•	î	2021	

O-598-21

NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: Junior Achievement of Kentuckiana. INC. Applicant Requested Amount: \$25,000.00 Appropriation Request Amount: \$4,000.00 \$4,500. \$12,750 \$20,500

Executive Summary of Request

The funding will be used to pay for Junior Achievement's extensive activity based curriculum materials which includes kits for in class studies and licensing rights for virtual program user lessons.

 Is this program/project a fundraiser?
 Yes
 No

 Is this applicant a faith based organization?
 Yes
 No

 Does this application include funding for sub-grantee(s)?
 Yes
 No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

21 District #

Primary Sponsor Signature

_ _

<u>11/4/</u>

\$4,000

Amount

11/4/2021 Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors. District 22 Legislative Assistant Jared M. Townes; Serves on the Junior Achievement Young Board as a volunteer member.

Approved by: R.J. Blauhl

11/22/2021

Date

Appropriations Committee Chairman Final Appropriations Amount: <u>\$20,500</u>

1 | Page Effective May 2016

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Approved Comm Date: 11/17/21

NOV 5 2021 PH 2:54

Applicant/Program:

Junior Achievement Kentuckiana, INC./ Junior Achievement Curriculum Materials

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors. District 22 Legislative Assistant Jared M. Townes; Serves on the Junior Achievement Young Board as a

volunteer member.

Council Member Signature and Amount

District 1	Jessica Green Bart Stm	\$ 500	_
District 2	Bar Som	\$_\$1,000	
District 3		\$	M
District 4	Jecorey Arthur Donna Purvis	\$ <u>1,000</u> \$4,000	<i>.</i>
District 5	Vonna Purrus	\$_500	
District 6_		\$ _500	
District 7	Paula McCraney	\$_500	
District 8		\$	
District 9	Bill Hollander	\$250	
District 10	Bill Hollander Earnon Mulult	\$_250	
District 11		\$	
District 12	Rick Blackwell	\$250	
District 13	Mark Fox	\$ <u>1,500</u> (F	
District 14	Rick Blackwell Mark Fox Lindi Fowler 4-Tam	\$ 500 \$1,000	
District 15			

2 | Page Effective May 2016

Applicant/Program:

Junior Achievement Kentuckiana, INC./ Junior Achievement Curriculum Materials

Additional Disclosu	are and Signatures	1
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Robin J. Engel District 22 District 23	\$\$	
District 24 Madonna Flood District 25 Amy Holton Stewart	\$ <u>500</u> \$ <u>500</u>	
District 26	\$	
Effective May 2016		

LOUISVILLE MIETRO COUNCIL	
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION	PRESERVICE.
Legal Name of Applicant Organization Junior Achievement Kentuckiana, INC.	
Program Name and Request AmountJunior Achievement Curriculum Materials \$25,000	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? \checkmark	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
 Kentucky Secretary of State? Louisville Metro Revenue Commission? Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? 	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes NA
Is the most recent annual audit (if required by organization) included?	Yes -
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	Yes
Prepared by: Jared M. Townes LA District 22 Date: 11/4/2021	

4 | Page Effective May 2016

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Legal Name of Applicant Organization: (ar listed on: http://www.sacky.gov/businesytecode Junior Achievement of Kentuckiana, Inc. (ar listed on: http://www.sacky.gov/businesytecode Junior Achievement of Kentuckiana, Inc. (ar listed on: http://www.sacky.gov/businesytecode Main Office Street & Mailing Address: 1401 W. Muhammad Ali Blvd., Louisville, KY 40203 Applicant Contact: Debra H. Hoffer Title: President Phone: 502-569-9210 Email: dhoffer@jaky.org Organization's Representative who attended NDF Training: Jillian Cantu GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED Program Facility Location(s): Public, Parochial and Private Schools in Jefferson County All of Jefferson County SECTION 2 - PROGRAM REQUEST & FIRANCIAL INFORMATION PROGRAM/PROJECT NAME: Junior Achievement Curriculum Materials PROGRAM/PROJECT NAME: Junior Achievement Curriculum Materials Total Metro Award (this program) in previous year: (\$) 11,300 Purpose of Request (check all that apply):			SECTION 1-	APPLICANT INFORMATI	ION
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Website: www.jaky.org Applicant Contact: Debra H. Hoffer Title: President Phone: 502-569-9210 Email: dhoffer@jaky.org Financial Contact: Debra H. Hoffer Title: President Phone: 502-569-9210 Email: dhoffer@jaky.org Organization's Representative who attended NDF Training: Jillian Cantu GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED Program Facility Location(s): Public, Parochial and Private Schools in Jefferson County, Kentucky Council District(s): All Zip Code(s): All of Jefferson County SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION ROGRAM/PROJECT NAME: Junior Achievement Curriculum Materials In previous year: (\$) 11,300 urpose of Request (check all that apply):			pusiness/records		-
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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Page 1 Effective May 2016



SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Incorporated in 1949, Junior Achievement of Kentuckiana's (JAKY's) age-appropriate classroom and experiential programs teach financial literacy, work readiness and entrepreneurship. JAKY has made the commitment to serve all students in the region five times in their school careers. JAKY uses classroom lessons taught by volunteers and teachers, as well as hands-on experiences in Sam Swope JA BizTown®, in Chase JA Finance Park®, at JA Inspire and in business job shadowing experiences to help young people understand the economics of life. JAKY served 70.904 students during 2018-19 (pre-pandemic). Substantial progress has been made toward the goal of serving all students in the region with five JA programs during their K-12 school careers: JA BizTown, JA Finance Park, JA Inspire and elementary and high school classroom programs. JAKY's largest education partner, Jefferson County Public Schools, with an extremely high percentage of low to moderate income students, has formally integrated JA programs into the official curriculum, as have other area school systems. JA has just begun the 3DE by Junior Achievement pilot in the Academy @ Shawnee and Valley High School. 3DE by Junior Achievement is an innovative, new model for high school redesign currently in its Phase II pilot. The model improves Jefferson County Public Schools' Academies of Louisville structure with project-based learning in the form of competency-based case methodology. Four JCPS high schools-the Academy @ Shawnee, Valley High School, Iroquois High School and one other, TBA-will participate in the 4-year pilot which went live this fall. The 3DE model will, over a period of four years, serve all students at each school, thus expanding economic opportunity for all students enrolled. JAKY delivers an average of 9.42 instructional contact hours per student per year, compared to the national JA average of 7.74 hours. JAKY has consistently received the Junior Achievement USA Five Star Award, which recognizes the highest level financial solvency, program quality practices, program impact and quality management.

Volunteers are either in-person or via Zoom for classroom programs and JA BizTown and JA Finance Park are booked solid for live programming for the 2021-22 school year! A broad range of programs have been scheduled so far this school year:

ELEMENTARY JA BizTown JA Ourselves JA Our Family JA Our Community JA Our City

MIDDLE SCHOOL: JA It's My Future JA Finance Park Virtual – Entry Level JA Finance Park JA Inspire Virtual

HIGH SCHOOL: JA Business Communication – Semester course JA Career Speaker Series JA Company Program JA Economics JA Personal Success JA Personal Finance JA Finance Park Virtual - Advanced

Page 2 Effective May 2016



SECTION 4 - BOARD OF DIRECTORS ANI	D PAID STAFF
Board Member	Term End Date
Chris Brooker, Board Chair	6/30/2024
Todd Spencer, Vice Chair	6/30/2022
Patrick Farnan, Treasurer	6/30/2023
Stephanie Mooney, Secretary	6/30/2024
Julayne Amstutz	6/30/2023
Duffy Baker	6/30/2022
Matt Beebe	6/30/2023
Martin Bell	6/30/2022
loe Bisig	6/30/2022
lerry Burke	6/30/2022
Marc Charnas	6/30/2022
Brandee Couvillion	6/30/2023
vancy Davis	6/30/2022
eah Eggers	6/30/2023
Cenneth Faith	6/30/2024
atrick Farnan	6/30/2022
Ben Fultz	6/30/2024

Describe the Board term limit policy:

I

Bylaws Section 1.1 Recommendations for board membership shall be filed with the Board Development Committee for consideration and action by the Board Development Committee. New directors will be elected to a one (1) year term. At the expiration of the initial one (1) year term, the directors so elected may be elected to an additional three (3) year term. Thereafter, directors may be re-elected at an Annual Meeting for a term of three (3) years. Any director whose term expires may accept a re-nomination or terminate further participation on the board.

Three Highest Paid Staff Names	Annual Salary
Debra H. Hoffer	190,201
Jillian Cantu	100,000
Sharon E. Peacock	100,000



SECTION 5 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The demand for JA programs continues to grow. Of the 70,900 students in the region reached during the 2018-19 school year, JA served 38,937 Jefferson County students from 203 public, parochial and private schools with 406,028 Instructional Contact Hours. Students were served with JA's programs in EVERY Metro Council District. JA respectfully requests \$25,000 to support its financial literacy, career readiness and entrepreneurship programs during the 2021-22 school year. JA's unique classroom delivery system pairs community volunteers with classrooms. Through a portfolio of age-appropriate curriculum, JA programs equip youth with the knowledge and skills necessary to compete in an ever complex and changing global economy. JA's programs focus on teaching youth skills that will be required of them in the 21st century, including critical thinking, communication, problem solving, collaboration and teamwork. JA provides volunteer training, materials and the support necessary to bolster the chances for student success. This funding will help support programs for a portion of the total Jefferson County students being served, 4,000 students who will be taught 20,000 instructional hours with the support of 160 volunteers, either in the classroom or in JA BizTown and JA Finance Park. In addition to helping young people develop skills and acquire knowledge, JA programs ensure that students have the confidence, sense of self worth and positive attitude toward the future that help them to be ready to graduate from high school, transition to some form of post-secondary education and to succeed in the workplace. While we were able to offer schools high quality digital programs during the pandemic, we are very excited to now offer to teachers both deep-impact live and virtual programs, depending on a school's needs. Our preference is to welcome students for live experiences in our learning labs and classrooms, but programs will also be available virtually via the Internet.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The funding will be used to pay for JA's extensive, activity-based curriculum materials and program content licensing. There will be no subgrantee(s). manual and virtual

Page 4 Effective May 2016



C: If this request is	a fundraiser, please detail how the proceeds will be spent:
N/A	
D: For Expenditure	Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30	of Metro fiscal year in which the grant is approved. If any part of this funding request is for
funds to be spent be	fore the grant award period, identify the applicable circumstances:
The funding req	uest is a reimbursement of the following expenditures that will probably be incurred after the
application date	, but prior to the execution of the grant agreement:
application.	is option, the invoice, receipt and payment documentation should not be available as of the date of this
The Grantee will b	e required to submit financial reporting in accordance with the reporting schedule provided in the
grant agreement.	
JA Curriculum Materia	als and Program Licensing
Reimbursements	should not be made before application date unless an emergency can be demonstrated
by the primary co	puncil sponsor. The funding request is a reimbursement of the following expenditures (attach
invoices or proof	
identified in th	
 Attach a copy of the second sec	of cancelled checks to provide proof of payment of the invoices or receipts associated with the work
plan identified	in this application.

Page 5 Effective May 2016



E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

Students will gain an understanding of financial literacy, work readiness and entrepreneurship. Measurable outcomes: 4,000 youth will participate in an average of 5 hours of instructional activities each that teach financial literacy, work readiness and entrepreneurship.

Volunteers will be introduced to opportunities to volunteer in schools and in JA BizTown/JA Finance Park. They will cause classroom learning to become more relevant to students by sharing real-world testimonials and life-like simulations.

Measurable outcomes: 160 volunteers will be recruited to teach 160 classes, either in the classroom or at JA BizTown/JA Finance Park. Volunteers will establish relationships with educators that, for a percentage of the volunteers, lead to other types of volunteerism in the schools.

Educators will gain a greater appreciation for relating what they teach in the classroom to the world outside the classroom.

Measurable outcome: 160 teachers will experience entire economics education programs that are delivered by caring adults working in the business community.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

JA partners very closely with schools in Jefferson County to coordinate programs. Teachers are always present in the classroom while the volunteer is teaching, and they assist in classroom management and program delivery when appropriate. Teachers also are present in JA BizTown and JA Finance Park to ensure that students maximize the opportunity in the learning laboratories. JA also has strong, collaborative relationships with more than 250 businesses who regularly encourage their employees to volunteer for JA. Each year, more teachers request programs than JA is able to deliver, which is why support from the Neighborhood Development Fund is critically needed.

Page 6 Effective May 2016



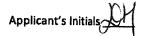
SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES. Column Column Column 1 2 (1+2)=3 Non-Total Proposed Metro **Program/Project Expenses** Funds **Metro Funds Funds A: Personnel Costs Including Benefits** 75600 75600 **B: Rent/Utilities** 5500 5500 **C: Office Supplies** 4000 4000 D: Telephone E: In-town Travel F: Client Assistance (See Detailed List on Page 8) **G: Professional Service Contracts** H: Program Materials 25000 0 25000 I: Community Events & Festivals (See Detailed List on Page 8) J: Machinery & Equipment K: Capital Project L: Other Expenses (See Detailed List on Page 8) ***TOTAL PROGRAM/PROJECT FUNDS** 25000 85100 110100 23 % of Program Budget 77 % % 100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

0
0
85100
0
0
85100
-

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.



Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Total			

Applicant's Initials

iscal Year Start Date: July 1 r Agency anticipate a significant increase or decrease in your budget from the current fiscal yea	Donor*/Type of Contribution	Value of Contribution	Method of Valuat
Total Value of In-Kind 88800 to match Program Budget Line Item. 88800 plunteer Contribution &Other In Kind) 88800 R INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT IDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER WEEK iscal Year Start Date: July 1 r Agency anticipate a significant increase or decrease in your budget from the current fiscal year	Volunteers	16800	160 @ \$21/hr X 5
Total Value of In-Kind to match Program Budget Line Item. plunteer Contribution &Other In Kind) the INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT plunteer Contribution & Other In Kind) the INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT plunteer Contribution & Other In Kind) the INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT plunteer Contribution & Other In Kind) the INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT plunteer Contribution & Other In Kind) the INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT plunteer Contribution & Other In Kind) the INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT plunteer Control & Other In Kind) plunteer Control & Other In Kind) the INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT plunteer Control & Other In Kind) scal Year Start Date: july 1 r Agency anticipate a significant increase or decrease in your budget from the current fiscal year	Classroom Space	72000	160 @ \$90/hr X 5h
Total Value of In-Kind to match Program Budget Line Item. olunteer Contribution &Other In Kind) INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT DIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER WEEK scal Year Start Date: July 1 * Agency anticipate a significant increase or decrease in your budget from the current fiscal year			
INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT DIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS ER WEEK scal Year Start Date: July 1 Agency anticipate a significant increase or decrease in your budget from the current fiscal year	o match Program Budget Line Item.	88800	
	DIVIDUALLY, BUT GROUPED TOGETHEF PER WEEK	E THE IN KIND CONTRIBUTION. R ON ONE LINE AS A TOTAL NOT	VOLUNTEERS NEED NOT NG HOW MANY HOURS
	IDIVIDUALLY, BUT GROUPED TOGETHEF PER WEEK iscal Year Start Date: July 1 Ir Agency anticipate a significant increas	R ON ONE LINE AS A TOTAL NOT	NG HOW MANY HOURS
	IDIVIDUALLY, BUT GROUPED TOGETHEF PER WEEK iscal Year Start Date: July 1 Ir Agency anticipate a significant increas rojected for next fiscal year? NO	R ON ONE LINE AS A TOTAL NOT	NG HOW MANY HOURS
	IDIVIDUALLY, BUT GROUPED TOGETHEF PER WEEK iscal Year Start Date: July 1 r Agency anticipate a significant increas rojected for next fiscal year? NO	R ON ONE LINE AS A TOTAL NOT	NG HOW MANY HOURS



1. A & A & A		erender erente	and the second second			
signing Se or her kn rtifications	ction 7 of the Grant Applicatk owledge and/or belief the folic i listed cannot be certified or a	on, the authorized officia wing Assurances and Ce ssured, please explain in	I signing for the a rtifications. If the writing and attac	pplicant org ne is any rea h to this app	anization certific ison why one or plication.	es and assures to the best of more of the assurances or
Standard	Assurances				ant coreement (wnorts and proof of
L A	pplicant understands this appl	ication and its attachmer	tis as well as any i	resumng gra	ant all comend a	chaine ere t
	xpenditure is subject to Kentur pplicant understands if the gro	THE ACCOUNT OF A PARTY	med to Louisville	Metro with	nin 90 days of its	mailing to the applicant, the
2. A	pplicant understands in the gri pproval is automatically revolu	in agreement is not real	be disbursed to o	ur organize	tion.	e staataan ala
						ne all paper or electronic
э. r г	pplicant and any sub gramer ecords related to the awarded	grant for up to five years	of the grant agre	ement date		hird narty (sub-grantee).
4, A	ecords related to the awarded opplicant assures compliance w	rith the grant requirement	its and will monit	or the perio	Gouoroment th	= lefferson County Revenue
5. 1	he Agency is in good standing	with the Kentucky Secret	ally of State, Look	a Palation	Commission	
C	he Agency is in good standing commission, the internal Rever opplicant understands failure b	ue Service, and the Louis	SAILS MAGIN LOUGH	ts included	in the agreemen	nt will result in funds being
6. /	oplicant understands failure b withheid or requested to be rel	o provide the services, p	used.		_	
	withheld or requested to be ret opplicant understands they mu	et return to Louisville Me	tro any unexpend	ied funds b	y July 31 followli	ng the Metro Louisville's fiscal
7. /	Abbitcaut numberstatics med inc		-			union) The Applicant
8. /	year and. Applicant understands they mu	st provide proof of all ex	penditures (cance	eled checks,	receipts, paid in	voices). The applicant
	understands the failure to DIOV	He proof of expenditure	s as required in th	ie grant agr	Sewent Coolo 15	2016 In Lansing works
	or request to be returned if pro	viously dispursed.			the an award nari	od that begins with the Metro
9 . /	Applicant understands If this a	optication is approved, th	e grant agreemer	h the grant	is approved. Exp	od that begins with the Metro enditures associated with this on in order to be considered
1	Council approval date, and will award expected to occur prior	end with June 30 of the	roval date) must	be disclosed	d in this applicati	on in order to be considered
;	sward expected to occur prior	mont				
	compliant with the grant agree		es prior to the ap	proval of th	e application by	the Metro Council, there is no
10.	Applicant understands if we ch guarantee that funding will be	reimbursed, as the Coun	cil may choose no	t to award	the application.	
11.	Annirant will establish safegu	ards to prohibit employe	es or any person t	hat receive	s compensation	from awarded funds from using I conflict of interest, or persona
	their position for a purpose the gain.	at constitutes or present:	the appearance	or personal	DI ORBANIZATIONE	I conflict of interest, or persona
	d Certifications					t and the state of the second
Standar 1.	the first solition is well not	use Louisville Metro Gov	ernment funds fo	r any religio	ous, political of th	BIGHTBI ACTIVITIES
2.	The Agency has a written Affir	mative Action/Equal Opp	ortunity Policy.		ere to stivity /eve	ent based on age, color, disuble
3.	The Agency does not discrimin	ate in employment or in	provision of easy -	ennce/prog	ietnem era veter	ent based on age, color, disable an status.
	The Agency does not discrimin status, national origin, race, re The Agency certifies it will not	ligion, sex, gender identi	ty or sexual orien	to particip	ate in religious, p	political, fraternal or like
4.	The Agency certifies it will not activities in order to receive so	require clients, reupletin	with Louisville M	etro Goveri	nment funds.	
_	activities in order to receive so The Agency understands the A	maricans with Disabilitie	s Act (ADA) and n	nakes reaso	nable accommo	lations.
5.	The Agency understands the P					has with any Councilserson.
Relations	in Disclosure: List below any n	elationship you or any m	ember of your Bo	ard of Direc	tors or employed	es has with any Councilperson,
Councilper	is Disclosure: List below any i son's family, Councilperson's s	taff or any Louisville Mel	tro Government e	mpioyee.		
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laistficatio	the best of my knowledge. on, if faisification is shown after	er funding has been app	analication for th	e eoplying (organization and	have initialed each page of the
repaid. I i	further certify that I am legany	Bottoused to were our o	2979-11-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			and a state of the state of t
applicatio			Pel 1	1	Date:	October 26, 2021
Signatu	re of Legal Signatory:	Debra H. Hoffer	Kelnaf	WP		
		Debra H. Hoffer	,	- •	Title:	President
Legal St	gnatory: (please print):				1	
Legal Si Phone:		Extension:		Email:	dhoffer@jak	y.org

Page 10 Effective May 2016 Applicant's Initials

الوجوار باروني باروده الاجامي ديميم منطبية بالمصبحات الالحطاء



CINCINNATI OH 45999-0038

In reply refer to: 0248188034 July 30, 2021 LTR 4167C 0 84-1267604 000000 00 00010319 BODC: TE

JUNIOR ACHIEVEMENT USA % EDWARD PRIEM II 1 EDUCATION WAY COLORADO SPGS CO 80906

037471

Employer identification number: 84-1267604 Group exemption number: 1116

Dear Taxpayer:

This is in response to your request dated July 21, 2021, for information about your tax-exempt status.

