEWED BY AN OFFICER OF JA NEW

YORK. COMPLIANCE QUESTIONS FOR JA NEW YORK EMPLOYEES ARE REFERRED TO THE JA

NEW YORK PRESIDENT. COMPLIANCE QUESTIONS PERTAINING TO THE JA NEW YORK

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Employer identification number
JUNIOR ACHIEVEMENT OF NEW YORK, INC.	13-3031828
PRESIDENT OR A JA NEW YORK BOARD MEMBER ARE REFERRED TO THE JA NEW YORK	
BOARD CHAIR. COMPLIANCE QUESTIONS PERTAINING TO THE JA NEW YORK BOARD CHAIR	
AND COMPLIANCE QUESTIONS THAT CANNOT BE RESOLVED AT THE JA NEW YORK LEVEL	
ARE REFERRED TO THE JUNIOR ACHIEVEMENT USA, INC. EXECUTIVE VICE PRESIDENT	
OR HIS OR HER DESIGNEE FOR REVIEW. CONSISTENT WITH THE NEW YORK NFPCL, JA	
NEW YORK DOES NOT COUNT THE VOTES OF MEMBERS OF THE BOARD OF DIRECTORS WITH	
AN INTEREST IN A CONTRACT OR TRANSACTION INVOLVING JA NEW YORK IN	
DETERMINING IF THE REQUIRED VOTE OF THE BOARD OF DIRECTORS HAD BEEN	
DBTAINED TO APPROVE SUCH CONTRACT OR TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF JA NEW YORK'S PRESIDENT (CHIEF EXECUTIVE OFFICER) IS	
REVIEWED AND APPROVED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF	
DIRECTORS PURSUANT TO AUTHORITY SPECIFICALLY DELEGATED TO IT BY JA NEW	
YORK'S BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION	
DATA FOR COMPARABLE JUNIOR ACHIEVEMENT AREAS AND RECOMMENDATIONS FROM A	
COMPENSATION STUDY COMMISSIONED BY JUNIOR ACHIEVEMENT USA, INC., THE	
UMBRELLA ORGANIZATION THAT AUTHORIZES ALL JUNIOR ACHIEVEMENT AREA	
DRGANIZATIONS TO OPERATE IN THEIR AREAS. THE DECISIONS OF THE EXECUTIVE	
COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY. THIS PROCESS WAS LAST PERFORMED	
FOR THE 2018-2019 FISCAL YEAR. THE EXECUTIVE COMMITTEE ALSO PERFORMED A	
REVIEW OF THE COMPENSATION OF JA NEW YORK'S CHIEF FINANCIAL OFFICER FOR THE	
2019-2020 FISCAL YEAR SIMILAR TO THE REVIEW OF THE COMPENSATION OF THE	
PRESIDENT DESCRIBED IN RESPONSE TO PART VI, ITEM 15A ABOVE.	

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

JA NEW YORK MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. JA NEW YORK'S

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number						
JUNIOR ACHIEVEMENT OF NEW YORK, INC.	13-3031828						
FORM 990 AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON ITS WEBSITE,							
WWW.JANY.ORG							

923841 12-30-19

** PUBLIC DISCLOSURE COPY **

Application for Automatic Extension of Time To File an

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Rev. January 2020)

Form **8868**

Exempt Organization Return

File a separate application for each ret
--

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.

Туре о	Name of exempt organization or other filer, see instru-	e instructions.			Taxpayer identification number (TIN)		
print	TINITON A GUT DUDWENT OF NEW YORK THE				13-3031828		
File by th						51020	
due date filing you return. S	[#] 420 LEXINGTON AVENUE NO. 205						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10170							
Enter the Return Code for the return that this application is for (file a separate application for each return)							
Applic	ation	Return	Application	F			
ls For		Code	Is For	Code			
Form §	990 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form §	990-BL	02	Form 1041-A	Form 1041-A			
Form 4	1720 (individual)	03	Form 4720 (other than individual)	09			
Form §	990-PF	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				
 CHRISTOPHER MALIN The books are in the care of ▲ 420 LEXINGTON AVE SUITE 205 - NEW YORK, NY 10170 Telephone No. ▲ 212-907-0077 Fax No. ▲ If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▲ If this is for the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ If the organization named above. The extension is for the organization's return for: ▲							
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less	•			
•	any nonrefundable credits. See instructions. 3a \$				\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					^	
				3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					0.	
	using EFTPS (Electronic Federal Tax Payment System). Se n: If you are going to make an electronic funds withdrawa tions.			3c 153-EO an	\$ d Form 88		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2020)