We issued a determination letter to you on January 1994, and you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognize the subordinates on the list you submitted as Exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

For information about filing requirements visit www.irs.gov/charities. Specifically, IRC Section 6033(j) provides that if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

If you have questions, you can call 877-829-5500 between 8 m.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

JUNIOR ACHIEVEMENT OF KENTUCKIANA FEDERAL ID# 61-0476694

0248188034 July 30, 2021 LTR 4167C 0 84~1267604 000000 00 00010320

JUNIOR ACHIEVEMENT USA % EDWARD PRIEM II 1 EDUCATION WAY COLORADO SPGS CO 80906

Sincerely yours,

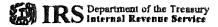
÷.,

Warren Burton

Warren R. Burton, Operations Mgr Accounts Management Operations 1

JUNIOR ACHIEVEMENT OF KENTUCKIANA FEDERAL ID# 61-0476694

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CINCINNATI DH 45999-0038

In reply refer to: 0248284936 July 30, 2021 LTR 4168C 0 84-1267604 000000 00 00010365 BODC: TE

JUNIOR ACHIEVEMENT USA % EDWARD PRIEM II 1 EDUCATION WAY COLORADO SPGS CO 80906

037470

Employer ID number: 84-1267604 Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated July 21, 2021, about your tax-exempt status.

We issued you a determination letter in January 1994, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible beguests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 99D-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 99D or Form 99D-EZ
- Form 99D-PF, Return of Private Foundation or Section 4947(a)(1)
 Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website st www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 s.m. and 5 p.m.,

JUNIOR ACHIEVEMENT OF KENTUCKIANA FEDERAL ID# 61-0476694

0248284936 July 30, 2021 LTR 4168C 0 84-1267604 000000 00 00010366

JUNIOR ACHIEVEMENT USA % EDWARD PRIEM II 1 EDUCATION WAY COLORADO SPGS CO 80906

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Warran Buston

Warren R. Burton, Operations Mgr Accounts Management Operations 1

JUNIOR ACHIEVEMENT OF KENTUCKIANA FEDERAL ID# 61-0476694

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JUNIOR ACHIEVEMENT OF KENTUCKIANA 2021-22 OPERATING BUDGET

8/17/21 9:34 AM	BUDGET	
	 2021-22	
INCOME	 	
Jefferson County	\$ 410,450	
District	\$ 64,000	
JA City	\$ 336,000	
Program Sponsors/Individual	\$ 255,500	
Endowment Income	\$ 120,000	
Special Events	\$ 178,000	
Board Dues	\$ 29,970	
Other	\$ 2,000	
INCOME	\$ 1,395,920	
PPP 2	\$ 148,950	
TOTAL INCOME	\$ 1,544,870	
EXPENSES	 	
Salaries	\$ 835,146	
Taxes/Benefits	\$ 164,763	
Professional Fees	\$ 57,667	
Staff Training & Travel	\$ 16,200	
Programs	\$ 271,765	
Facility	\$ 48,879	
Fund-Raising	\$ 1,750	
Office	\$ 42,440	
Subscriptions & Dues	\$ 4,000	
General Insurance	\$ 13,622	
Public Relations	\$ 500	
Interest Expense	\$ -	
Board Expense	\$ 3,000	
Miscellaneous	\$ 1,000	
TOTAL EXPENSES	\$ 1,460,732	
	 1,100,752	
VARIANCE +/-	\$ 84,138	

Junior Achievement of Kentuckiana Income Statement For the Three Months Ending September 30, 2021

	Current Actual	Current Budget	Year to Date Actual	Year to Date Budget	Annual Budget
Operating -					
Total Revenues	83,905	105,100	510,407	397,450	\$1,544,870
Total Expenses	123,663		•	•	\$1,460,732
Net - Operating	(39,758)	(29,723)	188,337	28,291	\$84,138
Captial - 3DE Foundation	0 0	0 0	0 0	0 0	\$0 \$0
Net Income (Loss) - 3DE Foundation		0	0		\$0 =======
Capital - Foundation	0	0	10,000	0	\$0
Depreciation Expense	0	0	0	0	\$0
Board Restricted					
Unrealized Gain/(Loss) Realized Gain/(Loss) Investment Fees	50,524 0 (2,246)	0 0 0	50,524 0 (2,246)	0 0 0	\$0 \$0 \$0
Net Income - Board Restricted	48,278	0	48,278	0	\$0
Bad Debt Gain (Loss) on Disposal of Fixed Assets	0 0	0 0	000	0 0	\$0 \$0
Change in Net Assets	8,520 ====================================	(29,723)	246,616	28,291	84,138

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No CPA provides any assurance of these tinancial statements

Junior Achievement of Kentuckiana Operating Income Statement September 30, 2021

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	Current Actual	Current Budget	Year to Date Actual	Year to Date Budget	Annual Budget
Income					
Jefferson County	43,329	13,500	225,049	43,000	410,450
Districts	2,055	3,500	9,855	4,900	64,000
Program Sponsorships	15,750	50,000	111,300	77,000	255,500
JA Čity	10,000	25,000	92,500	84,500	336,000
Interest Income	. 1	0	3	0	000,000
Special Events	8,706	7,000	40,635	26,500	178,000
Other Income	0	100	0	149,050	150,950
Board Fees	Ő	6,000	27,000	12,500	29,970
Endowment Income	4,064	0	4,064	0	120,000
Total Income	83,905	105,100	510,407	397,450	1,544,870
Expense					
Personnel	81,441	85,000	238,036	243,500	999,909
Professional Fees	3,711	4,979	12,601	12,936	57,667
Staff Training & Travel	700	1,400	2,461	3,600	16,200
Programs	27,507	31,589	44,385	84,356	271,765
Facility	4,062	4,200	11,013	11,079	48,879
Fund Raising	0	. 0	195	0	1,750
Office	5,751	4,000	11,474	8,500	42,440
Subscriptions & Dues	335	300	1,167	1,200	4,000
General Insurance	0	3,155	219	3,489	13,622
Public Relations	0	0	13	0	500
Board Expense	144	100	144	200	3,000
Interest Expense	0	0	0	0	0
Miscellaneous Exp.	12	100	362	300	1,000
Total Expense	123,663	134,823	322,069	369,160	1,460,732
Net Income	(39,758)	(29,723)	188,337	28,291	84,138

No CPA provides any assurance of these financial statements

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JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. BALANCE SHEET September 30, 2021

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	Current	June 30, 2021	Prior Year Current
	Month	Audited	Month
ASSETS			
Current Assets			
Cash - Chase Cash - Stock Yards Bank	\$98,290.38	\$233,125.44	\$195,829.13
	\$16,909.62	\$16,909.20	\$15,487.79
MMA - PNC Capital Campaign MMA - Chase Capital Campaign	\$16,713.41	\$6,719.18	\$5,206.51
MMA - Republic Bank	\$13,136.21	\$13,135.56	\$13,133.63
A/R - Other	\$3,461.80	\$37,819.64	\$20,139.72
Investments- StockYards Bank	\$0.00	\$0.00	\$0.00
Investments - SlockYards Bank Board Restricted	\$2,689,838.19	\$2,637,025.14	\$2,068,185.79
Pledges - F/Y 2020	\$689,810.74	\$690,281.18	\$0.00
Pledges - F/Y 2021	\$0.00	\$211.90	\$15,718.80
Pledges - F/Y 2022	\$183,382.66	\$234,942.66	\$132,696.30
Allowance for Uncollectibles	\$177,910,00 (\$5,238.10)	\$0.00	\$0.00
Total Current Assets		(\$8,000.00)	(\$2,500.00)
Total Corrent Assets	3,884,214.91	3,861,969.90	2,463,897.67
Property & Equipment	\$7,010.00	\$7,010.00	\$7,010.00
Hall of Fame Exhibit - Convention Center	\$340,841.50	\$340,841.50	\$340,841.50
JA BizTown Enhancements	\$124,698.32	\$124,698.32	\$125,330.32
JA Finance Park Enhancements	\$24,988.02	\$24,988.02	\$24,988.01
T Strategy Implementation	\$187,256.81	\$182,900.38	\$204,191.45
A Inspire Assets	\$22,170.00	\$22,170.00	\$22,170.00
Iannah Board Room Enhancements	\$9,508.81	\$9,508.81	\$9,508.81
Building/Architect/Construct	\$2,383,778.96	\$2,372,355.27	\$2,372,355.27
Design & Project Management	\$160,908.88	\$160,908.88	\$160,908.88
Equipment	\$57,498.70	\$57,498.70	\$58,150.70
umishings	\$231,503.81	\$231,503.81	\$232,203.79
Accumulated Depreciation	(\$1,883,088.40)	(\$1,883,088.40)	(\$1,738,914.21)
otal Property and Equipment	1,687,075.41	1,651,295.29	1,818,744.52
Other Assets			
repaid Expenses	\$0.00	\$16,236.42	\$500.00
Deposit - Utilities	\$5,000.00	\$5,000.00	
ivestments - PNC Harrison Co.	\$244,857.77	\$244,857.77	\$5,000.00
vestments in Pooled Income	\$37,602.06	\$37,602.06	\$179,389.25
vestments - Comm. Fdn.	\$8,299.83	\$8,299.83	\$30,241.30 \$6,821.91
und Accounting Adjustment	\$28,000.00	\$0.00	\$20,050.00
otal Other Assets	323,759.66	311,996.08	
otal Assets	5,875,049.98	5,825,261.27	4,524,644.65
LIABILITIES		*************	***********
urrent Liabilities			
ccounts Payable - Operating	\$8,548.36	\$15,923.68	\$4,415.38
ayable - 3DE	\$878,650.00	\$863,150.00	34,4 15.38 \$0.00
crued Expenses	\$45,364.15	\$101,725.85	\$23,693,25
emp. Restricted Income	\$0.00	\$0.00	\$23,053.25
tal Current Liabilities	932,662.51	980,799.53	28,108.63
P - SYB/ PPP	\$0.00	\$148,590.00	\$214,100.00
otal Long Term Liabilities	0.00	148,590.00	214,100.00
Nal Liebilities			
	932,562.51	1,129,389.53	242,208.63
NETASSETS			
Assets Unrestricted	\$2,386,177.60	\$1,864,716.59	\$1,825,086.59
t Assets - Board Restricted	\$2,284,638.00	\$2,284,638.00	\$2,261,989.00
mporary Restricted Net Assets	\$25,056.14	\$25,056.14	\$87,335.14
t Income	246,615.73	521,461.01	108,025.29
	4,942,487.47	4,695,871.74	4,282,436.02
tal Llabilities & Net Assets	5,875,049,98	5,825,261.27	
	0,010,040,00	0.020.201.21	4.074.044.05

No CPA provides any assurance of these financial statements



November 11, 2020

Ms. Debra Hoffer Junior Achievement of Kentuckiana, Inc. 1401 W. Muhammad Ali Blvd. Louisville, KY 40203

Dear Ms. Hoffer:

Enclosed are the original and one copy of the 2019 Exempt Organization return, as follows...

2019 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

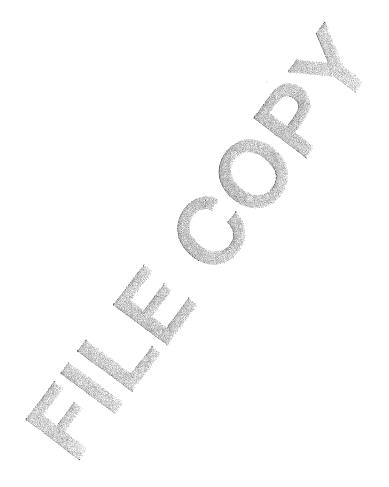
We have prepared the enclosed tax returns from your books of account and/or information submitted by you without verification by us. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and is supported by the records as required by You should retain all the documents, receipts, law. cancelled checks and other data that form the basis of income and deductions. The tax laws specifically state that you are responsible for the preparation and the accuracy of the returns. Even though you have engaged us, the ultimate responsibility for the return is yours. Because of this, if there is anything on the returns we have prepared that you do not understand, please ask us to explain what was done. We want you to feel satisfied with the accuracy of the returns before they are submitted.

In addition, a copy of Form 990 should be mailed to Attorney General, Frankfort, Kentucky 40601. An addressed envelope is enclosed for your convenience.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Sarah K. Antle



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Ms. Debra Hoffer Junior Achievement of Kentuckiana, Inc. 1401 W. Muhammad Ali Blvd. Louisville, KY 40203
Deming Malone Livesay & Ostroff PSC 9300 Shelbyville Road Suite 1100 Louisville, KY 40222-5187
Not applicable
Not applicable
Not applicable
Not applicable
This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-1878
Form OOI 3-EO		20	
	For calendar year 2019, or fiscal year beginning JUL 1 , 2019, and ending JUN 30	, 20 <u>20</u>	2019
Department of the Treasury	Do not send to the IRS. Keep for your records.		
Internal Revenue Service Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest information.	I Free Lawrence	11
Name of exempt organization		Employer	identification number
JUNIOR ACHIEV	EMENT OF KENTUCKIANA, INC.	61-0	476694
Name and title of officer			
DEBRA HOFFER			
PRESIDENT			
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5a	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fr a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab	then leave	line 1b, 2b, 3b, 4b, or 5b,
than one line in Part I.	and (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab	le line delo	W. Do not complete more
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,918,721.
2a Form 990-EZ check he		2b	
3a Form 1120-POL check	here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check he	re b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here		5b	
		••••••	
Part II Declarat	ion and Signature Authorization of Officer		
Under penalties of perjury, electronic return and accor further declare that the am intermediate service provic (a) an acknowledgement o the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later tha processing of the electroni	I declare that I am an officer of the above organization and that I have examined a copy mpanying schedules and statements and to the best of my knowledge and belief, they a ount in Part I above is the amount shown on the copy of the organization's electronic re- er, transmitter, or electronic return originator (ERO) to send the organization's return to i receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- oplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organiz titution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial is c payment of taxes to receive confidential information necessary to answer inquiries and personal identification number (PIN) as my signature for the organization's electronic re- lectronic funds withdrawal.	are true, con eturn. I cons the IRS and essing the re electronic fi ation's fede Treasury F institutions d resolve is	rrect, and complete. I sent to allow my d to receive from the IRS eturn or refund, and (c) unds withdrawal (direct eral taxes owed on this "inancial Agent at involved in the sues related to the
X I authorize DE	AING MALONE LIVESAY & OSTROFF PSC	to enter my	PIN 76694
	ERØ firm name		Enter five numbers, bu do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature 🕨

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	1	3	1	5	8	0	9	3	0	0	 ٦
1	Do	n	ot	en	te	r a	11	ze	ro	\$	

Date 🕨

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature 🕨		Date 🕨
	ERO Must Retain This Form - See	Instructions
D	o Not Submit This Form to the IRS Unless	Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 923051 10-03-19

Form 8879-EO (2019)

			E	XTENDED TO MAY 17,	2021				
	C			rganization Exempt				OMB No. 1545-0047	
Fo				or 4947(a)(1) of the Internal Revenue	-		dations)		
Dep	artmen	nuary 2020) t of the Treasury		social security numbers on this form	-	•		Open to Public	
		venue Service		.irs.gov/Form990 for instructions an			0.00	Inspection	
			ar year, or tax year beginni	ng JUL 1, 2019 and	ending J	1	020	-	
	Check i applica	ble:	f organization			D Employer id	entificati	on number	
[Add	JUNI	OR ACHIEVEMENT	OF KENTUCKIANA, IN	c.				
Γ	Nam		usiness as	01 11211100112111/ 211	<u> </u>	61-0476694			
	Initia		E Telephone nu		······				
	Fina	l 1401	W. MUHAMMAD A			(502)		437	
	term ated	City or to		try, and ZIP or foreign postal code		G Gross receipts \$		3,074,212.	
	lretur			203		H(a) Is this a gro	oup returr		
Applica- tion pending F Name and address of principal officer: DEBRA HOFFER for subordinates?									
		SAME				H(b) Are all subordir			
		xempt status:	X 501(c)(3) 501(c) (JAKY.ORG)◀ (insert no.) 4947(a)(1)	or 🛄 527			(see instructions)	
		of organization:		Association Other		H(C) Group exer	nption nu	te of legal domicile: KY	
	art I						M Sla	ite of legal domicile. K I	
L	1		e the organization's mission	or most significant activities: TO I	NSPIRE	AND PREF	ARE	YOUNG	
Activities & Governance	1.			A GLOBAL ECONOMY.	<u> </u>				
rna	2			n discontinued its operations or dispo	sed of more	than 25% of its r	et assets		
ove	3		ing members of the governin		A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O		3	78	
ى ھ	4	Number of inde	ependent voting members of	f the governing body (Part VI, line 1b)			4	78	
es	5	Total number o	5	34					
iviti	6	Total number o	6	194					
Act				essary) VIII, column (C), line 12			7a	0.	
	Ь	Net unrelated b	ousiness taxable income from	n Form 990-T, line 39	<u></u>		7b	0.	
				No. L		Prior Year 1,560,04		Current Year	
Jue	89		and grants (Part VIII, line 1h)		4	$\frac{1,500,04}{223,72}$		1,398,430. 192,895.	
Revenue	10	-	e revenue (Part VIII, line 2g)	nes 3, 4, and 7d)		115,77		387,637.	
č	11			, 6d, 8 c, 9 c, 10c , and 11e)		-187,26		-60,241.	
	12			t equal Part VIII, column (A), line 12)		1,712,27		1,918,721.	
	13		nilar amounts paid (Part IX, co	Concentration and Concentration			0.	0.	
	14		o or for members (Part IX, co				0.	0.	
s	15	Salaries, other	compensation, employee be	nefits (Part IX, column (A), lines 5-10)		1,181,48	1.	1,195,293.	
sus	16a	Professional fui	ndraising fees (Part IX, c olun	nn (A), line 11e) (D), line 25) ▶274,22			0.	0.	
Expenses							3013 - 381 - 381		
8				1a-11d, 11f-24e)		882,24		794,698.	
				al Part IX, column (A), line 25)		2,063,72		1,989,991.	
ss	19	Revenue less e	xpenses. Subtract line 18 fro	om line 12		-351,45		-71,270.	
Net Assets or Fund Balances	20	Total assets (Pa	art V line 16)			inning of Current Y 4,575,18		End of Year 4,421,596.	
Asse		Total liabilities (25,73		247,185.	
Net.				1 from line 20	·····	4,549,45		4,174,411.	
Pa		Signature							
_	_			return, including accompanying schedules	and stateme	nts, and to the best	of my know	wledge and belief, it is	
				an officer) is based on all information of whi			-	- ·	
Sign	1	Signature of				Date			
Here	e		HOFFER, PRESI	DENT					
			int name and title		Da	ita I.		DTIN	
Paid		Print/Type prepa מאסגע ג		Preparer's signature		if	h	PTIN	
r aiù D-c-		SARAH K.			<u></u>	self-e	mployed H	01391676	

	I minurype proparer s mane	richarci s siduarci	Chicox
Paid	SARAH K. ANTLE		if self-employed P01391676
Preparer	Firm's name DEMING MALONE LI		Firm's EIN 💊 61-1064249
Use Only	Firm's address 🖕 9300 SHELBYVILLE	ROAD SUITE 1100	
	LOUISVILLE, KY 4	0222-5187	Phone no. (502)426-9660
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
			= 000 (100 (100 (100 (100 (100 (100 (100

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

	n 990 (2019) JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Pa
Pa	It III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	JUNIOR ACHIEVEMENT OF KENTUCKIANA'S MISSION IS TO INSPIRE AND PREPARE
	YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. THE ORGANIZATION IS THE
	REGION'S LEADING PROVIDER OF LIFE-CHANGING ECONOMICS PROGRAMS FOR STUDENTS.
2	
~	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.
5	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.
-	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	
40	(Code:) (Expenses \$ 1,534,005. including grants of \$) (Revenue \$ 193,22 JUNIOR ACHIEVEMENT OF KENTUCKIANA'S PROGRAMS INCLUDE EDUCATING
	ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN THE AREAS OF FREE
	ENTERPRISE, BUSINESS ECONOMICS AND WORKPLACE PREPARATION. THESE PROGRAMS ARE DEDICATED TO GIVING YOUNG PEOPLE THE KNOWLEDGE AND SKILL
	THEY NEED TO OWN THEIR ECONOMIC SUCCESS, PLAN FOR THEIR FUTURE AND MA
	SMART ACADEMIC AND ECONOMIC CHOICES. JUNIOR ACHIEVEMENT EMPOWERS
	STUDENTS TO MAKE A CONNECTION BETWEEN WHAT THEY LEARN IN SCHOOL AND H
	IT CAN BE APPLIED IN THE REAL WORLD. THIS ENHANCES THE RELEVANCE OF
	THEIR CLASSROOM LEARNING AND INCREASES THEIR UNDERSTANDING OF THE VAL
	OF STAYING IN SCHOOL.
	<u>or primiting in periodel</u>
Hb	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
c	(Code:) (Expenses \$ including grants of \$) (Bevenue \$
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
•	
•	
•	
- - - - -	
	Other program services (Describe on Schedule O.)
((Expenses \$ including grants of \$) (Revenue \$)
(

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
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	x	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	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	<u>ل</u>		<u> </u>
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	1
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,		x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	_	
	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		x
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>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	<u> </u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u></u>
	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	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
932003		Form	990 (2	

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3

Form 990 (2019)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> </u>		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u></u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	Reaction	
	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	. Na sela d	224,008	\$123 S.C.
-	"Yes," complete Schedule L, Part IV			v
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		$\frac{x}{x}$
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	28b		<u> </u>
•	"Vas " complete Schedule L. Det III			v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	x	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	-	
00	contributions? If "Yes," complete Schedule M			v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	31		<u> </u>
-	Schedule N. Part II			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
	postions 201 7701 0 and 201 7701 00 K West Harmatate October (1) D. D. (1)			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
04	Port V line 1			
35 a		34	X	
		35a		X
D D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of social 512(b)(12)2 if "Yos " complete Schoolule P. Part I (line 2)			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
00	If INfee II an analytic District to District to District the District to District the Distribution the Distribut			37
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
0,				37
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
00	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V		r	
	check in conclude of contains a response of note to any line in this Part V	T.	L	
4~	Enter the number reported in Pay 2 of Form 1000. Enter 0. West and the Line 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	9-2023 19-2023 19-2023 10		
	(gambling) winnings to prize winners?	1c	X	
932004	01-20-20	Form 9	990 (2	019)

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Form 990 (2019)
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JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	110
	filed for the calendar year ending with or within the year covered by this return 2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	(1.) (1.)	1 1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1995) 1995	1.000	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ľ	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		14	-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		1 1 1	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1		
	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	19.15		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	9.15 SS		· · ·
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		T	
	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	1.12		
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990 (2	2019

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	Form	990 ((2019)
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JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

61-0476694 Page 6

1							- I aye
Part VI	Governance, Managemen	, and Disclosure /	For each "Ye	s" response to line	s 2 through	7b below, and for a "I	No" response
	to line 8a, 8b, or 10b below, descri	e the circumstances, p	processes, o	r changes on Sche	dule O. See	instructions.	

Sec	ction A. Governing Body and Management			
			Yes	;
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 73	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.		10.00	<u>ARATE</u>
ь		2		いたたいない
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		PRESULT
-	officer elimentary transferration of the second sec	106923	<i>388</i> 6666	
•	officer, director, trustee, or key employee?	2	 	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	ļ	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a				
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>	 	•
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	1516961	3
		- SALETE	1888 • •	
a L	The governing body?	<u>8a</u>	X	-
b	Each committee with authority to act on behalf of the governing body?	8 b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	ĺ
10a	Did the organization have local chapters, branches, or affiliates?	10a		•
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			•
	and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	X	•
		11a		3
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- AND A	3889931 •	
128	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		-10705.0	00000
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			100000
а	The organization's CEO, Executive Director, or top management official	15a	Х	100
			~~	
		15b	2,256,263	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			A house and
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1962	16353	Contraction of the local division of the loc
	taxable entity during the year?	16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			And in the local division of
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1414.000
	exempt status with respect to such arrangements?	16b		-
ect	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright KY$			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	avail	•
	for public inspection. Indicate how you made these available. Check all that apply.	jo oniy	uvun	
	Own website Another's website X Upon request Other (explain on Schedule O)			
9		1.1		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u nnan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DEBRA HOFFER, PRESIDENT - (502)561-5437 1401 W. MUHAMMAD ALI BLVD., LOUISVILLE, KY 40203			
	1401 W. MUHAMMAD ALI BLVD., LOUISVILLE, KY 40203	Form		•

Form 990 (2019)	JUNIOR ACHIEVEMENT	OF KENTUCKIANA,	INC. 61-047669	4 Page 7
Part VII Compen	sation of Officers, Directors, Truste	es, Key Employees, Hig	phest Compensated	
Employe	es, and Independent Contractors			
Check if Sc	hedule O contains a response or note to any lin	e in this Part VII		
Section A. Officers, E	Directors, Trustees, Key Employees, and High	hest Compensated Employee	s	
1a Complete this table	for all persons required to be listed. Report con	npensation for the calendar ye	ar ending with or within the organiza	ition's tax year.
List all of the orga	nization's current officers, directors, trustees (v	whether individuals or organiza	tions), regardless of amount of com	pensation.

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)			(C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	is bo	th an	compensation	compensation	amount of
	week				I	T	T	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			nsated		(W-2/1099-MISC)	(11-2/1033-11100)	organization
	organizations	trust	al tru		yee	aduo				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Ē	Former			
(1) JULAYNE RICKETTS AMSTUTZ	2.00					100				_
DIRECTOR		X		19			1983	0.	0.	0.
(2) J. DUFFY BAKER, JR.	2.00						* ***			
DIRECTOR		X					躗	0.	0.	0.
(3) SHERYL BALL	2.00			No.			5			
DIRECTOR		X						0.	0.	0.
(4) MARTIN L. BELL	2.00	99								_
DIRECTOR		X	<u>.</u>	Ac				0.	0.	0.
(5) M. JOSEPH BISIG	2.00		ĺ							
DIRECTOR		X						0.	0.	0.
(6) CHRISTOPHER W. BROOKER	2.00	10								-
BOARD CHAIR		X		X				0.	0.	0.
(7) JERRY N. BURKE	2.00	_								-
DIRECTOR	0.00	X						0.	0.	0.
(8) NIKKI CARVER	2.00									<u> </u>
DIRECTOR	2 00	X						0.	0.	0.
(9) MARC B. CHARNAS	2.00	x						0		0
DIRECTOR	2.00	<u>^</u>						0.	0.	0.
(10) NANCY B. DAVIS	2.00	x						0.	0	0
DIRECTOR (11) LEAH A. EGGERS	2.00	^						U.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(12) KENNETH W. FAITH II	2.00	^	_	-+				<u> </u>	<u>v.</u>	<u> </u>
DIRECTOR	2.00	x						Ο.	ο.	0.
(13) PATRICK R. FARNAN	2.00							0.	· · ·	<u> </u>
TREASURER		x		x				Ο.	0.	0.
(14) DR. RALPH FITZPATRICK	2.00				-+			· · ·	· · ·	v .
EX-OFFICIO		x						0.	0.	0.
(15) PAUL G. FULTZ	2.00		-+	-+	-+		-		· · · · · · · · · · · · · · · · · · ·	<u>v.</u>
DIRECTOR		x						0.	ο.	0.
(16) CLINTON L. GLASSCOCK	2.00	<u> </u>	-+	-+		-+		ÿ.]	<u>``</u>	~••
DIRECTOR		x						0.	0.	0.
(17) THOMAS C. GLEASON	2.00		-+	-+	+	\dashv		.	.	<u> </u>
DIRECTOR		x						0.	0.	0.
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s, Trustees, Key Er	nploy	yees	, an	d Hi	ighe	est C	Compensated Employe	es (continued)		
(B) Average hours per week	box	o not c k, unle	Pos heck ss pe	itior ^{more} rson	than is bo	th an	(D) Reportable compensation from	(E) Reportable compensation from related	Estim amou	ated nt of
below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organiz and re	the zation lated
2.00	x						0.	0.		0.
2.00							0.	0.		0.
2.00							Es.			
2.00										0.
2.00										0.
2.00										0.
2.00	X				Ø	nie Germa	0.	0.		0.
2.00	X		_			der.	0.	0.		0.
2.00	X						0.	0.		0.
	x						0.	0.		0.
art VII, Section A	¢.		••••••	·····			391,582. 391,582.	0. 0.	27, 27,	$\frac{1}{483.}$
	nosé	liste	d ab	ove) wł	o re	ceived more than \$100	,000 of reportable		2
fficer, di rect or, trust J for such individ ual	ee, k	ey e	mplo	oyee	e, or	higł	nest compensated emp	loyee on		s No X
the sum of reportab \$150,000? If "Yes,	le co " <i>cor</i>	mpe <i>mple</i>	nsat te Si	tion che	and dule	oth J fo	er compensation from t or such individual	he organization	4 X	
						elate	ed organization or indivi	dual for services	5	x
									ation from	
.)				th o	or wi	thin	(B)		(C)	
	NC	DNE	5 Parrier				Description of se	ervices C	ompensati	on
	s, Trustees, Key Er (B) Average hours per week (list any hours for related organizations below line) 2.000 2.00	s, Trustees, Key Employ (B) Average hours per week (list any hours for related organizations below line) 2.00 X 2.00	s, Trustees, Key Employees (B) Average hours per week (list any hours for related organizations below line) 2.00 X 2.00 2.0	s, Trustees, Key Employees, an (B) (C) Average hours per week (list any hours for related organizations below line) 2.00 X X X X X X X X X X X X X X X X X X	s, Trustees, Key Employees, and Hi (B) (C) Average hours per week (list any hours for related organizations below line) 2.00 X 2.00	s, Trustees, Key Employees, and Highe (B) Average hours per week (list any hours for related organizations below line) 2.00 X X 2.00 X 2.00 X X X X X X X X X X X X X X X X X X	s, Trustees, Key Employees, and Highest ((B) Average hours per week (list any hours for related organizations below line) 2.00 X 2.00	s. Trustees, Key Employees, and Highest Compensated Employe (B) (C) (D) Average hours per (list any below Position (do not check more than one box, unless person is both an from related (D) 2.000 x 0. 391,582. <td>s, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) Average hours per week (itst any hours for related organizations below line) line) line) 2.000 X 0. (0. (0. (0. (0. (0. (0. (0. (0. (0.</td> <td>s, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) Average hours per week (IIst args periods both an other than one officer and a director/trustee) (IIst args periods both an other than one officer and a director/trustee) (IIst args periods both an other than one officer and a director/trustee) (IIst args periods both an other than one officer and a director/trustee) (IIst args periods both an other than one organizations organizations III args periods both an other compensation from related organizations IIII args periods both an other compensation from related organizations IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</td>	s, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) Average hours per week (itst any hours for related organizations below line) line) line) 2.000 X 0. (0. (0. (0. (0. (0. (0. (0. (0. (0.	s, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) Average hours per week (IIst args periods both an other than one officer and a director/trustee) (IIst args periods both an other than one officer and a director/trustee) (IIst args periods both an other than one officer and a director/trustee) (IIst args periods both an other than one officer and a director/trustee) (IIst args periods both an other than one organizations organizations III args periods both an other compensation from related organizations IIII args periods both an other compensation from related organizations IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

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JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694

Part VII Section A. Officers, Director		T	oyee	10, 0		nıgi	iest			(=)
(A) Name and title	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	1	hecl		sitior that		a h <i>i</i>	Reportable compensation	Reportable compensation	Estimated amount of
	per	<u> </u>	T		T	T app	лу) Т	from	from related	other
	week					8		the	organizations	compensation
	(list any	ctor				nptoy		organization	(W-2/1099-MISC)	from the
	hours for	or director				ted er		(W-2/1099-MISC)		organization
	related	stee o	rustee			ensa				and related
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	dividu	stituti	Officer	y em	ghest	Former			
	line)	ļ.	Ë	5	2 2	Ŧ	æ			
(27) TAMI HATFIELD-KENNEDY DIRECTOR	2.00	x					ĺ	0	0.	0
(28) DR. SHARON KERRICK	2.00	┢				ļ		0.	0.	0
EX-OFFICIO	2.00	x						0.	0.	0
(29) JOHN P. LAWSON, JR.	2.00	₽					├	<u> </u>	٧.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(30) ANN LEONARD	2.00	<u> </u> ≏						. U •	<u> </u>	<u>U</u>
IMMEDIATE PAST CHAIR	2.00	x						0.	0.	0.
(31) JIM MEYERS	2.00		$\left - \right $							0.
DIRECTOR		x						0.	0.	0.
(32) RAJA PATIL	2.00	<u> </u>					-393			
DIRECTOR		x				Å		0.	ο.	0.
(33) CHRIS J. REID	2.00									
DIRECTOR		x					20	0.	Ο.	0.
(34) DAVE RUSSELL	2.00			. Â				- 55 ⁻		
DIRECTOR		X					8	0.	0.	0.
(35) RYAN SIENKOWSKI	2.00									
DIRECTOR		Х				100		0.	0.	0.
(36) ADAM SIMON	2.00				11111					
DIRECTOR	A	X	$\kappa^{(n')}$					0.	0.	0.
(37) DAVID S. SINCLAIR	2.00		તુરવ	E.						
DIRECTOR	100	X	Å					0.	0.	0.
(38) DALE B. SKAGGS	2.00	-								
DIRECTOR	Le.	X						0.	0.	0.
(39) TODD A. SPENCER	2.00									_
VICE CHAIR		X		x	_			0.	0.	0.
(40) J. TODD SPURGEON	2.00									
DIRECTOR		X		-+				0.	0.	0.
(41) ALEXANDER G. STAFFIERI	2.00									<u> </u>
DIRECTOR	2 00	X						0.	0.	0.
(42) SUSAN STAPLES	2.00	J							<u> </u>	0
DIRECTOR (43) WILLIAM SUMMERS V	2.00	X			-+			0.	0.	0.
DIRECTOR		x						0.	ο.	0
(44) BERARD E. TOMASSETTI	2.00						_	U.		0.
DIRECTOR		x						ο.	ο.	0
(45) FRANK O. BARLOW	2.00	-	-+			-+	-+	<u> </u>	· · ·	0.
DIRECTOR		x						0.	0.	0.
46) MATTHEW A. BEEBE	2.00	-	+	+	-+	-+			U .	<u>U.</u>
DIRECTOR		x						0.	0.	0.
	1	43						V •	U • I	U •

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Part VII Section A. Officers, Directors,	Trustees, Key I	Emp	loye	es, a	and	Higl	nest	Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				sitior			Reportable	Reportable	Estimated
	hours	((chec	k all	that	app	oly)	compensation	compensation	amount of
	per week							from the	from related	other
	(list any	Į.				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or director				ed em		(W-2/1099-MISC)	(11 2/1000 1000)	organizatio
	related	stee o	ustee			ensat		,		and related
	organization	af ta	onal tr		oloyee	comp				organization
	below line)	on Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) BRANDEE COUVILLION	2.00		-	[°]	<u> </u> ≚_	<u> </u>	ŭ.			
DIRECTOR		1x						ο.	0.	
(48) BRIAN HART	2.00		+	┼──	†			· · ·	U •	
DIRECTOR		1x					ĺ	. 0.	ο.	
(49) CHRISTOPHER MANZO	2.00		+							
DIRECTOR		1x						0.	ο.	
(50) MEAGHAN REYNOLDS	2.00			<u> </u>				And the second s	.	
DIRECTOR								0.	ο.	
(51) CHRISTY COULTER-ROGERS	2.00	1	1							
EX-OFFICIO		7x						0.	ο.	
(52) DALE SHINKLE	2.00						1993 1993			
DIRECTOR		X					2003) 1	0.	0.	
(53) ANTHONY THOMPSON	2.00									
DIRECTOR		X					E. Salar	0.	0.	
(54) GRETCHEN THOMPSON	2.00			ß		0				
DIRECTOR		X				á		0.	0.	
(55) JIM THOMPSON	2.00					l.				
DIRECTOR		X		YE	Ś	1	ř	0.	0.	
(56) MATTHIAS B. WARD DIRECTOR	2.00									
(57) JIM WATKINS		X						0.	0.	
DIRECTOR	2.00	x	б <i>к</i> .	A						
58) JENNIFER L. WILLIAMS	2.00		ji 2,1/3	Æ				0.	0.	
DIRECTOR	2.00	x						ο.	0	
59) JUSTIN ALEXANDER	2.00							U •	0.	
DIRECTOR	2.00	X						0.	0.	
60) DR. SHARON ALLEN	2.00			-			-+	v.	<u> </u>	
X-OFFICIO		x						0.	0.	1
61) CLEO BATTLE	2.00									
IRECTOR		x						ο.	ο.	
62) BENJAMIN C. FULTZ	2.00				-+		+			
IRECTOR		x						0.	ο.	(
63) DEMETRIUS HOLLOWAY	2.00		-+			-+	-			
IRECTOR		х						0.	0.	(
64) DUSTIN LINDSAY	2.00		1	1		1	-			
IRECTOR		х						0.	0.	(
65) STEPHANIE MOONEY	2.00		T				1			
ECRETARY		X		X				0.	0.	(
66) CONNER PARSONS	2.00		T		T		T			
IRECTOR	[X					Ì	0.	0.	(

932201 04-01-19

Form	990
Dar	F VIII

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694

Part VII Section A. Officers, Directors, 1	<u>rustees, Key E</u>	mpl	oye	es, a	and	High	nest	Compensated Employ	ees (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	1		Pos	sitior	ו		Reportable	Reportable	Estimated
	hours	(c	hec	k all	that	app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				Highest compensated employee		the organization	organizations	compensation from the
	(list any hours for	Individual trustee or director				d emp		(W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	e or	stee			nsate	1	(** 2/1033 1000)		and related
	organizations	truste	al tru:		yee	mper				organizations
	below	idual	Institutional trustee	5	Key employee	est co	er			0
	line)	Indiv	Instit	Officer	Key	High	Former			
(67) JOHN LAUNIUS	2.00									
EX-OFFICIO		X						0.	0.	0.
(68) MICHAEL PAYNE	2.00									***************************************
DIRECTOR		X						<u> </u>	0.	0.
(69) MICHAEL REHM	2.00		1							
DIRECTOR		x			ĺ			0.	0.	0.
(70) WILL RIVES	2.00		1					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
DIRECTOR		x						0.	0.	0.
(71) THEODORE SCHEPS	2.00							Con Y		
DIRECTOR		x						0.	0.	Ο.
(72) RACHEL SPURLOCK	2.00						-MA			
DIRECTOR		X					634	0.	0.	Ο.
(73) COURTNEY SWIETERMAN	2.00									
DIRECTOR		X					\$s.	0.	0.	0.
(74) CHRIS TAFT	2.00			A			200	Save.		
DIRECTOR		Х				ŝter.	- 28	0.	0.	0.
(75) KRISTA WARD	2.00									
DIRECTOR		Х					Ŷ	0.	0.	0.
(76) JOHN WURTENBERGER	2.00	835. 1934:			and the second	1.980				
DIRECTOR	Â	X	æ.,					0.	0.	0.
(77) ROBYN YOUNG	2.00	Å	28 <u>0</u>	Mai						
DIRECTOR		X	A					0.	0.	0.
(78) MARK ZOLL	2.00									
DIRECTOR	Alex.	X	-43.					0.	0.	0.
(79) DEBRA H. HOFFER	37.50									
PRESIDENT		1977 - 19		Х				189,220.	0.	9,689.
(80) DEBORAH DALTON	37.50									
SR. VP OF ADVANCEMENT				Х				110,400.	0.	9,007.
(81) SHARON PEACOCK	37.50									
VP OF OPERATIONS	i da			Х				91,962.	0.	8,787.
	16- 16-									
······································										
Total to Part VII, Section A, line 1c								391,582.		27,483.

932201 04-01-19

	m 99 art		(2019) JUNIOR ACHIE	EVEMENT OF	F KENTUCKIA	NA, INC.	61-0476	694 Page 9
are	411	¥1	II Statement of Revenue Check if Schedule O contains a response	se or note to any l	ine in this Part VIII			[]
					(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a		_			
L'E P			Membership dues 1b		A Contraction of the second			
r Ar			Fundraising events	280,007				
ä Big			Related organizations Government grants (contributions)		-			
Si Si			Government grants (contributions) 1e All other contributions, gifts, grants, and					2
buti		•	similar amounts not included above 1f	1,118,423.				
i di		g	Noncash contributions included in lines 1a-1f 1g \$	113,969.	· · · · · · · · · · · · · · · · · · ·			
a S			Total. Add lines 1a-1f	the second s	1,398,430.			
				Business Code				
e	2	а	PROGRAM FEES	900099	192,895.	192,895.		
Program Service Revenue		b				And the second s		
n S En C		c				Sector Contraction		
Rev		d						
, jo		e						
<u>LL</u>		f	All other program service revenue			19 - Carlo C		
	<u> </u>	g			192,895.			
	3		Investment income (including dividends, inte other similar amounts) Income from investment of tax-exempt bond	proceeds	38,714.	S		38,714.
	5		Royalties					
		_		(ii) Personal				
	0		Gross rents 6a Less: rental expenses 6b					
		b	Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	the second s				
			assets other than inventory 7a 1,382,803	aller vie verder det				
ani		b	Less: cost or other basis and sales expenses 7b 1,033,880					
evenue		с	Gain or (loss) 7c 348,923					
Re			Net gain or (loss)	×	348,923.			348,923.
Other R	8		Gross income from fundraising events (not including \$					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8					
			Net income or (loss) from fundraising events	>	-60,569.			-60,569.
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 92 Less: direct expenses 9t					
			Less: direct expenses 9t Net income or (loss) from gaming activities	> >		, The short of the second s	antestitati y mana di 19 ti	And a second filler of the second sec
			Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	• • • • • • • • • • • • • • • • • • •				
<u>0</u>				Business Code			Editor and a surface surface	
Miscellaneous Revenue	11	а	OTHER INCOME	900099	328.	328.		
lê l		b						
Rev		С					T	
Ξ			All other revenue	L				
		e	Total. Add lines 11a-11d	>	328.	이 이 성격 사람이 같다.		
0005-	12		Total revenue. See instructions	▶	1,918,721.	193,223.	0.	327,068.
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Form 9	990 (201	9)
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C) [(D)
<i>Ъ</i> о 7Ь,	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	••••••••••••••••••••••••••••••••••••••			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 040	010 001	00,400	101 00
	trustees, and key employees	429,042.	212,381.	92,438.	124,223
6	Compensation not included above to disqualified		V N		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<u> </u>			
7	Other salaries and wages	518,218.	424,758.	16,115.	77,345
8	Pension plan accruals and contributions (include	100 480		10 010	05 00
	section 401(k) and 403(b) employer contributions)	122,472.	84,276.	12,910.	25,286
9	Other employee benefits	59,581.	46,517.	2,762.	10,302
0	Payroll taxes	65,980.	44,866.	7,258.	13,856
1	Fees for services (nonemployees):				
	Management	-427.2			· · · · · · · · · · · · · · · · · · ·
	Legal	10082			
	Accounting	13,376.		13,376.	
	Lobbying	12,000.	12,000.		
е	Professional fundraising services. See Part IV, line 17	<u> (</u> 177)			
f	Investment management fees		· ·		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	3,673.		3,673.	
2	Advertising and promotion	85,514.	85,514.		
3	Office expenses	35,571.	27,661.	3,623.	4,287
4	Information technology	30,049.	19,558.	8,497.	1,994
5	Royalties				
6	Occupancy	62,666.	57,840.	2,413.	2,413
7	Travel	21,409.	17,201.	634.	3,574
8	Payments of travel or entertainment expenses	69°.			
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	100 000			
2	Depreciation, depletion, and amortization	198,322.	183,052.	7,635.	7,635
3	Insurance	9,252.	8,540.	356.	356
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM MATERIALS/FEES	308,818.	308,818.		
b	MISCELLANEOUS	6,398.		3,446.	2,952
С	BAD DEBT EXPENSE	4,953.		4,953.	
d	SUBSCRIPTIONS AND DUES	2,697.	1,023.	1,674.	
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,989,991.	1,534,005.	181,763.	274,223
5	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here lif following SOP 98-2 (ASC 958-720)				

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Form 990 (2019)

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JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 164,876. Cash - non-interest-bearing 235,385. 1 26,408. 2 Savings and temporary cash investments 36,761. 2 Pledges and grants receivable, net 140,304. 3 40,067. 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net Assets 7 7 Inventories for sale or use 8 8 8,238. 9 Prepaid expenses and deferred charges 6,000. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 3,557,659 10a 1,738,914. 1,973,374 b Less: accumulated depreciation 10b 1,818,745. 10c 2,030,054. Investments - publicly traded securities 2,068,186. 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 231,935. 4,575,189. 15 216,452. 15 4,421,596. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 25,732. 25,430. 17 18 Grants payable 18 Deferred revenue 19 7,655. 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, .iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 214,100. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25,732. 26 247,185. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,462,122 27 Net assets without donor restrictions 4,149,355. 27 Net assets with donor restrictions 28 87,335. 25,056. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 4,549,457. 32 Total net assets or fund balances 4,174,411. 32 4,575,189. 4,421,596. 33 Total liabilities and net assets/fund balances 33

Form 990 (2019)

Part X | Balance Sheet

Form	990	(2019)

	n 990 (2019) JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.	61-04	176694	1 р	_{age} 12
Pa	Int XI Reconciliation of Net Assets				X
<u></u>	Check if Schedule O contains a response or note to any line in this Part XI		••••••		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,91	8,	721.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,98		
3	Revenue less expenses. Subtract line 2 from line 1	3			270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,54		
5	Net unrealized gains (losses) on investments	5			293.
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	-1	5,4	183.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,17	4,4	111.
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		1.5		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		1.16	1 .
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	ona			
	separate basis, consolidated basis, or both:			다. 전문	
	Separate basis Consolidated basis Both consolidated and separate basis				9 - 10 N
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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		X
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		
			Form	990	(2019)

932012 01-20-20

S	CHE	DULE A		Public Ch	arity Status a	nd Du	hlia C	· · · · · · · · · · · ·		OMB No. 1545-0047
(Fe	orm 99	90 or 990-EZ)		PUDIIC UIIC	arity Status a			upport		2010
					nization is a section 5 947(a)(1) nonexempt ch			n or a section		2013
		of the Treasury			Attach to Form 990 or					Open to Public
Inter	nal Reve	nue Service			ov/Form990 for instruct			information.		Inspection
Nar	ne of t	the organizati	on						Employe	r identification number
			JUN	IOR ACHIEVI	EMENT OF KEN	FUCKI	ANA, I	INC.	6	51-0476694
Pa	art I	Reason	for Public	Charity Status	(All organizations must o	complete t	his part.) S	See instruction	s.	
The	organ				(For lines 1 through 12,					
1					ion of churches describe					
2					(Attach Schedule E (For					
3					ganization described in s			(111)		
4					onjunction with a hospit				Viii) Enter	r the bospital's name
		city, and state							Amp. Criter	nine nospital s name,
5		•		for the benefit of a c	ollege or university owne	ed or oper	ated by a d	overnmental	unit descri	hed in
				Complete Part II.)	,	·····	, ;	6		
6		A federal, stat	te, or local g	overnment or govern	mental unit described in	section 1	170(b)(1)(A	.)(v).		
7	X				antial part of its support				he genera	public described in
				Complete Part II.)		Ū	ARESS		Ũ	
8		A community	trust describ	ed in section 170(b)(1)(A)(vi). (Complete Pa	rt II.) 🚽	E.	1987 - C		
9					d in section 170(b)(1)(A)		ted in co nj	unction with a	land-grant	t college
					culture (see instructions)					
		university:				, and the second		-		-
10		An organizatio	on that norm	ally receives: (1) mor	e than 33 1/3% of its su	pport from	n contribut	ions, members	hip fees, a	and gross receipts from
										t from gross investment
		income and u	nrelated bus	iness taxable income	e (less section 511 tax) f	r om busin	éss es acq	uired by the or	ganization	after June 30, 1975.
		See section 5	509(a)(2). (Co	omplete Part III.)	All States		19. 19.			
11		An organizatio	on organized	and operated exclusion	sively to test f or public s	a fet y. See	section 5	09(a)(4).		
12		An organizatio	on organized	and operated exclusion	sively for the b ene fit of, t	o pe rform	the functi	ons of, or to ca	irry out the	e purposes of one or
					ed in section 509(a)(1) (Check the box in
	r				of sup po rting organization					
а	L				sup ervi sed, or controlled					
					gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
	r			complete Part IV, S						
b					d or controlled in connec					
					anization vested in the s	same pers	ons that c	ontrol or mana	ge the sup	oported
	r	1		st complete Part IV,	STATE CONTRACTOR					
¢	L				g organization operated				ly integrate	ed with,
					s). You must complete					
d	L				porting organization oper					
					zation generally must sa				an attent	iveness
_					nplete Part IV, Section					
e	L				written determination fro			а Туре I, Туре	I, Type III	
	Entor				nally integrated support	ing organi	zation.			1
		r the number o ide the followin		n about the supporte	d organization(a)	•••••	•••••		•••••	
<u> </u>		Name of suppor		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetan	(vi) Amount of other
		organization			(described on lines 1-10	in your governi Yes	ing document? No	support (see in:	· · ·	support (see instructions)
	·	·····			above (see instructions))					
										·······
	_									
										·····
rotal		· · · · · ·								
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Schedule A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.)

<u>Se</u>	ction A. Public Support						
Cal	endar 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.")	1735895.	1805082.	2490591.	1560047.	1398430.	8990045.
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	1735895.	1805082.	2490591.	1560047.	1398430.	8990045.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					는 가 다 가 다 한 가 다 다. 나 다 한 것 같은 것 같은 것	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1344878.
6	Public support. Subtract line 5 from line 4.						7645167.
	tion 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 4	(a)2015 1735895.	1805082.	(c) 2017 2490591.	1560047.	1398430.	8990045.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,			A.			
	and income from similar sources	69,517.	38,945.	45,666.	42,750.	38,714.	235,592.
9	Net income from unrelated business						200,0021
Ũ	activities, whether or not the					[
	business is regularly carried on	44					
10	Other income. Do not include gain						
10	or loss from the sale of capital	źn.					
	assets (Explain in Part VI.)	5,793.	5,806.	4,771.	3,091.	328.	19,789.
11	Total support. Add lines 7 through 10				5,051.	5201	9245426.
	Gross receipts from related activities,	ete (see instructio				12	JZ4J420.
	First five years. If the Form 990 is for	이렇게 이 집에 가슴을 가슴을 가슴을 다.		fourth or fifth to			
	organization, check this box and stop	inte di Ta		, iouriti, or inui ta	x year as a section	1501(0)(3)	
Sec	tion C. Computation of Publi	c Support Per	centage				·····
	Public support percentage for 2019 (li			alumn (fi)		14	82.69 %
	Public support percentage from 2018					15	79.40 %
	33 1/3% support test - 2019. If the or						/~
	stop here. The organization qualifies a						
	33 1/3% support test - 2018. If the or						
	and stop here. The organization qualif						
	10% -facts-and-circumstances test						
	and if the organization meets the "fact						· · · · · · · · · · · · · · · · · · ·
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						
	more, and if the organization meets the						070 OF
	organization meets the "facts-and-circu						
10	Private foundation. If the organization	I UIU NOL CHECK & D	ox on line 13, 16a,	100, 17a, or 17b,	check this box ar	a see instructions	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

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				A		
4	Tax revenues levied for the organ-		1		- 		
•	ization's benefit and either paid to						
	or expended on its behalf			Á	Sec. 2		
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge			l de la			
6	Total. Add lines 1 through 5				i.		
	Amounts included on lines 1, 2, and			Aller Constants			
1 a	3 received from disgualified persons				ъ.,		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			AN	1997 - Nov 1998		
Sec	tion B. Total Support		Alle .	Sav y			
	idar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6			(0/2011	(4) 2010		11/10141
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	John .					*******
b	Unrelated business taxable income		L.			Ĩ	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		ain.				
С	Add lines 10a and 10b					T	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
							<u> </u>
	tion C. Computation of Publ						
	Public support percentage for 2019 (olumn (f))		15	
	Public support percentage from 2018					16	
ec	tion D. Computation of Investion	stment Incom	e Percentage				
7	nvestment income percentage for 20	19 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	
0	nvestment income percentage from	2018 Schedule A, I	Part III, line 17			18	
0	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
9a	nore than 33 1/3% , check this box a	ndstop here. The (organization qualin	to at a papilory of	apported organiza	lion	
9a							
19a : b :	nore than 33 1/3%, check this box a 33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, ar	nd
19a : b :	nore than 33 1/3%, check this box a	organization did n ck this box and sto	ot check a box on op here. The orgar	line 14 or line 19a, nization qualifies as	and line 16 is mo a publicly suppo	re than 33 1/3%, ar ted organization	nd 🕨 🔽

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Schedule A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

932024 09-25-19

4b **4**c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

1

2

3a

3b

3c

4a

No

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 5

1.5%	Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1983	
	below, the governing body of a supported organization?	<u>11a</u>	<u> </u>	L
	A family member of a person described in (a) above?	11b	<u> </u>	ļ
	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	ction 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,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		A	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Salation and		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			2000
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			<u></u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.100	200
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1.33	
	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	365233		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		133	19.92
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 yeatsee instructions	\		
а	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	-1	
2	Activities Test. Answer (a) and (b) below.	[[Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1998 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	169	- NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive if it res, then in Part Vildentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
b		2a	- 100	:*:
U	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		1	
2	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		1	
	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.

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1]
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	j. je	
iecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	ि स्ट्रि - स्ट्रिये - स्ट्राय्ट्र		
а	Average monthly value of securities	la	X.S.	
b	Average monthly cash balances	1b		<u> </u>
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		· · · · · · · · · · · · · · · · · · ·
4	Enter greater of line 2 or line 3.	4		······
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 7

	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sec	tion D - Distributions		<u>commuse</u>	Current Year
	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	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			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
<u>e</u>	From 2018			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	A.		
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u> </u>	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.		All the second second second	
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			and the second
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
·	
	the first statement of the second statement of the sec
32028 09-25-19	2 3 Schedule A (Form 990 or 990-EZ) 2019

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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

61-0476694

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
WDRB-TV	653,955.	469,046
ALPHA MEDIA LOUISVILLE	566,484.	381,575
FIRST SAVINGS BANK	490,986.	306,077
THE PAUL OGLE FOUNDATION	275,498.	90,589
JAMES GRAHAM BROWN FOUNDATION	282,500.	97,591
		······
	_	
otal Excess Contributions to Schedule A, Part II, Line 5		1,344,878

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organizatior	n
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Name of the organization		Employer identification number
J	UNIOR ACHIEVEMENT OF KENTUCKIANA, INC.	61-0476694
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	<u>/^^^</u>	······································
	s covered by the General Rule or a Special Rule .	
Note: Only a section 50 (c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	e. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	· · · ·
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amour line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 50 1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a itions of more than \$1 ,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educa ity to children or an imals. Complete Parts I, II, and III.	
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mo here the total contributions that were received during the year for an <i>exclusively</i> religious, mplete any of the parts unless the General Rule applies to this organization because it re e, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., eceived <i>nonexclusively</i>
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

61-0476694

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST SAVINGS BANK 501 E. LEWIS AND CLARK PKWY. CLARKSVILLE, IN 47129	\$115,520.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total co ntributions	(d) Type of contribution
2	ALPHA MEDIA LOUISVILLE 520 S. FOURTH STREET	\$65,000.	Person X Payroll Noncash X
	LOUISVILLE, KY 40202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BROWN-FORMAN CORPORATION P.O. BOX 1080 LOUISVILLE, KY 40201	\$33,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
	(b) Name, address, and ZIP + 4 ETSCORN CHARITABLE FOUNDATION P.O. BOX 32760 LOUISVILLE, KY 40232	(c) Total contributions \$45,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4 ETSCORN CHARITABLE FOUNDATION P.O. BOX 32760	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
<u>No.</u>	Name, address, and ZIP + 4 ETSCORN CHARITABLE FOUNDATION P.O. BOX 32760 LOUISVILLE, KY 40232 (b)	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 ETSCORN CHARITABLE FOUNDATION P.O. BOX 32760	Total contributions \$	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash (complete Part II for noncash Image: Complete Part II for noncash (complete Part II for noncash Image: Complete Part II for noncash
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 ETSCORN CHARITABLE FOUNDATION P.O. BOX 32760 P.O. BOX 32760 LOUISVILLE, KY 40232 P.O. BOX 32760 (b) Name, address, and ZIP + 4 KENTUCKY COAL ASSOCIATION 880 CORPORATE DRIVE #101 LEXINGTON, KY 40503 (b) Name, address, and ZIP + 4 NAME, address, and ZIP + 4	Total contributions \$ 45,000. (c) Total contributions \$ 75,000. (c) Total contributions	Type of contribution Person X Payroll Noncash Noncash Image: Contribution (Complete Part II for noncash contributions.) X Person X Payroll Image: Contribution Visit Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contributions.) (d) Type of contribution Payroll Image: Contribution Person X Payroll Image: Contribution
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 ETSCORN CHARITABLE FOUNDATION P.O. BOX 32760	Total contributions \$ 45,000. (c) Total contributions \$ 75,000. (c) Total contributions \$ 75,000. (c) Total contributions \$ 33,264.	Type of contribution Person X Payroll Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2"Co

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JUNIO	R ACHIEVEMENT OF KENTUCKIANA, INC.		61-0476694
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ADVERTISING		
_2			
		\$65,00	0. 06/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
]			
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a)			
No.	(b)	(c)	(d)
om	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
irt I			
-			
_			
I -		\$	

26

Employer identification number

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

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Name of org	anization		Employer identification number			
JUNIOR	ACHIEVEMENT OF KENTU	CKIANA, INC.	61-0476694			
Part III	Exclusively religious, charitable, etc., contribution	utions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the v			
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or le	/. For organizations ss for the year. (Enter this info. once.) > \$			
	Use duplicate copies of Part III if additional	I space is needed.	- (
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I		(.,				
-						
-						
-						
		(e) Transfer of gift				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
-		······				
-						
-						
a) No. from		1				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	· · · · · · · · · · · · · · · · · · ·					
_						
-						
		(e) Transfer of gift				
		(e) transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
_						
-						
a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		As.				
_						
	(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee			
			Nelationship of transferor to transferee			
_	······································					
No						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	_					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
-						
-						
154 11-06-19		I	Schedule B (Form 990, 990-EZ, or 990-PF) (201			

09201111 757979 712601

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

27 2019.05000 JUNIOR ACHIEVEMENT OF KENTU 712601_1

Page 4

SCHEDULE C	Political Campaign	and Lobbyi	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Inco	me Tax Under sectioned below. 🕨 Attach	n 501(c) and section 527 to Form 990 or Form 990-E	
Section 501(c)(3) org	► Go to www.irs.gov/Form990 fo vered "Yes," on Form 990, Part IV, line 3, or I anizations: Complete Parts I-A and B. Do not c	Form 990-EZ, Part V, omplete Part I-C.	line 46 (Political Campaign	-
 Section 527 organization If the organization answ Section 501(c)(3) org 	than section 501(c)(3)) organizations: Complet tions: Complete Part I-A only. /ered "Yes," on Form 990, Part IV, line 4, or I anizations that have filed Form 5768 (election o	Form 990-EZ, Part VI under section 501(h)):	, line 47 (Lobbying Activities Complete Part II-A. Do not co	s), then omplete Part II-B.
If the organization answ Tax) (see separate instr	• *			
Name of organization	or (6) organizations: Complete Part III. JUNIOR ACHIEVEMENT OF F		Statute .	oyer identification number $61 - 0476694$
Part I-A Comple	te if the organization is exempt une	der section 501/c) or is a section 527 o	rganization.
2 Political campaign a	elited some size sett tits -			
Part I-B Comple	te if the organization is exempt und)(3).	
	any excise tax incurred by the organization un	1 11 4075	▶ \$	
2 Enter the amount of	any excise tax incurred by organization manag	ers under sec tion 4 9 5	5 > \$	
3 If the organization in	curred a section 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction ma	de?	<u></u>		Yes No
b If "Yes," describe in		<u> </u>		
Part I-C Comple	te if the organization is exempt unc	ler section 501(c), except section 501(c)(3).
1 Enter the amount dir	ectly expended by the filing organization for se	ction 527 exempt fun	ction activities	
	the filing organization's funds contributed to of	-		
	vities	•		
3 Total exempt functio	n expenditures. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	***********
4 Did the filing organiza	ation file Form 1120-POL for this year?		······································	Yes No
5 Enter the names, add made payments. For contributions receive	Iresses and employer identification number (El each organization listed, enter the amount pai d that were promptly and directly delivered to ittee (PAC). If additional space is needed, prov	N) of all section 527 p d from the filing organ a separate political org	ization's funds. Also enter the ganization, such as a separat	h the filing organization e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reductior	Act Notice, see the Instructions for Form 9	90 or 990-EZ.	Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019	JUNIO	R ACH	EVEMENT OF	KENTUCKIANA	, INC. 61-0	476694 Page 2
Part II-A Complete if the or section 501(h)).	yanizatio	n is exe	mpt under sectio	on 501(c)(3) and fi	iea Form 5/68 (e	lection under
	ation belong	is to an af	filiated aroun (and list i	n Part IV each affiliated	daroup member's per	
expenses, and sha				in Fart iv each anniated	group members han	ie, address, Ein,
· · · · · · · · · · · · · · · · · · ·			nd "limited control" pr	ovisions apply		
Lim	its on Lobb	ying Expe			(a) Filing organization's	(b) Affiliated group totals
					totals	
1a Total lobbying expenditures to inf						
b Total lobbying expenditures to inf						
c Total lobbying expenditures (add		1b)				
d Other exempt purpose expenditu						
e Total exempt purpose expenditur						
f Lobbying nontaxable amount. Ent				2		
if the amount on line 1e, column (a)	or (b) is:		bying nontaxable am	400.004		
Not over \$500,000			the amount on line 1e	100-000-		
Over \$500,000 but not over \$1,00			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17	7,000,000	\$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.	<u>All Marine</u>		
			· · · · · · · · · · · · · · · · · · ·			
g Grassroots nontaxable amount (er						
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zer						
j If there is an amount other than ze	ero on either	line 1h or	line 1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this	year?	·····	<u></u>			Yes No
			eraging P eri od Und er			
(Some organizations t					of the five columns b	elow.
			ate instructions for li			
	Lobby	ing Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount		Če.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						
c Total lobbying expenditures		- C.				
d Grassroots nontaxable amount		51				
e Grassroots ceiling amount						
(150% of line 2d, column (e))			an nation is for national states. An international states and states			
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

Schedule C (Form 990 or 990 EZ) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 3 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b)
of the lobbying activity.	Yes	No	Amount
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? 		x	
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	·	X	- 20 영혼한 관람
c Media advertisements?		X	in the particular second s
d Mailings to members, legislators, or the public?		Х	
e 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?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	<u>v</u>		5,423
j Total. Add lines 1c through 1i			5,423
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			· - 전철, 영상, 또 한 전철, 영상
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ction
501(c)(6).		• • •	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?			
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from 	the prior year	2 ? 3	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 	the prior year tion 501(c)	2 ? 3 5), or se	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from 	the prior year tion 501(c)	2 ? 3 5), or se	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 	the prior year ion 501(c) d "No" OR	2 3 5), or se (b) Part	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 	the prior year ion 501(c)(d "No" OR	2 3 5), or se (b) Part	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politicate expenses for which the section 527(f) tax was paid). a Current year 	the prior year ion 501(c)(d "No" OR tical	2 3 5), or se (b) Part	
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 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politiexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	the prior year ion 501(c)(d "No" OR	2 3 5), or se (b) Part	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politiexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	the prior year ion 501(c)(d "No" OR	2 3 5), or se (b) Part 1 2a 2b 2c	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politiexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	the prior year ion 501(c)(d "No" OR tical	2 3 5), or se (b) Part 1 2a 2b 2c	
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 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politiexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	the prior year ion 501(c)(d "No" OR tical	2 3 5), or se (b) Part 2a 2b 2c 3 4	
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 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sectors 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politiexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	the prior year ion 501(c)(d "No" OR tical	2 3 5), or se (b) Part 2a 2b 2c 3 4 5	III-A, line 3, is

Schedule C (Form 990 or 990-EZ) 2019

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SCHEDULE [

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

Employer identification number 61-0476694

f

L

OMB No. 1545-0047

Open to Public

Inspection

9

	organization answered "Yes" on Form 990, Part IV, lin	1e b.		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in the	writing that the assets held in donor adv	l	
	are the organization's property, subject to the organization's			Yes
5	Did the organization inform all grantees, donors, and donor a			
-	for charitable purposes and not for the benefit of the donor o			
	increase and the second sector is a second sector in the second sec		-	
a	t II Conservation Easements. Complete if the org	anization answered "Ves" on Form 990		
	Purpose(s) of conservation easements held by the organization		jir dit iv, iirie	
	Preservation of land for public use (for example, recrea			No. image and a set of a set
	Protection of natural habitat	The second s		lly important land area
	Preservation of open space		a certified	historic structure
2				
	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	n of a conse	
~	day of the tax year.	le la		Held at the End of the Tax
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements	·····	2b	
C	Number of conservation easements on a certified historic structure	uctur e included in (a)		
a	Number of conservation easements included in (c) acquired a			
	listed in the National Register	·····	20	
	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organizati	on during the tax
	year 🕨			
		As .		
	Number of states where property subject to conservation eas	sement is located >		
	Number of states where property subject to conservation eas	iodic monitoring, inspection, handling of		Yes
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it	iodic monitoring, inspection, handling of holds?		Sements during the year
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, i	odic monitoring, inspection, handling of holds? handling of violations, and enforcing cor	nservation e	asements during the year
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, i	odic monitoring, inspection, handling of holds? handling of violations, and enforcing cor	nservation e	asements during the year
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it	odic monitoring, inspection, handling of holds? handling of violations, and enforcing cor	nservation e	asements during the year
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I Amount of expenses incurred in monitoring, inspecting, handl \$	odic monitoring, inspection, handling of holds? handling of violations, and enforcing cor ling of violations, and enforcing conserv	nservation e ation easem	asements during the year
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, is Amount of expenses incurred in monitoring, inspecting, handles \$ Does each conservation easement reported on line 2(d) above	iodic monitoring, inspection, handling of holds? handling of violations, and enforcing cor ling of violations, and enforcing conserv e satisfy the requirements of section 170	nservation e ation easem D(h)(4)(B)(i)	asements during the year ents during the year
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I Amount of expenses incurred in monitoring, inspecting, hand \$ 	odic monitoring, inspection, handling of holds? handling of violations, and enforcing cor ling of violations, and enforcing conserv e satisfy the requirements of section 170	nservation e ation easem D(h)(4)(B)(i)	asements during the year ents during the year
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	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I Amount of expenses incurred in monitoring, inspecting, handles \$	odic monitoring, inspection, handling of holds? handling of violations, and enforcing cor ling of violations, and enforcing conserv e satisfy the requirements of section 170 on easements in its revenue and expens	nservation e ation easem D(h)(4)(B)(i) e statement	asements during the year ents during the year Yes and
ar	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, in	odic monitoring, inspection, handling of holds? handling of violations, and enforcing cor ling of violations, and enforcing conserv e satisfy the requirements of section 170 on easements in its revenue and expens ote to the organization's financial staten	nservation easem ation easem D(h)(4)(B)(i) e statement nents that de	asements during the year ents during the year
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	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, inspecting, inspecting, inspecting, hand Amount of expenses incurred in monitoring, inspecting, hand \$	odic monitoring, inspection, handling of holds? handling of violations, and enforcing cor- ling of violations, and enforcing conserv- e satisfy the requirements of section 170 on easements in its revenue and expens ote to the organization's financial statem Art, Historical Treasures, or C 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in f cial statements that describes these iter 3, to report in its revenue statement and exhibition, education, or research in furt	ation easem ation easem D(h)(4)(B)(i) e statement nents that de Other Sim and balance urtherance of balance she herance of p	asements during the year ents during the year Yes and escribes the ilar Assets. e sheet works of public eet works of public service,
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ar	 Number of states where property subject to conservation eass Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ins	iodic monitoring, inspection, handling of holds? handling of violations, and enforcing cor- ling of violations, and enforcing conserv- e satisfy the requirements of section 170 on easements in its revenue and expens ote to the organization's financial statem Art, Historical Treasures, or C 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in f cial statements that describes these iter 3, to report in its revenue statement and exhibition, education, or research in furt sures, or other similar assets for financia SC 958 relating to these items:	ation easem ation easem D(h)(4)(B)(i) e statement hents that do Other Sim and balance urtherance of balance she herance of p al gain, provi	asements during the year ents during the year yes and escribes the ilar Assets. e sheet works of public eet works of public service, \$
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I Amount of expenses incurred in monitoring, inspecting, handle \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footne organization's accounting for conservation easements. 111 Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 19 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finan- If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea the following amounts required to be reported under FASB ASC Revenue included on Form 990, Part VIII, line 1	iodic monitoring, inspection, handling of holds? handling of violations, and enforcing cor- ling of violations, and enforcing conserv- e satisfy the requirements of section 170 on easements in its revenue and expens ote to the organization's financial statem Art, Historical Treasures, or C 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in f cial statements that describes these iter 3, to report in its revenue statement and exhibition, education, or research in furt sures, or other similar assets for financia SC 958 relating to these items:	ation easem ation easem D(h)(4)(B)(i) e statement hents that do Other Sim and balance urtherance of balance she herance of p al gain, provi	asements during the year ents during the year yes and escribes the ilar Assets. e sheet works of public eet works of public service, \$
	 Number of states where property subject to conservation eass Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ins	iodic monitoring, inspection, handling of holds? handling of violations, and enforcing cor- ling of violations, and enforcing conserv- e satisfy the requirements of section 170 on easements in its revenue and expens ote to the organization's financial statem Art, Historical Treasures, or C 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in f cial statements that describes these iter 3, to report in its revenue statement and exhibition, education, or research in furt sures, or other similar assets for financia SC 958 relating to these items:	ation easem ation easem D(h)(4)(B)(i) e statement hents that do Other Sim and balance urtherance of balance she herance of p al gain, provi	asements during the year ents during the year yes and escribes the ilar Assets. e sheet works of public eet works of public service, \$

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	edule D (Form 990) 2019 JUNIOR	ACHIEVEMEN	NT OF KEN	FUCKIAN	A, II	NC.	61-04	17669	4 F	age 2
Pa	rt III Organizations Maintaining (nued)	
3	Using the organization's acquisition, access	ion, and other recor	ds, check any of	he following t	hat make	e significar	t use of it	S		
	collection items (check all that apply):									
а	Public exhibition		d 🔄 Loan or e	exchange pro	gram					
b	Scholarly research		e 🛄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's c						oose in Pa	rt XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical t	reasures, or o	ther simil	lar assets			_	
	to be sold to raise funds rather than to be m						L	Yes		No
Ра	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	i gements. Compl rt X, line 21.	lete if the organiza	tion answere	d "Yes" c	on Form 99	0, Part IV,	line 9, or	•	
1 a	Is the organization an agent, trustee, custod	ian or other interme	diary for contribut	ions or other	assets no	ot included	ł			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:			<u>.</u>				
				ş	é.			Amount	t	
C	Beginning balance				<u></u>	1c				
d	Additions during the year				·····	1d				
е	Distributions during the year					<u>1e</u>				
f	Ending balance				••••••	1f				
	Did the organization include an amount on F						L	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation has be	en provided o	n Part XI	<u>II</u>]
rai	t V Endowment Funds. Complete i			GUNE AS SERVICES		T		r		
	Device in a first but	(a) Current year	(b) Prior year	(c) Two ye				(e) Four		
	Beginning of year balance	2,261,989.	2,466,07		19,450.		104,089.	2,		470.
		72,649.	12,11		1,500.	1	01 661			390.
	Net investment earnings, gains, and losses	72,049.	173,80	2.	31,121.		181,661.		-34,	771.
	Grants or scholarships		<u>20</u> (15) 1911 - Mile	_						
е	Other expenditures for facilities	50,000.	390,00				CC 200		F 0	
f	and programs	50,000.	530,00	<u>'</u>	86,000.	4	66,300.		50,	000.
י g	Administrative expenses End of year balance	2,284,638.	2,261,98	2 2 4	56,071.	2 3	19,450.	2	404	089.
2	Provide the estimated percentage of the curr			<u> </u>		2,3	19,450.	۷,	404,	089.
	Board designated or quasi-endowment	100.00		(a)) Heiu as.						
	Permanent endowment	%								
		^								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that are held	and administ	ered for t	the organia	ration			
	by:					and drigani	ution	L. L.	Yes	No
	(i) Unrelated organizations	N. Contraction						3a(i)	X	
	(ii) Related organizations				*****		• • • • • • • • • • • • • • • • • • • •	3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	ed on Schedule F	?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo						••••••••••••••••••••••••••••••••••••••		
Par										
···	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a.	See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or ot	ther (b) Co	st or other	(c) A	ccumulate	d	(d) Book	value	!
		basis (investm	nent) basi	s (other)	de	preciation				
	Land					and the second secon				
	Buildings									
	Leasehold improvements			18,492.		296,3		1,422		
	Equipment		8	39,167.		442,59	, 8.	396	,56	<u>.9.</u>
	Other				L			<u> </u>		
otal.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part)	X, column (B), line	10c.)				L,818		
							Schedule	D (Form	990) :	2019

chedule D (Form 990) 2019 JUNIOR ACH Part VII Investments - Other Securities.	LEVEMENT OF KE	NTUCKIANA, INC.	61-0476694 Pag
Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
Financial derivatives			
Closely held equity interests	(
Other			
(A)			
(B)			
(C)			
<u>(D)</u>			
<u>(E)</u>			
(F)			
(G)			
<u>(H)</u>			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.		No.	
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)		<u></u>	
(2)			
(3)			·····
(4)		<u> </u>	
(5)	<u>/</u>		
(6)			
(7)	<u> </u>	<u></u>	
(8)			
	2		
(9)	<u> </u>	2	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes"			15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a)			15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)	Description		15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)	Description		15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)	Description		15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)	Description		15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)	Description		15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)	Description		15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)	Description		15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line	Description		15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	11d. See Form 990, Part X, line 1	15. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11d. See Form 990, Part X, line 1	15. (b) Book value

Schedule D (Form 990) 2019

932053 10-02-19

Schedule D (Form 990) 2019	JUNIOR	ACHIEVEMENT	OF	KENTUCKIANA,	INC.	61-047669	4	Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,834,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b	Donated services and use of facilities 2b 159,848.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 44,664.		
е	Add lines 2a through 2d	2e	-83,781.
3	Subtract line 2e from line 1	3	1,918,721.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	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, line 12.)	5	1,918,721.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	·	
1	Total expenses and losses per audited financial statements	1	2,209,986.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a159,848.		
b	Prior year adjustments		
С	Other losses 20		
d	Other (Describe in Part XIII.) 2d 60,147.		
е	Add lines 2a through 2d	2e	219,995.
3	Subtract line 2e from line 1	3	1,989,991.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		_
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,989,991.
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS WILL BE UTILIZED TO SUPPORT THE MISSION OF THE

ORGANIZATION, INLCUDING OPERATIONS AND PROGRAM SUPPORT.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL, STATE, AND LOCAL INCOME TAXES AS

A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER INTERNAL REVENUE CODE

SECTION 501(C)(3). THE ORGANIZATION FILES AN INFORMATIONAL TAX RETURN IN

THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF ATTORNEY

GENERAL.

AS OF JUNE 30, 2020 AND 2019, THE ORGANIZATION DID NOT HAVE ANY ACCRUED

09201111 757979 712601

Schedule D (Form 990) 2019

INTEREST OR PENALTIES	RELATED TO INCOME	TAX LIABILITIES,	AND NO INTEREST
OR PENALTIES HAVE BEEN	N CHARGED TO OPERA	TIONS FOR THE YEAR	S THEN ENDED.
PART XI, LINE 2D - OTH CHANGE IN VALUE OF BEH		IN ASSETS HELD BY	
OTHERS			-15,4
COST OF SPECIAL EVENTS	S SHOWN GROSS ON A	UDITED FINANCIAL	
STATEMENTS			60,1
TOTAL TO SCHEDULE D, H	PART XI, LINE 2D		44,6
		<u> </u>	
PART XII, LINE 2D - 01			
COST OF SPECIAL EVENTS	SHOWN GROSS ON A	JDITED FINANCIAL	60,1
		>	00,1
		<u> </u>	
	the form		

Form 990 or 990-EZ)		he organization answered "Yes" o			sing or Gaming			OMB No. 1545-0047
	Complete il t	organization entered more than \$	15,000) on F	orm 990-EZ, line 6a	or 19	, or if the	2019
epartment of the Treasury ternal Revenue Service		Attach to Form 99						Open to Public
ame of the organization		to www.irs.gov/Form990 for ins	tructio	ns an	d the latest informa	tion.	Employer id	Inspection entification numb
		ACHIEVEMENT OF KE	NTU	CKI	ANA, INC.		61-0476	
Part I Fundraisi	ng Activitie	S. Complete if the organization answ				line 1		
required to c	complete this pa	irt.						
a Mail solicitatio		ised funds through any of the follow e Solicit			. Check all that apply jovernment grants	/.		
	email solicitation			-	rnment grants			
c Phone solicita	ations				events			
d In-person solid								
		or oral agreement with any individua						
		Part VII) or entity in connection with ividuals or entities (fundraisers) purs						
compensated at lea				Jagree		uie iu		be
		·····				(1)	A	T
(i) Name and address		(ii) Activity	I have (Did Iraiser custody	(iv) Gross receipts	tò (o	Amount paid r retained by)	(vi) Amount paid to (or retained by
or entity (fundra	aiser)		orco	ntrol of outions?	from activity		undraiser ed in col. (i)	organization
		· ····································	Yes	No				
			<u>A</u>		h.			
				- and the second				
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	·····		. All					
		le la companya de la						
		A Contraction of the second						
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			1					
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******		SAV.	L					

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2	019 JUNIOR	ACHIEVEMENT	OF	KENTUCKIANA,	INC.	61-0476694	Page 2
			And in case of the local division of the loc				

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,0 ** ***

		of fundraising event contributions and gr				· · ·
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
1				BOWLING		(add col. (a) throug
			HALL OF FAME	CLASSIC	3	col. (c))
e			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	246,176.	68,598.	26,275.	341,04
	2	Less: Contributions	193,076.	61,497.	25,434.	280,00
	3	Gross income (line 1 minus line 2)	53,100.	7,101.	841.	61,04
	4	Cash prizes				
6	5	Noncash prizes		6,094.	1,344.	7,43
vheiled	6	Rent/facility costs		6,271.		6,27
חווברו בעהבווצבא	7	Food and beverages	53,711.	137.		53,848
נ	8	Entertainment		1,250.		1 25
	8 9	Entertainment Other direct expenses	48,331.	3,825.	648.	1,25 52,80
		Direct expense summary. Add lines 4 through		2501 V.S.M.		121,61
- 1		Net income summary. Subtract line 10 from li		··· · ································	·····	-60,56
ā	rt I	III Gaming. Complete if the organization		990 Part IV line 19 or	reported more than	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
:	1	Gross revenue	Le ,			
	2	Cash prizes	K. K. p.			
-	3	Noncash prizes				
1	4	Rent/facility costs				
		Rent/facility costs				
	5		└ Yes% └ No	└── Yes% └── No	Yes % No	
	5 6	Other direct expenses	No	[No	
	5 6 7	Other direct expenses	5 in column (d)	No	No No	
	5 6 7 8	Other direct expenses	5 in column (d)	No	No No	
	5 6 7 8 Ente	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No No from line 1, column (d)	<u>No</u>	No No	Yes I N
a	5 6 7 8 Ente	Other direct expenses	No No No No from line 1, column (d) cts gaming activities:	No No	No No	Yes IN
a	5 6 7 8 Ente	Other direct expenses	No No No No from line 1, column (d) cts gaming activities:	No No	No No	YesN
a	5 6 7 Ente Is th If "N	Other direct expenses	No No from line 1, column (d)	No	No No	Yes IN
a	5 6 7 8 Ente Is th If "N	Other direct expenses	No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these s voked, suspended, or te	No No states?	No No	
a b	5 6 7 8 Ente Is th If "N	Other direct expenses	No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these s voked, suspended, or te	No No states?	No No	·····
	5 6 7 8 Ente Is th If "N	Other direct expenses	No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these s voked, suspended, or te	No No states?	No No	·····

	edule G (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-			
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	
	to administer charitable gaming?	\Box	Yes	
13	Indicate the percentage of gaming activity conducted in:	hard a second		
a	The organization's facility	13a		9
Ł	An outside facility	13b		9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name 🕨			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗔 Y	(es	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party >\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
			<u>-</u>	
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Y	8 6	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	· • •	63	
	organization's own exempt activities during the tax year 🕨 \$			
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
-				
2083	09-11-19 Schedule G (Form	990 or 1	900.1	7) 2010
	3 Q	550 OF 3	JJU-1	- <u>e</u> j <u>e</u> U 19

Part IV Supplementa	EZ) JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Pages I Information (continued)
Temperation on the second seco	r mornaton (continuea)
······································	
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Manager and a second	
2084 04-01-19	Schedule G (Form 990 or 990-EZ)

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s	CHEDULE J	Com	pensation Information	OMB No	. 1545-0	047	
(F	Form 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.				2013		
	Department of the Treasury Attach to Form 990.						
-	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
ina	me of the organization		MENT OF KENTUCKIANA, INC.	Employer identificat 61-047669		Imber	
P	art I Question	s Regarding Compensation	MENI OF RENIOCRIANA, INC.	01-04/00	14		
L		e nogai ang e emperioation			Yes	No	
1 a	Check the appropri	ate box(es) if the organization provide	ed any of the following to or for a person listed on Form §	990	Tes	NO	
			any relevant information regarding these items.	, 1			
	First-class or c		Housing allowance or residence for person	aluse			
	Travel for com	panions	Payments for business use of personal resi				
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fees				
	Discretionary s	pending account	Personal services (such as maid, chauffeur	, chef)			
			la l	(注) (1)			
b	If any of the boxes of	on line 1a are checked, did the organ	ization follow a written policy regarding payment or	272) 272)			
	reimbursement or p	rovision of all of the expenses descri	bed above? If "No," complete Part III to expla in	1b	[
2	Did the organization	require substantiation prior to reimb	ursing or allowing expenses incurred by all directors,		1 (6)	1.1	
	trustees, and officer	rs, including the CEO/Executive Direc	ctor, regarding the items checked on line 1a?	2			
			A. X	- 1995 (S			
3			sed to establish the compensation of the organization's				
	CEO/Executive Direct	ctor. Check all that apply. Do not che	eck any boxes for methods used by a related organization	n to			
		tion of the CEO/Executive Director, b	out explain in Part III.				
	X Compensation	committee	Written employment contract				
	·	ompensation consultant	Compensation survey or study			가지? 이 있다. 사람들	
	Form 990 of ot	her organizations	Approval by the board or compensation cor	nmittee			
4			VII, Section A, line 1a, with respect to the filing	- Al			
	organization or a rela	-				37. 	
a		e payment or change-of-control paym		4a	ļ	X	
b			onqualified retirement plan?			X	
С		95530	compensation arrangement?	<u>4c</u>		X	
	If "Yes" to any of line	es 4a-c, list the persons and provide	the applicable amounts for each item in Part III.				
	Only section 504(s)		· · · · · · · · · · · · · · · · · · ·				
E		(3), 501(c)(4), and 501(c)(29) organi	A				
5		an a	a, did the organization pay or accrue any compensation		1.0		
а	contingent on the re-	venues of.	§°			х	
h	Any related organiza	tion?		5a		X	
		5b, describe in Part III.	•••••••••••••••••••••••••••••••••••••••	5b			
6			a, did the organization pay or accrue any compensation				
•	contingent on the ne		a, did the organization pay of accrue any compensation				
а	•	v		6a		X	
ь	Any related organizat	tion?		6b		X	
		6b, describe in Part III.					
7			a, did the organization provide any nonfixed payments				
				7		x	
8			r accrued pursuant to a contract that was subject to the				
			53.4958-4(a)(3)? If "Yes," describe in Part III			Х	
9			Ittable presumption procedure described in				
			· · · · · · · · · · · · · · · · · · ·				
LHA		Juction Act Notice, see the Instruc		Schedule J (Forn	n 990)	2019	

932111 10-21-19

		ported on Schedule.	J, report compensa'	tion from the organiz	ation on row (i) and fro	om related organizatio	ns, described in the ins	structions, on row (ii)
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.	orm : orm : ed in	990, Part VII. dividual must equal th	se total amount of F	orm 990, Part VII, S	∋ction A, line 1a, applic	cable column (D) and (amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	lividual.
		(B) Breakdown of W-2 an	N-2 and/or 1099-MI	d/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	penefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DEBRA H. HOFFER	Ξ	180,820.	.0	8,400.	• 0	9,689.	198,909.	.0
PRESIDENT	Ē	0	.0	•0		.0	0	.0
	ε							>
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	ε							
	(ii)							
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932112 10-21-19				41			Schedu	Schedule J (Form 990) 2019

Page 2

61-0476694 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. es. Kev Employees, and Highest Compensated Employees, the diminicate con Schedule J (Form 990) 2019 JUNIOR 7

41

932112 10-21-19

Schedule J (Form 990) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.	61-0476694 Page 3
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.	this part for any additional information.
	Schedule J (Form 990) 2019

42

932113 10-21-19

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Name of the organization

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC

Employer identification number 61 - 0.476694

	rt I Types of Property	(a)	(b)	(c)		<u> </u>	(d)		
		Check if applicable	Number of contributions or items contributed	Noncash con amounts repo	orted on	nor	Method of d	eterm		its
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications								************	
5	Clothing and household goods				Ma.					
6	Cars and other vehicles				Nr.					
7	Boats and planes			Attics						
8	Intellectual property			All and a second s						
9	Securities - Publicly traded			1 de la	- 460 - 460					
10	Securities - Closely held stock			2 X	- 					
11	Securities - Partnership, LLC, or			the second se		-				
	trust interests									
12	Securities - Miscellaneous		ģ		<u>.</u>	1				· · · · · · · · · · · · · · · · · · ·
13	Qualified conservation contribution -					1				
				5. JÚ						
14	Austoric structures Qualified conservation contribution - Other		S	<u>ser ann</u>						
15	Real estate - Residential		n an	Ale.						
16	Real estate - Commercial		PAS							
17			260. NGC 4	<u>885</u>						
18	Real estate - Other		and the second se	<u>ş</u>						
	Collectibles									
19 00	Food inventory	HAC Mart	king Kat							
20	Drugs and medical supplies	A.S.C	htter på . Net hetter				· · · · · · · · · · · · · · · · · · ·	······	-	
21	Taxidermy		la Alla							
22	Historical artifacts									
23	Scientific specimens	and a state of the	de la companya de la							
24	Archeological artifacts	40	<u></u>		~ ~ ~ ~ ~					
25	Other (ADVERTISING)	X	2				MARKET		LUE	
26	Other (PRINTING/PROD)	X	2				MARKEI		LUE	
27	Other (OFFICE SUPPLI)	X	4				MARKEI		LUE	
28	Other (FOOD/GIFT CAR)	X	2		2,756	FAIR	MARKET	' VA	LUE	
29	Number of Forms 8283 received by the organized								-	
	for which the organization completed Form 82	83, Part IV, D	onee Acknowledg	ement	29				0	
									Yes	No
30a	During the year, did the organization receive by						at it			
	must hold for at least three years from the date		l contribution, and	which isn't requi	red to be	used for		- SP	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	exempt purposes for the entire holding period?	?						30a		Х
b	b If "Yes," describe the arrangement in Part II.							1997) 1997) 1997)	1913	(is)
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							31	X	
32a	Does the organization hire or use third parties of	or related org	ganizations to solic	it, process, or se	ll noncasi	ז		[
	contributions?							32a		Х
b	If "Yes," describe in Part II.						*****		2.5	2.17 2.19
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which colum	n (a) is ch	ecked.				
	describe in Part II.	.,			. ,	,				
HA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990				Schedule N	. //		00.

932141 09-27-19

mental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the ng in Part I, column (b), the number of contributions, the number of items received, or a combination of both. <i>A</i> for any additional information.	
	ui
 Schedule M	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	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.	OMB No. 1545-0047 2019 Open to Public
Name of the organizatio		Inspection dentification number 176694
FORM 990 PA	ART VI, SECTION B, LINE 11B:	10094
THE FORM 990		
THE FORM 990		
H. H	IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW.	BOARD
MANAGEMENT B		.5 10
	SEFORE THE FORM 990 IS FILED.	
FORM 990, PA	RT VI, SECTION B, LINE 12C:	
ALL EMPLOYEE	S AND BOARD MEMBERS COMPLETE AND ANNUALLY UPDATE A C	CONFLICT OF
INTEREST DEC	LARATION.	
FORM 990, PA	RT VI, SECTION B, LINE 15A:	
COMPENSATION	OF THE PRESIDENT IS DETERMINED BY THE EXECUTIVE COM	MITTEE OF
THE BOARD OF	DIRECTORS AND INCLUDES THE USE OF COMPARABILITY DAT	A PROVIDED
TO THE ORGAN	IZATION BY JUNIOR ACHIEVEMENT USA.	
Marcoland and the second second		
FORM 990, PA	RT VI, SECTION C, LINE 19:	
THE ORGANIZA	TION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTE	REST
POLICY, AND	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON RE	QUEST.
FORM 990, PAI	RT XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VAL	LUE OF BENEFICIAL INTEREST IN ASSETS HELD BY	
OTHERS		-15,483.
•		
•		
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 9	990 or 990-EZ) (2019)
932211 09-06-19	45	555 01 33 0-EL) (20 19)

09201111 757979 712601 2019.05000 JUNIOR ACHIEVEMENT OF KENTU 712601_1

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	Janizations and Unrelated Partnerships tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b.	tnerships ine 33. 34. 35b. 3	6. or 37.	<u> </u>	OMB No. 1545-0047
	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Attach to Form 990. m990 for instructions and the lates	t information.			ZU IU Open to Public Inspection
Name of the organization JUNIOR ACHIEVEMENT	EMENT OF KENTUCKIANA,	A, INC.			Employer identification number 61-0476694	ication number 694
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ste if the organization answered "Yes"	on Form 990, Part IV, line 33				
(a) Name address and EIN (# modicotha)	(q)	(c)				£
of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	me End-of-year assets		Direct controlling entity
			<u>,</u>			
	-1		-			
					<u></u>	
Part II Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.		the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, t	because it had one	I or more related tax-ex	empt
(a)	(P) (P)	(2)	19			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	(1) Direct controlling entity	Section 512(b)(13) controlled entity?
				501(c)(3))		Yes No
						ļ
SEE PART VII		COLORADO				×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2019

932161 09-10-19 LHA

46

Schedule R (Form 990) 2019 JUNIOR	OR ACHIEVEMENT	MENT OF	F KENTUCKIANA,		INC.				61-0	-0476694	4 Page 2
Part III Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.	ganizations Taxabl artnership during the	e as a Partn tax year.	ership. Complete i	f the organiza	o. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 99	0, Part IV, line	34, becaus	e it had one or	more rela	
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 510-514)		(f) Share of total income	(g) Share of end-of-year assets		(i) Code V-UBI amount in box 20 of Schedule		(j) (k) General or Percentage managing ownership
							÷100	Ies No			0
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered organization are as a corporation or trust during the tax year.	ganizations Taxable	e as a Corpo	vration or Trust. Co /ear.	omplete if the	organization ans	wered "Yes" on	1 Form 990, Pa	rt IV, line 3∠	"Yes" on Form 990, Part IV, line 34, because it had one or more related	ad one or	L nore related
(a) Name, address, and EIN of related organization	Zs	Prim	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	y Share of total p, income		(g) Share of end-of-year assets	(h) Percentage ownership	e 512(b)(13) controlled entity?
932162 09-10-19				47				-	Sched	lule R (Fo	Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.	, INC.
	So Form

61-0476694 Page 3

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?		Tes NO
	y			49	×
b Gift, grant, or capital contribution to related organization(s)				: ;	
c Gift, grant, or capital contribution from related organization(s)				e	4
d name or loan dilarantane to or for valetad anomination (-)				10	×
				10	X
 Loans or loan guarantees by related organization(s) 				- -	×
				2	
f Dividends from related organization(s)					\$
g Sale of assets to related organization(s)				=	╡╠
ation(s)				-	*
				¥ ₽	+
j Lease of facilities, equipment, or other assets to related organization(s)				=	× >
k Lease of facilities. equipment or other asserts from related or or asserts from related or or asserts from the second or asserts of the second or asserts as the second or as the second or asserts as the second or as the				F	4
		and the second se		1 k	×
Deformance of services of membership of fundraising solicitations for related organization(s)	anization(s)			II I	X
renormatice of services or membership or fundraising solicitations by r	elated organization(s)			1m X	
	tion(s)			Ę	×
o Sharing of paid employees with related organization(s)				٩	×
				1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995	a statistical
	N. N.			4	×
q Reimbursement paid by related organization(s) for expenses				-	×
r Other transfer of cash or property to related organization(s)	1			×	36 36
S Other transfer of cash or property from related organization(s)				+-	×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	his line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	rolved	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
932163 09-10-19	48		Schedule	Schedule R (Form 990) 2019	90) 2019

Prode the (plowing plotrantion for each entry land as a partnering) (through which the organization conducted mean that in the organization conducted mean as partnering through which is possible (resulted conduction regarding excession for extent mean mean mean mean mean mean mean mean	(e) (f) (f) (f) (f) (f) Patteres (f) (f) (f) (f)	Provide the following information for each entity taxed as a that was not a related organization. See instructions regardi (a) (b) Name, address, and EIN Primary action of entity of entity (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	a partnershi ding exclusi tivitv									
(e) (f) (f) (f) (f) (f) Marail Share of Survey Needlan Share of Share	(e) (f) (f) (g) (h) (f) Real Share of sources Name Name 0 Stare of sources Name Stare (f) (f) Vest No (f) (f) (f) (f) (f) No Name Stare Name Name No Name Stare Name Name No Name Name Name Name No Name Name Name Name Name Name Nam Nam Nam	(a) (b) Name, address, and EIN Primary activation of entity	ding exclusi	p through which t	he organization cond	lucted mol	re than five perce	nt of its activities (n	neasured	by total assets o	or gross I	evenue)
Primo Builty Control Primo Builty Free Primo activity Primo Builty Free Free Primo Builty Free	Prime Diametric Control		tivitv		estment partnerships.							
Exclusion STI255 4(1) Ves IND Exclusion STI255 4(1) Ves IND	Excluden upfiling from the sector assets to the from 1065) the from 1065 in the sector assets to the from 1065 in the sector assets to the from 1065 in the sector assets to the				(d) Predominant income (related, unrelated,	(e) Are all 501(c)(3)		(g) Share of end-of-vear	Dispropor- tionate	(I) Code V-UBI amount in box 2	General o managing	(k) Percentage
					excluded from tax under sections 512-514)	Yes No		assets	Yes No	f Schedule K-1 (Form 1065)	Yes NO	dillelalimo
							Q					
							i k					
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932164 09-10-19

49

SCHE	EDULE R, PART II, COLUMN A
RELA	ATED ORGANIZATIONS:
	OR ACHIEVEMENT OF KENTUCKIANA IS COVERED UNDER A GROUP EXEMPTION.
	TIES UNDER A GROUP EXEMPTION ARE RELATED FOR SCHEDULE R PURPOSES.
	ATED ENTITIES COVERED BY A GROUP EXEMPTION ARE NOT REQUIRED TO BE
	ED ON SCHEDULE R, PART II. HOWEVER, TRANSACTIONS BETWEEN THE
XELA	TED ENTITIES ARE INDICATED ON SCHEDULE R, PART V, LINE 1.
	An and a second s
·····	

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

Type or	Name of exempt organization or other filer, see instr	uctions.	,	Taxpaye	er identification	number (TIN)
print File by the	JUNIOR ACHIEVEMENT OF KENT	UCKIA	NA, INC.		61-047	6694
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, 1401 W. MUHAMMAD ALI BLVD.	see instruc	tions.			
instructions,	City, town or post office, state, and ZIP code. For a LOUISVILLE, KY 40203	foreign add	Iress, see instruc tions.		. 1	
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			011
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A		· · · · · · · · · · · · · · · · · · ·	08
Form 472	0 (individual)	03 📈	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6 06 9			11
Form 990	-T (trust other than above)	06	Form 8870			12
Teleph ● If the o ● If this is box ▶ [1 I rec the ▶ [▶ [▶ [▶ [▶ [▶ [▶]	DEBRA HOFFER, poks are in the care of \blacktriangleright 1401 W. MUHAMM one No. \blacktriangleright (502) 561-5437 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2019 e tax year entered in line 1 is for less than 12 months, c Change in accounting period is application is for Forms 990-BL, 990-PF, 990-T, 4720	AD AL: ss in the Un Group Exe and atta MAS ganization's , and check rease	I BLVD LOUISVIL: Fax No. ▶	f this is fo all memb	or the whole gro pers the extens npt organizatio	bup, check this ion is for.
any	nonrefundable credits. See instructions.			3a	\$	0.
b If thi	is application is for Forms 990-PF, 990-T, 4720, or 6069), enter any	refundable credits and			
	nated tax payments made. Include any prior year over			3b	\$	0.
c Bala	ince due. Subtract line 3b from line 3a. Include your pa	ayment with	h this form, if required, by			
usin	g EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
	f you are going to make an electronic funds withdrawal			153-EO ai	nd Form 8879-I	EO for payment
LHA Fo	r Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 886	68 (Rev. 1-2020)

923841 12-30-19

Configured.

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

Pursuant to the provisions of KRS §273.267 and §273.273, the undersigned corporation hereby executes these Amended and Restated Articles of Incorporation.

FIRST: The name of the corporation is Junior Achievement of Kentuckiana, Inc. (the "<u>Corporation</u>").

SECOND: The Articles of Incorporation of the Corporation are hereby amended and restated to read in their entirety as follows:

ARTICLE I NAME

The name of the Corporation shall be: Junior Achievement of Kentuckiana, Inc.

ARTICLE II <u>PURPOSES</u>

The purpose of the Corporation shall be to: [i] educate and inspire young people to value free enterprise, understand business and economics, and be workforce ready; [ii] carry out these activities in the territory assigned by the national organization; [iii] not to realize pecuniary profit inuring to the benefit of any private member or individual; and [iv] all other purposes for which non-profit corporations may be formed pursuant to the provisions of KRS §273.010 et. seq.

ARTICLE III DURATION

The duration of the Corporation shall be perpetual.

ARTICLE IV PRINCIPAL OFFICE; REGISTERED AGENT; REGISTERED OFFICE

The principal place of business of the Corporation shall be in Louisville, Jefferson County, Kentucky. The Registered Agent of the Corporation shall be Debra Humes Hoffer and the Registered Office shall be located at 1401 W. Muhammad Ali Boulevard, Louisville, Kentucky 40203.

Robert A. Davenport	10350 Ormsby Park Place, #301 Louisville, KY 40223
Nancy B. Davis	P. O. Box 32890 Louisville, KY 40232-2890
Anne S. Dawson	462 S. Fourth Ave., Suite 1500 Louisville, KY 40202-3415
Ronald J. Dieckman	P. O. Box 32760 Louisville, KY 40232-2760
Leah A. Eggers	P. O. Box 1438 Louisville, KY 40201
Sanford L. Fleck	9600 Brownsboro Rd., Suite 400 Louisville, KY 40241
Scott Flynn	400 W. Market Street Louisville, KY 40202
Stan Franczek	12910 Shelbyville Rd., Suite 137 Louisville, KY 40243
Clinton L. Glasscock	P. O. Box 327 Crestwood, KY 40014
Donald L. Gossman	6008 Brownsboro Park Blvd., Suite D Louisville, KY 40207
Aaron R. Hazzard	217 E. Chestnut Street Louisville, KY 40202
William S. Heinz, Jr.	7624 Deer Meadow Drive Louisville, KY 40241
Dennis P. Heishman	333 E. Main Street Louisville, KY 40202
Doug Helm	312 S. 4 th Street Louisville, KY 40202
John Hill	400 W. Market St., Suite 2100 Louisville, KY 40202-3353

- 3 -

Charles Robello	P. O. Box 36000 Louisville, KY 40208
James W. Robinson	7527 State Road 62 Lanesville, IN 47136
James R. Rucker	12906 Shelbyville Road Louisville, KY 40243
Dale Schaefer	520 S. Fourth Ave., 2 nd Floor Louisville, KY 40202
Robert M. South	1650 Lyndon Farm Court Louisville, KY 40223
Todd Spencer	620 W. Main Street Louisville, KY 40202
Todd Spurgeon	4106 Charleston Road New Albany, IN 47150
Kathi Stearman	P. O. Box 1080 Louisville, KY 40201
William E. Summers V	9300 Shelbyville Rd., Suite 100 Louisville, KY 40222
Kelly Sweasy	12501 Lakefront Place Louisville, KY 40299
Berard Tomassetti	680 S. Fourth Ave., 2 nd Floor Louisville, KY 40202
William P. Tompkins III	P. O. Box 32260 Louisville, KY 40232
Jeff Uligian	7100 Riverport Drive Louisville, KY 40258
Wendy C. Welsh	P. O. Box 32030 Louisville, KY 40232
Mimi Zinniel	P. O. Box 1080 Louisville, KY 40201

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person to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or by any other applicable law.

THIRD: The foregoing amendment and restatement was adopted by the affirmative vote of a majority of the Members of the Board of Directors of the Corporation present at the Annual Meeting of the Board of Directors and, upon recommendation by the Board of Directors, by an affirmative vote of at least two-thirds (2/3rds) of the Members of the Corporation present at the Annual Meeting of the Members, in each instance on June 27, 2002, at which meeting a quorum was present, pursuant to KRS §273.263 and §273.273.

FOURTH: These Amended and Restated Articles of Incorporation shall be effective as of the date filed in the Office of the Secretary of State for the Commonwealth of Kentucky.

FIFTH: The following Articles have been amended to read in their entirety as set forth herein: Articles I, IV, V, and VI.

SIXTH: The foregoing Amended and Restated Articles of Incorporation were duly adopted as required by law, correctly set forth without change the corresponding provisions of the Articles of Incorporation as heretofore and herein amended, and supersede the original Articles of Incorporation and all prior amendments thereto.

Dated as of June 22, 2006.

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

By

Debra Humes Hoffer President Go to www.irs.gov/FormW9 for Instructions and the latest information.

interna	Revenue Service	£	do to mmm.na.go				
	1 Name (as shown	on your income	tax return). Name is re	quired on this line; do	not leave this line blank.		
	Junior Achieve	ement of Ker	ntuckiana, Inc.				
	2 Business name/c	lisregarded entit	y name, if different fror	n above			
on page 3.	3 Check appropria tollowing seven t	te box for federa xoxes.	I tax classification of th	ne person whose name	is entered on line 1. Ch	eck only one of the	4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):
	Individual/sole single-member	erLLC	C Corporation	S Corporation		Trust/estate	Exempt payee code (if any)
Ŝ₽	Limited Ilabilit	y company. Ente	er the tax classification	(C=C corporation, S=S	corporation, P=Partner	ship) 🖻	
Print or type. Specific Instructions	LLC if the LLC) is classified as that is not disreq	a single-member LLC arded from the owner	that is disregarded from for U.S. federal tax pur	of the single-member ov n the owner unless the o poses. Otherwise, a sing classification of its own	ple-member LLC is	Exemption from FATCA reporting code (if any)
Š	Other (see ins			Nonpr			(Applies to accounts maintained outside the U.S.)
ğ	5 Address (number	, street, and apt	. or suite no.) See instr	uctions.		Requester's name a	and address (optional)
See	1401 W. Muhan					Louisville	metro Gov't
Ś	6 City, state, and Z	Contractor of the local division of the local division of the				601 W. Je	Alerson St.
	Louisville, KY	40203				Louisville,	Ky 40202
	7 List account num		onal)				
Par	Taxnai	ver Identific	cation Number	(TIN)			
Entor	your TIN in the en	omoriate box	The TIN provided m	ust match the name	given on line 1 to av	oid Social sec	surity number
backu reside	p withholding. For	Individuals, th	is is generally your parded entity, see th	social security numb the instructions for Pr	er (SSN). However, f	ta] - []] - []]
TIN, Is	ater.					or	Identification pumber
Note:	If the account is in	n more than on	e name, see the ins	tructions for line 1.	Nso see What Name	and Employer	Identification number
h fe com h	ver To Give the Rec	wester for our	delines on whose nu	imper to enter.			

PantII Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Oren	e Carta)	Date Þ	11/8	21	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.lrs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of Income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- · Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later. By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

An individual who is a U.S. citizen or U.S. resident alien;

 A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;

An estate (other than a foreign estate); or

A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

 In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;

 In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n)	THEN check the box for
Corporation	Corporation
 Individual Sole proprietorship, or Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. 	Individual/sole proprietor or single- member LLC
 LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. 	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
Partnership	Partnership
Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

 Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

 Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1-An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2-The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4-A foreign government or any of its political subdivisions, agencies, or instrumentalities

5-A corporation

6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8-A real estate investment trust

9-An entity registered at all times during the tax year under the Investment Company Act of 1940

10-A common trust fund operated by a bank under section 584(a) 11-A financial institution

12-A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D-A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E-A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F-A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

 $\rm H-A$ regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K-A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov.* You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
 Two or more individuals (joint account) other than an account maintained by an FFI 	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
 Custodial account of a minor (Uniform Gift to Minors Act) 	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
 Sole proprietorship or disregarded entity owned by an individual 	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax- exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
 Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) 	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- · Ensure your employer is protecting your SSN, and
- · Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft. The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.ldentityTheft.gov* and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

Table of Contents

	Page
Independent Auditors' Report	1 and 2
Financial Statements	
Statements of financial position	3
Statements of activities	4
Statements of functional expenses	5
Statements of cash flows	6
Notes to financial statements	7 - 20

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Independent Auditors' Report

To the Board of Directors Junior Achievement of Kentuckiana, Inc. Louisville, Kentucky

We have audited the accompanying financial statements of Junior Achievement of Kentuckiana, Inc. (a not-forprofit organization), which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

301 E. Elm Street New Albany, Indiana 47150 T: 812.945.5236 F: 812.949.4095 9300 Shelbyville Road Suite 1100 Louisville, Kentucky 40222 T: 502.426.9660 F: 502.425.0883 131 E. Chestnut Street Corydon, Indiana 47112 T: 812.738.3516 F: 812.738.3519 We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Junior Achievement of Kentuckiana, Inc. as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Dening, Malone, Susay & Ostroff

Louisville, Kentucky October 18, 2021

STATEMENTS OF FINANCIAL POSITION

June 30, 2021 and 2020

Assets	2021	2020
Current Assets		
Cash and cash equivalents	\$ 307,509	\$ 272,146
Investments	2,637,025	2,068,186
Investments - 3DE	690,281	
Pledges receivable - net	65,888	40,067
Other receivables - 3DE	161,267	
Prepaid and other assets	21,236	6,000
Total current assets	3,883,206	2,386,399
Long-Term Assets		
Beneficial interest in assets held by others	290,760	216,452
Fixed assets - net	1,651,295	1,818,745
Total long-term assets	1,942,055	2,035,197
Total assets	<u>\$ 5,825,261</u>	<u>\$ 4,421,596</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 15,924	\$ 2,037
Accrued expenses	101,726	23,393
Payable - 3DE	175,000	
Deferred revenue		7,655
Small Business Administration loan	148,590	214,100
Total current liabilities	441,240	247,185
Long-Term Liabilities		
Payable - 3DE	688,150	
Total liabilities	1,129,390	247,185
Net Assets		
Without donor restrictions:		
Undesignated	1,733,586	1,864,717
Board designated	2,927,785	2,284,638
	4,661,371	4,149,355
With donor restrictions	34,500	25,056
Total net assets	4,695,871	4,174,411
Total liabilities and net assets	<u>\$ 5,825,261</u>	<u>\$ 4,421,596</u>

See Notes to Financial Statements.

STATEMENTS OF ACTIVITIES Years Ended June 30, 2021 and 2020

			2021					2020		
	Witho	Without Donor Restrictions	tions			Withou	Without Donor Restrictions	tions		
	Undesignated	Board Designated	Total	With Donor Restrictions	Total	Undesignated	Board Designated	Total	With Donor Restrictions	Total
Public Support and Revenues						0	0		citoria moore	10101
Contributions:										
Corporate	\$ 667,393		\$ 667,393	\$ 28,000	\$ 695,393	\$ 748.468		\$ 748.468	\$ 12,500	\$ 760 968
Individual	119,976		119,976		119,976	158.952				
Foundations	196,008		196,008	41,500	237,508	250,548		250,548	52,500	303,048
Total contributions	983,377		983,377	69,500	1,052,877	1,157,968		1,157,968	65.550	1.223.518
Special events - net of cost of direct benefit to donors of \$7,791 in 2021 and \$61,464 in 2020	170,262		170,262		170,262	253,416		253,416		253,416
The threatment income wet	L C J 1									
	cuc,1	42,249	46,752		46,752	11,212	\$ 27,502	38,714		38,714
Unrealized (loss) gain on investments Realized gain on investments	63	457,396 66 194	457,459		457,459		(288,293)	(288,293)		(288,293)
In-kind contributions	239.391	10100	239.391		739 391	773 817	546,925	548,923 773 817		348,923
Other income	214,102		214,102		214 102	378		10,012		110,017
Change in value of beneficial interest in	×.							070		070
assets held by others		74,308	74,308		74,308		(15,483)	(15,483)		(15,483)
Net assets released from restriction:										
Purpose restrictions Time restrictions	39,506 20,550		39,506 20,550	(39,506) (20,550)		93,029 84,800	(50,000)	43,029 84,800	(43,029) (84,800)	
Total public support and revenues	1,668,754	643,147	2,311,901	9,444	2,321,345	1,874,570	22,649	1,897,219	(62,279)	1,834,940
Expenses										
Program expense Manapement and peneral expense	1,283,125		1,283,125		1,283,125	1,681,546		1,681,546		1,681,546
Fundraising and special events expense Loss on disposal of fixed assets	344,603 280		344,603		344,603	340,524		340,524		187,916 340,524
Total expenses	1,799,885	Second and a second	1,799,885		1.799.885	2.209.986		2,209,986		7 700 986
								00/1/0+1-		7.00
Change in net assets	(131,131)	643,147	512,016	9,444	521,460	(335,416)	22,649	(312,767)	(62,279)	(375,046)
Net assets, beginning of year	1,864,717	2,284,638	4,149,355	25,056	4,174,411	2,200,133	2,261,989	4,462,122	87,335	4,549,457
Net assets, end of year	\$ 1,733,586	\$ 2,927,785	\$ 4,661,371	\$ 34,500	\$ 4,695,871	\$ 1,864,717	\$ 2,284,638	\$ 4,149,355	\$ 25,056	\$ 4,174,411

See Notes to Financial Statements.

4

STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended June 30, 2021 and 2020

	2021									
						Fund	raisir	g		
			Ma	nagement		General		Special		
		Program	an	d General	_Fı	indraising		Events		Total
Personnel	\$	664,211	\$	107,446	\$	205,124			\$	976,781
Staff training and travel	-	8,423		1,051		1,051				10,525
Program materials and fees		203,913								203,913
Facility		151,015		6,299		6,299				163,613
Office		52,652		28,928		6,602				88,182
Subscriptions and dues		3,112		778						3,890
General insurance		12,530		523		523				13,576
Public relations		367								367
Depreciation		186,902		7,796		7,796				202,494
Bad debt expense				15,467						15,467
Direct event costs							\$	116,247		116,247
Miscellaneous				3,589		961			-	4,550
Total	\$	1,283,125	<u>\$</u>	171,877	<u>\$</u>	228,356	\$	116,247	<u>\$</u>	1,799,605

		2020								
						Fund	g			
			Ma	inagement		General		Special		
		Program	an	d General	Ft	undraising		Events	Total	
Personnel	\$	812,799	\$	131,482	\$	251,012			\$ 1,195,2	293
Staff training and travel	Ψ	17,201	Ŷ	634	÷	3,574				409
Program materials and fees		308,818							308,	818
Facility		205,380		8,567		8,567			222,	514
Office		59,219		29,169		6,281			94,0	669
Subscriptions and dues		1,023		1,674					2,0	697
General insurance		8,540		356		356			9,2	252
Public relations		85,514							85,:	514
Depreciation		183,052		7,635		7,635			198,	322
Bad debt expense				4,953					4,9	953
Direct event costs							\$	60,147	60,	147
Miscellaneous				3,446	<u></u>	2,952			6,3	398
Total	<u>\$</u>	1,681,546	<u>\$</u>	187,916	<u>\$</u>	280,377	<u>\$</u>	60,147	\$ 2,209,9	986

See Notes to Financial Statements.

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2021 and 2020

	2021	2020
Cash Flows from Operating Activities		
Contributions and other income received	\$ 968,936	\$ 1,283,103
Cash received from special events	178,053	314,880
Net investment income received	1,285	11,212
Cash received for 3DE	701,883	
Cash paid to suppliers and employees	(1,273,060)	(1,793,740)
Net cash provided by (used in) operating activities	577,097	(184,545)
Cash Flows from Investing Activities		
Purchases of fixed assets	(35,324)	(43,693)
Purchases of investments	(881,390)	(1,332,803)
Proceeds from sale of investments	191,390	1,382,803
Net cash (used in) provided by investing activities	(725,324)	6,307
Cash Flows from Financing Activities		
Contributions received for fixed assets	35,000	45,000
Proceeds from Small Business Administration loan	148,590	214,100
Net cash provided by financing activities	183,590	259,100
Net increase in cash and cash equivalents	35,363	80,862
Cash and cash equivalents, beginning of year	272,146	191,284
Cash and cash equivalents, end of year	\$ 307,509	<u>\$ 272,146</u>

See Notes to Financial Statements.

	2021	2020
Reconciliation of Change in Net Assets to Net Cash		
Provided by (Used in) Operating Activities		
Change in net assets	\$ 521,460	\$ (375,040
Adjustments to reconcile change in net assets to net		
cash provided by (used in) operating activities:		
Depreciation	202,494	198,322
Bad debt expense	15,467	4,953
Net investment income reinvested	(45,467)	(27,502
Unrealized (gain) loss on investments	(457,459)	288,293
Realized gain on investments	(66,194)	(348,923
Contributions received for fixed assets	(35,000)	(45,000
Change in value of beneficial interest in assets		
held by others	(74,308)	15,483
Small Business Administration loan forgiveness	(214,100)	
Loss of disposal of fixed assets	280	
Changes in assets and liabilities:		
(Increase) decrease in:		
Pledges receivable	(41,288)	95,284
Other receivables - 3DE	(161,267)	
Prepaid and other assets	(15,236)	2,238
Increase (decrease) in:		
Accounts payable	13,887	(8,000
Accrued expenses	78,333	7,698
Payable - 3DE	863,150	
Deferred revenue	(7,655)	7,655
Total adjustments	55,637	190,501
et cash provided by (used in) operating activities	<u>\$ 577,097</u>	<u>\$ (184,545</u>

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Organization and Summary of Significant Accounting Policies

Description of Organization:

Junior Achievement of Kentuckiana, Inc. (Organization) is a not-for-profit organization formed for the purpose of educating elementary, middle and high school students in the areas of free enterprise, business economics and workplace preparation. The Organization serves the Greater Louisville area, including Jefferson, Hardin, Bullitt, Shelby and other surrounding counties in Kentucky and Southern Indiana. The Organization is supported primarily through donor contributions.

Summary of significant accounting policies:

This summary of significant accounting policies of Junior Achievement of Kentuckiana, Inc. is presented to assist in understanding the Organization's financial statements. The financial statements and notes are the representations of the Organization's management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Net assets:

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net assets without donor restrictions: Net assets available for use in general operations and not subject to donor restrictions. Net assets without donor restrictions include assets designated by the board for particular purposes.

Net assets with donor restrictions: Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

Revenue recognition - contributions:

Contributions other than cash are recorded at their fair value as of the date of donation. Contributions of long-lived assets with explicit restrictions that specify how the assets are to be used and donations of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the contributed or acquired long-live assets are placed in service.

Donated services that create or enhance non-financial assets or that require specific expertise and would normally have been purchased are recorded at fair value in the period received.

Special events revenue is presented net of the costs of direct benefit to donors on the statements of activities. The exchange portion of special events revenue is one performance obligation and is recognized at a point in time when direct benefits are provided to the donor.

The Organization treats donor restricted contributions whose restrictions are met in the same reporting period as support without donor restriction.

Revenue recognition – FASB ASC 606:

Contract revenue, as defined under ASC 606, is derived primarily from student participation and summer camp fees. Revenue is recognized at a point in time or over time as the performance obligations are satisfied.

Revenue from student participation fees are recognized at a point in time the student visits the facility or participates in the program. Student participant fees are based on set rates per visit or program attendance and are billed monthly. Revenue from summer camps is recognized over time as services are rendered using the input method as time has lapsed. Summer camps have set rates with payments generally being made in advance of the camp.

For the years ended June 30, 2021 and 2020, approximately 4% and 10%, respectively, of the Organization's revenues are derived from student participation and summer camp fees and are included in contributions on the statements of activities. The following table disaggregates these contract revenues based on the timing of satisfaction of performance obligations for the years ended June 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Performance obligations satisfied at a point in time	100%	99%
Performance obligations satisfied overtime		1%

The Organization has determined that the nature, amount, timing and uncertainty of contract revenues and cash flows are affected by the economy, public health guidelines around COVID-19, and general public support.

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents:

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an initial maturity of three months or less, excluding those amounts held as part of an investment fund, to be cash equivalents.

Investments:

Investments are recorded at fair value. Donated investments are recorded at their fair value as of the date received. See Note 6 for discussion of fair value measurements.

Pledges receivable:

The valuation of pledges receivable is based on a detailed analysis of past due pledges and the history of uncollectible pledges. The Organization periodically reviews doubtful pledges receivable to determine if write-offs are necessary.

Fixed assets:

Fixed assets are recorded at cost, if purchased, or at fair value as of the date of donation, if donated. The Organization's policy is to capitalize group asset purchases exceeding \$1,000 with a useful life greater than one year. Depreciation is computed on the straight-line method over the estimated useful lives of the assets ranging from three to forty years. Depreciation expense for the years ended June 30, 2021 and 2020 was \$202,494 and \$198,332, respectively.

Income taxes:

The Organization is exempt from federal, state, and local income taxes as a not-for-profit organization described under Internal Revenue Code Section 501(c)(3). The Organization files an informational tax return in the U.S. federal jurisdiction and with the Kentucky Office of Attorney General.

As of June 30, 2021 and 2020, the Organization did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

Advertising:

Advertising costs are expensed as incurred. Advertising expense for the years ended June 30, 2021 and 2020 was \$367 and \$85,514, respectively, inclusive of in-kind contributions of \$85,000 for the year ended June 30, 2020.

Functional allocation of expenses:

The statements of activities report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied, including on the basis of estimates of time and effort. The statements of functional expenses for the years ended June 30, 2021 and 2020 present the natural classification of detail of expenses by function.

Newly issued standards not yet effective:

The FASB has issued ASU No. 2016-02, *Leases*, effective for years beginning after December 15, 2021 and ASU No. 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, effective for years beginning after June 15, 2021. The Organization is evaluating the impact that adoption of these standards will have on future financial position and results of operations.

Accounting change:

In August 2018, FASB issued ASU No. 2018-13, Fair Value Measurement: Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement. The standard modifies the disclosure requirements for fair value measurements. The Organization has adjusted the presentation of these items accordingly. The standard has been applied retrospectively to all periods presented.

Subsequent events:

Subsequent events have been evaluated through October 18, 2021, which is the date the financial statements were available to be issued.

Note 2. Liquidity and Availability

Financial assets available for general expenditure, without donor or other restrictions limiting their use, within one year of the June 30, 2021 and 2020 statements of financial position date, comprise the following:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$307,509	\$272,146
Pledges receivable	65,888	40,067
Estimated endowment distributions	120,000	120,000
Less funds held for 3DE	(11,602)	
Less funds with donor restrictions		<u>(4,506</u>)
	\$481,795	\$427,707

The Organization's endowment consists of funds designated by the Board of Directors to function as endowments. Board designated endowment funds of \$2,517,025, in excess of the estimated endowment distributions, could be made available for general expenditure if necessary.

The Organization manages its liquidity and reserves following two guiding principles: operating within a prudent range of financial soundness and stability and maintaining adequate liquid assets to fund near-term operating needs.

Note 3. Pledges Receivable

Total pledges receivable as of June 30, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Pledges receivable Less allowance for uncollectible pledges	\$73,888 _ <u>(8,000</u>)	\$42,567 (2,500)
Pledges receivable - net	<u>\$65,888</u>	<u>\$40,067</u>
Amounts due in: Less than one year	<u>\$73,888</u>	<u>\$42,567</u>

Two donors account for approximately 30% of total gross pledges of \$73,888 as of June 30, 2021. Three donors account for approximately 43% of the total gross pledges receivable of \$42,567 as of June 30, 2020.

Note 4. Investments

Cost and fair value of investments consist of the following as of June 30, 2021 and 2020:

		2021	
			Unrealized
		Fair	Appreciation
	Cost	Value	(Depreciation)
Cash equivalents	\$ 87,327	\$ 87,327	
Common stocks	535,547	1,013,246	\$477,699
Mutual funds	1,850,519	2,093,579	243,060
Government bonds	100,958	103,141	2,183
Corporate bonds	30,036	30,013	(23)
	<u>\$2,604,387</u>	<u>\$3,327,306</u>	<u>\$722,919</u>
		2020	
	Cost	Fair <u>Value</u>	Unrealized Appreciation (Depreciation)
Cash equivalents	\$ 42,400	\$ 42,400	
Common stocks	488,261	750,711	\$262,450
Mutual funds	1,140,533	1,139,469	(1,064)
Government bonds	101,425	104,846	3,421
Corporate bonds			653
	<u>\$1,802,726</u>	<u>\$2,068,186</u>	<u>\$265,460</u>

Investment income reported in the accompanying statements of activities is net of investment fees. Such investment expenses totaled \$17,827 and \$15,531 for the years ended June 30, 2021 and 2020, respectively.

Note 5. Beneficial Interest in Assets Held by Others

The Organization is an income beneficiary of certain funds held at various community foundations. These accounts were created by an irrevocable transfer of funds from the Organization to the community foundations to establish other means for donors to make contributions to support the Organization. The agreements with the community foundations call for annual distributions to the Organization in accordance with the foundations' distribution policies.

Beneficial interest in assets held by others at June 30, 2021 and 2020 is summarized as follows:

	2021	<u>2020</u>
Beneficial interest in assets held by the Community Foundation of Louisville, Inc.	\$ 37,602	\$ 30,242
Beneficial interest in assets held by the Harrison County Community Foundation, Inc.	244,858	179,389
Beneficial interest in assets held by the Community Foundation of Southern Indiana, Inc.	8,300	6,821
	\$290,760	\$216,452

Note 6. **Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

- Level 1 -Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.
- Level 2 -Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active or inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 -Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The Organization's Level 1 and Level 2 assets have been valued using a market approach. Level 3 assets have been valued using the income approach. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2021 and 2020.

Cash equivalents, common stocks, mutual funds and corporate bonds - valued at the closing price reported in the active market in which the security is traded.

Government bonds - valued based on quoted prices for similar assets from observable pricing sources.

Beneficial interest - valued at the discounted cash flow of future income based on quoted market prices or value as determined by the fund manager of the underlying assets held by the community foundations.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets measured at fair value as of June 30, 2021 and 2020:

		June 30), 2021	
	Level 1	Level 2	Level 3	Total
Investments:				
Cash equivalents	\$ 87,327			\$ 87,327
Common stocks	1,013,246			1,013,246
Mutual funds	2,093,579			2,093,579
Government bonds		\$103,141		103,141
Corporate bonds	30,013			30,013
	3,224,165	103,141		3,327,306
Beneficial interest in assets held				
by others		••••••••••••••••••••••••••••••••••••••	<u>\$290,760</u>	290,760
	<u>\$3,224,165</u>	<u>\$103,141</u>	<u>\$290,760</u>	<u>\$3,618,066</u>
		June 3	0, 2020	
	Level 1	Level 2	Level 3	Total
Investments:				
Cash equivalents	\$ 42,400			\$ 42,400
Common stocks	750,711			750,711
Mutual funds	1,139,469			1,139,469
Government bonds		\$104,846		104,846
Corporate bonds	30,760			30,760
	1,963,340	104,846		2,068,186
Beneficial interest in assets held				
by others			\$216,452	216,452
	<u>\$1,963,340</u>	<u>\$104,846</u>	<u>\$216,452</u>	<u>\$2,284,638</u>

Note 7. Endowment

The Organization's endowment funds consist of investments held at Stock Yards Bank (SYB) and beneficial interest in assets held at various community foundations. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization's endowment funds are board-designated. As of June 30, 2021 and 2020, board-designated net assets without donor restrictions were \$2,927,785 and \$2,284,638, respectively.

Changes in endowment net assets for the years ended June 30, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Endowment net assets, beginning of year	\$2,284,638	\$2,261,989
Transfers - operations		(50,000)
Net investment return:		
Investment income, net	45,249	27,502
Realized gain	66,194	348,923
Unrealized gain (loss)	457,396	(288,293)
Change in value of beneficial interest in		
assets held by others	74,308	(15,483)
Endowment net assets, end of year	<u>\$2,927,785</u>	<u>\$2,284,638</u>

Interpretation of relevant law:

The Organization has interpreted the Kentucky Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As of June 30, 2021 and 2020, the Organization has no donor-restricted endowment funds.

Investment policy:

The Organization's Board of Directors does not have input or authority over the nature and type of investments held by others at various community foundations. The fund managers of these funds have sole discretion over the investment allocation. The Organization has adopted an investment policy for its board-designated endowment assets that is intended to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets.

Except for the Organization's beneficial interest in assets held by others, the Finance and Audit Committee of the Board of Directors has the responsibility for development of the investment objectives and guidelines, the selection of the investment managers (Managers), and the regular monitoring of the Managers' performance to help assure the effectiveness of the objectives and to initiate modification of changes, as needed.

Under this policy, as approved by the Board of Directors, the board-designated endowment assets are managed by investment managers selected by the Board of Directors and are invested in equity and fixed income securities that are intended to provide a balance that will enhance a total return while avoiding undue risk from concentration in any single asset class or investment style. The Organization expects its endowment funds, over time, to provide total return, net of fees, to meet or exceed 5% inflation.

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization has established and monitors a diversified asset allocation, including a target equity position, fixed income position, and cash equivalents exposure.

Spending policy:

Distributions from the beneficial interest in assets held by the community foundation are subject to the distribution policy of the respective community foundation. These distributions are utilized to fund the Organization's programs.

Upon the recommendation of the Finance and Audit Committee, the Board of Directors may at its sole discretion utilize cash distributions from the SYB endowment fund for programs, projects or for short-term cash flow purposes. During the year ended June 30, 2020, net distributions of \$50,000 were made from the SYB endowment fund. No distributions were made for the year ended June 30, 2021.

Note 8. Fixed Assets

Fixed assets consist of the following at June 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Furniture and equipment	\$ 819,754	\$ 839,167
Leasehold improvements and fixtures	2,714,629	2,718,492
	3,534,383	3,557,659
Less accumulated depreciation	<u>(1,883,088</u>)	<u>(1,738,914</u>)
	<u>\$1,651,295</u>	<u>\$1,818,745</u>

Note 9. Payable - 3DE

During the year ended June 30, 2021, the Organization entered into a Memorandum of Agreement (MOA) with Jefferson County Public Schools (JCPS) and 3DE Kentucky, LLC (3DE) to implement the 3DE Model at selected JCPS high schools. The 3DE Model is an educational model that is relevant, experiential and authentically connected to real-work complexities, including a turnkey framework of education programs that bring real-world connectivity across core academic subjects using case methodology and linking standardsbased and project-based education. As part of the MOA, the Organization agreed to raise local matching funds to the national philanthropic pool of funds raised by 3DE. The funds are to be paid to 3DE over a 4 year period and will go towards funding the implementation of the 3DE Model at selected JCPS high schools. The Organization is acting as an agent raising funds on behalf of the beneficiaries, 3DE and JCPS. As such, the funds raised are shown as a liability on the statements of financial position and are not considered contributions on the statements of activities. The amount of funds raised that are owed to 3DE as of June 30, 2021 was \$863,150. Included in the amount of funds raised are \$161,267 in receivables from pledges not collected as of June 30, 2021. The Organization invested \$690,000 of the funds raised into a separate investment account to be held for future payments owed to 3DE.

Note 10. Small Business Administration loan

On April 10, 2020, the Organization qualified for and received a loan pursuant to the Paycheck Protection Program, a program implemented by the U.S. Small Business Administration under the Coronavirus Aid, Relief, and Economic Security Act, from a qualified lender, for an aggregate principal amount of \$214,100 (PPP Loan 1). The PPP Loan 1 bears interest at a fixed rate of 1.0% per annum, with deferred interest, has a term of two years, and is unsecured and guaranteed by the U.S. Small Business Administration. The principal amount of the PPP Loan 1 is subject to forgiveness under the Paycheck Protection Program upon the Organization's request to the extent that the PPP Loan 1 proceeds are used to pay expenses permitted by the Paycheck Protection Program, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the Organization. The Organization applied for and received forgiveness of the PPP Loan 1 from the Small Business Administration on January 26, 2021. The loan forgiveness is included in other income on the statements of activities.

On January 27, 2021, the Organization qualified for and received a loan pursuant to the Paycheck Protection Program, from a qualified lender, for an aggregate principal amount of \$148,590 (PPP Loan 2). The PPP Loan 2 bears interest at a fixed rate of 1.0% per annum, with deferred interest, has a term of five years, and is unsecured and guaranteed by the U.S. Small Business Administration. The principal amount of the PPP Loan 2 is subject to forgiveness under the Paycheck Protection Program upon the Organization's request to the extent that the PPP Loan 2 proceeds are used to pay expenses permitted by the Paycheck Protection Program, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the Organization. The Organization applied for and received forgiveness of the PPP Loan 2 from the Small Business Administration on August 9, 2021.

Note 11. Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following at June 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Subject to expenditure for a specified purpose: Capital items		\$ 4,506
Subject to passage of time:		
Contributions for next fiscal year	\$34,500	20,550
	<u>\$34,500</u>	<u>\$25,056</u>

Net assets are released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors.

Note 12. Operating Leases

The Organization leases certain office equipment under operating leases with lease terms expiring through May 2022. Minimum lease payments under these leases at June 30, 2021 are as follows:

Year ending June 30:	
2022	<u>\$3,850</u>

Total rent expense under the leases for each of the years ended June 30, 2021 and 2020 was \$4,200.

Note 13. Pension Plan

Prior to June 30, 2019, the Organization participated in a noncontributory defined benefit pension plan (the Plan). The Plan was administered by Junior Achievement USA and covered all full-time employees of the Organization, Junior Achievement USA, JA Worldwide, Inc. and other participating Junior Achievement Areas in the United States. Benefits were determined based on years of service and salary history. The Plan's assets were invested in a variety of investment funds until 2020, when Plan assets were converted to cash and cash equivalents. Prior to June 30, 2019, in accordance with plan documents, the Organization made contributions to the Plan equal to 16.75% of participants' eligible compensation. Accordingly, the Organization recognizes, as net pension cost, the required contribution for the period and recognizes, as a liability, any contributions due and unpaid. There is no recognition of the funded status of the Plan in the financial statements of the Organization.

Effective June 30, 2019, Junior Achievement USA's Board of Directors approved the termination of the Plan, at which time all participants who were active in the plan became fully vested for their respective accrued benefits. The Plan required that participating employers (including the Organization) remain liable for any funding obligations under the Plan, until all liabilities and obligations of the Plan had been satisfied. As a result, during the year ended June 30, 2020, in accordance with the plan documents, the Organization continued to make contributions equal to 13.25% of participants' eligible compensation.

During the year ended June 30, 2020, Plan participants elected the mode of their distribution (lump sum or annuity) and the Plan liquidated and distributed benefit payments accordingly. The Plan engaged an insurance company to assume the annuity portfolio, and as of June 30, 2020, substantially all benefit obligations of the Plan had either been paid or transferred. The remaining assets in the Plan of approximately \$5.5 million at June 30, 2021 and 2020, are restricted for additional, future termination and other required administrative expenses. Approximately \$4 million of the Plan's assets are expected to be a return of capital to Junior Achievement USA for the collateral that Junior Achievement USA transferred to fund and close the revolving line of credit necessary to terminate the Plan.

Upon the conclusion of any necessary administrative proceedings and the final review by the Pension Benefit Guarantee Corporation (PBGC), any remaining Plan assets will first be used to pay any final administrative costs, next will be used to repay advances from Junior Achievement USA, described above, and lastly, will be distributed to participating employers on a pro-rata basis. The timing and results of these administrative proceedings and PBGC's final review are uncertain, and as a result, the Organization cannot reasonably estimate, and thus has not recorded, any pro-rata amounts receivable from the Plan at June 30, 2021.

During the year ended June 30, 2020, the Organization contributed \$105,490 to the Plan.

Note 14. Health and Welfare Benefits Trust and Postretirement Benefits Plan

The Organization participates in a self-funded medical, dental and other benefits plan covering full-time employees of the Organization and their beneficiaries and covered dependents. The plan is accounted for like a multi-employer plan. Premiums are paid into the Health and Welfare Plan for each participant by the participating employers. Employees of the Organization and employees of Junior Achievement Areas in the United States can participate in the Health and Welfare Plan. All the assets and liabilities of the Health and Welfare Plan are held in the Junior Achievement USA Health and Welfare Benefits Trust (Benefits Trust). Accordingly, no balances or transactions of the Benefits Trust are recorded in the financial statements of the Organization.

The Health and Welfare Plan also offers health care benefits to retired personnel of the participating employees. This creates an implicit rate subsidy, which is considered to be a postretirement benefit. Management of the Organization does not believe the implicit rate subsidy amount to be material to the Organization, especially since the Plan is a multi-employer plan. Accordingly, no balances or transactions of the Postretirement Benefits Plan are recorded in the financial statements of the Organization.

The Organization's premium expense for the Health and Welfare Plan for the years ended June 30, 2021 and 2020 was \$87,400 and \$93,259, respectively.

Note 15. Retirement Plan

The Organization participates in a defined contribution 401(k) plan implemented by Junior Achievement USA to coincide with the termination of the pension plan (Note 13). The plan covers all employees of the Organization that have met the eligibility requirements. The Organization will contribute 3% of compensation for all eligible employees. The Organization contributed \$22,388 and \$22,345 to the 401(k) plan for the year ended June 30, 2021 and 2020, respectively.

Note 16. Transactions with the National Office of Junior Achievement

A license fee is paid to the National Office of Junior Achievement at various rates ranging from 2.5% to 11.5% based on type and amount of revenues earned. In addition, the Organization also purchases program materials from the National Office.

The following is a summary of the transactions with the National Office of Junior Achievement:

	<u>2021</u>	<u>2020</u>
License fee	\$155,566	\$ 155,580
Classroom materials and insurance purchased	22,592	21,182

Note 17. Concentration of Credit Risk

The Organization has significant investments in common stocks, mutual funds and bonds held by an investment manager and is, therefore, subject to concentrations of credit risk. Investments are made by the investment managers and the investments are monitored by the Board of Directors. Though the fair value of investments is subject to fluctuations on a year-to-year basis, management believes the investment policy is prudent for the long-term welfare of the Organization.

Note 18. Contingency

On March 11, 2020, the World Health Organization classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. As of June 30, 2021, economic and public health uncertainties exist which may have a negative effect on the Organization's future financial position and results of operations. The total impact of the COVID-19 outbreak is unknown at the date the financial statements were issued. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.



Kentucky Secretary of State Michael G. Adams

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

File Annual Report

File Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

Printable Forms

Additional Services

Certificates

General Information

Organization Number	0026463
Name	JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	8/3/1950
Organization Date	8/3/1950
Last Annual Report	5/3/2021
Principal Office	1401 W. MUHAMMAD ALI BOULEVARD
	LOUISVILLE, KY 40203-1745
Registered Agent	DEBRA HUMES HOFFER
	1401 W. MUHAMMAD ALI BLVD
	LOUISVILLE, KY 40203

Current Officers

President

Debra Humes Hoffer

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Vice President	DEBBIE DALTON
Secretary	STEPHANIE MOOENY
Director	Nancy B. Davis
Director	BERARD TOMASSETTI
Director	ANN LEONARD

Individuals / Entities listed at time of formation

Director	J F BABBITT
Director	DOUGLAS CORNETTE
Director	W F COSLON
Director	J H DONLEY
Director	ROBT E GUFFY
Incorporator	DOUGLAS D CORNETTE
Incorporator	WALTER H GIRDLER JR
Incorporator	ROBT E GUFFY

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	5/3/2021	1 page	tiff	PDF
Annual Report	3/3/2020	1 page	tiff	PDF
Annual Report	5/16/2019	1 page	tiff	PDF
Annual Report	5/8/2018	1 page	tiff	PDF
Annual Report	3/6/2017	1 page	tiff	PDF
Annual Report	3/9/2016	1 page	tiff	PDF
Annual Report	4/6/2015	1 page	tiff	PDF
Annual Report	3/7/2014	1 page	tiff	PDF
Annual Report	3/6/2013	1 page	tiff	PDF
Annual Report	2/24/2012	1 page	tiff	PDF
Annual Report	2/24/2011	1 page	tiff	PDF
Annual Report	4/26/2010	1 page	tiff	PDF
Annual Report	2/26/2009	2 pages	tiff	PDF
Annual Report	2/22/2008	1 page	tiff	PDF
Annual Report	2/28/2007	1 page	tiff	PDF
Annual Report	7/18/2006	1 page	tiff	PDF
Amended and Restated Articles	7/18/2006	7 pages	tiff	PDF
Annual Report	6/23/2005	1 page	tiff	PDF
Statement of Change	6/17/2005	1 page	tiff	PDF
Annual Report	7/8/2004	1 page	tiff	PDF
Annual Report	8/29/2003	1 page	tiff	PDF
Amended and Restated Articles	6/17/2003	7 pages	tiff	PDF
Annual Report	6/5/2002	1 page	tiff	PDF

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Annual Report	6/6/2001	1 page	tiff	PDF
Reinstatement	2/13/2001	2 pages	tiff	PDF
Statement of Change	2/13/2001	1 page	tiff	PDF
Administrative Dissolut	tion 11/1/2000	1 page	tiff	PDF
Administrative Dissolut Return	tion 11/1/2000	2 pages	tiff	PDF
Sixty Day Notice Retur	n 9/1/2000	2 pages	tiff	PDF
Annual Report	7/1/2000	4 pages	tiff	PDF
Annual Report	6/18/1999	3 pages	tiff	PDF
Annual Report	10/1/1998	4 pages	tiff	PDF
Annual Report	7/1/1997	4 pages	tiff	PDF
Annual Report	7/1/1996	5 pages	tiff	PDF
Annual Report	7/1/1995	3 pages	tiff	PDF
Statement of Change	3/29/1994	1 page	tiff	PDF
Annual Report	3/29/1994	1 page	tiff	PDF
Annual Report	3/26/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Statement of Change	5/28/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	4 pages	tiff	PDF
Annual Report	7/1/1989	6 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Statement of Change	4/12/1988	1 page	tiff	PDF
Annual Report	7/1/1981	2 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
	5/3/2021		
Annual report	1:26:56	5/3/2021	
	PM		
	3/3/2020		
Annual report	8:54:18	3/3/2020	
	AM		
	5/16/2019		
Annual report	10:43:05	5/16/2019	
	AM		
	5/8/2018		
Annual report	10:12:34	5/8/2018	
	AM		
	3/6/2017		
Annual report	9:57:24	3/6/2017	
	AM		

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Annual report	3/9/2016 2:37:28 PM	3/9/2016
Annual report	4/6/2015 9:26:38 AM 3/7/2014	4/6/2015
Annual report	9:23:36 AM	3/7/2014
Annual report	3/6/2013 5:12:18 PM	3/6/2013
Annual report	2/24/2012 9:48:09 AM	
Annual report	PM	2/24/2011
Annual report	4/26/2010 1:16:15 PM	
Annual report	2/26/2009 12:40:59 PM	2/26/2009
Annual report	2/22/2008 11:08:26 AM	2/22/2008
Annual report	2/28/2007 3:38:00 PM	2/28/2007
Amendment - Amended and restated articles / CL	7/18/2006 P12:43:26 PM	7/18/2006
Annual report	7/18/2006 12:39:27 PM	7/18/2006
Registered agent address change	6/17/2005 8:07:16 AM	6/17/2005
Amendment - Amended and restated articles / CLI	6/17/2003 ⁻ 9:13:34 AM	6/17/2003
Principal office change	2/13/2001 11:45:27 AM	2/13/2001

2/13/2001	
Registered agent address change 11:44:04 2/13/2001	
AM	
2/13/2001	
Reinstatement 11:40:45 2/13/2001	
AM	
Admin Dis. A. report not in 11/1/2000 11/1/2000	
Sixty day notification 9/1/1998 9/1/1998	
JL	UNIOR
Amendment previous name 8/31/1962 8/31/1962 A	CHIEVEMENT OF
LC	OUISVILLE, INC.

Microfilmed Images

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Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Brand Bootantine to the Corporate Records Bran	1011 at 002-004-0007.		
Annual Report	9/10/2004	1	page
Annual Report	8/29/2003	1	page
Amended and Restated Articles	6/17/2003	7	pages
Annual Report	6/5/2002	1	page
Annual Report	6/6/2001	1	page
Statement of Change	2/13/2001	1	page
Reinstatement	2/13/2001	2	pages
Administrative Dissolution Return	11/1/2000	2	pages
Administrative Dissolution	11/1/2000	1	page
Sixty Day Notice Return	9/1/2000	2	pages
Annual Report	7/1/2000	4	pages
Annual Report	6/18/1999	3	pages
Annual Report	10/1/1998	4	pages
Annual Report	7/1/1997	4	pages
Annual Report	7/1/1996	4	pages
Annual Report	7/1/1995	3	pages
Annual Report	3/29/1994	1	page
Statement of Change	3/29/1994	1	page
Annual Report	3/26/1993	1	page
Annual Report	7/1/1992	1	page
Statement of Change	5/28/1992	1	page
Annual Report	7/1/1991	1	page
Annual Report	7/1/1990	4	pages
Annual Report	7/1/1989	6	pages
Annual Report	7/1/1988	1	page
Statement of Change	4/12/1988	1	page
Six Month Notice	7/29/1985	3	pages
Annual Report	7/1/1981	2	pages
Statement of Change	7/22/1977	2	pages

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Amendment	8/31/1962	3 pages
Statement of Change	11/3/1954	2 pages
Articles of Incorporation	8/3/1950	4 pages
Annual Report	7/1/1950	30 pages

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Kentucky Unbridled Spirit