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

| Applicant/Program: Junior Achievem Applicant Requested Amount: 25,00 Appropriation Request Amount: 2,0 | | ./Junior Achi Curriculum | evenment of Kentuckiana In 11 Materials |
|--|---|--|---|
| Executive Summary of Request The funding will be used for JA's extension volunteer. There will be no subgrantee(| • | iculum materials | that are used by each |
| Is this program/project a fundraiser? Is this applicant a faith based organizar Does this application include funding | | Yes | ■ No ■ No ■ No |
| I have reviewed the attached Neighbor within Metro Council guidelines and reorganization's statement of public purpourpose is legitimate. I have also compared to the compared to the compared to the council purpose is legitimate. | request approval of fund cose to be furthered by t | ing in the follow he funds requeste | ing amount(s). I have read the ed and I agree that the public |
| District # Robin Japan Sponsor Sign | Engel | 2,000 Amount | 04/08/2019 Date |
| Primary Sponsor Disclosure List below any personal or business re- organization, its volunteers, its employ None | | | |
| Approved by: | | | |
| Appropriations Committee Ch Final Appropriations Amount: | | Date | |

Applicant/Program:

Junior Achievement of Kentuckiana Inc. / Junior Achievement of Kentuckiana Inc 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.

None.

| Council Member Signature and Amount | 1 . T. |
|-------------------------------------|---|
| District 1 | = \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| District 2 | \$ |
| District 2 District 3 | s 100 ° |
| District 4 | |
| District 6 District 6 | \$ |
| | <u> </u> |
| District 7 | \$ |
| District 8 | \$ |
| District 9 | \$ |
| District 10 | \$\$ |
| District 11 | \$ |
| District 12 | \$ |
| District 13 | |
| District 14 Quidi Jouly | <u> </u> |
| District 15 | \$ |

^{2 |} Page Effective May 2016

Applicant/Program:

Effective May 2016

Junior Achievement of Kentuckiana Inc. / Junior Achievement of Kentuckiana Inc. Curriculum Matrials

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.

None

| District 16 | s_500 |
|----------------------------|--------------------------|
| District 17 | s 250 |
| District 18 | \$ 250 \$ \tag{1000}? |
| | \$ 25000 250.00 |
| District 20 Stuart Blusson | \$ 250 - car |
| District 21 Just Searce | \$ 200.00 |
| District 22 | \$ |
| District 23 | \$ <u>250</u> |
| District 24 | \$ |
| District 25 | \$ |
| District 26 | \$ |
| 3 Page | |

Legal Name of Applicant Organization Junior Achievement of Kentuckiana, Inc.

Program Name and Request Amount Junior Achievement of Kentuckinga, Inc. 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? | Yes▼ |
| Has prior Metro Funds committed/granted been disclosed? | Ye€▼ |
| 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 |
| Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? | Ye₹▼ |
| Is the current Fiscal Year Budget included? | Yes |
| Is the entity's board member list (with term length/term limits) included? | Ye€▼ |
| 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? | N/A |
| 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, Legislative Assistant Date: 04/08/2019 | |

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|--|--|--|---|--|
| Legal Name of Appl (as listed on: http://www | | Tunios A | chievement of Kentucki | ana, Inc. |
| Company of the Compan | TOTAL PROPERTY OF THE PROPERTY | Andrew Control of the | ıhammad Ali Blvd., Lou | isville KV 40203 |
| Website: www.jaky | org. | | | |
| Applicant Contact: | reconstruction and the second | H. Hoffer | Title: | President |
| Phone: | 502-56 | 59-9210 | Email: | dhoffer@jaky.org |
| Financial Contact: | Debra | H. Hoffer | Title: | President |
| Phone: | 502-56 | 59-9210 | Email: | dhoffer@jaky.org |
| Organization's Repr | esentativ | e who attended NDF T | raining: Deborah L. Dalt | |
| CONTRACTOR OF THE PROPERTY OF | THE RESERVE THE PROPERTY OF THE PARTY OF THE | | OGRAM ACTIVITIES ARE | Paristic program - Paris - Par |
| Program Facility Loc | | terral de la company de la | l Private Schools in Jeffe | 10 years and the second property of the secon |
| Council District(s): | | All | Zip Code(s): | All of Jefferson County |
| | SECT | ION 2 - PROGRAM RE | QUEST & FINANCIAL INI | |
| ROGRAM/PROJECT | | unior Achievement Cur | | |
| otal Request: (\$) | 25,000 | elitritaciya ini | o Award (this program) | in previous year: (\$) 12,800 |
| urpose of Request | check all | tiki kananga manasa kananga palaman palaman kananga kananga kananga kananga kananga kanan kanan kanan kanan ka | en e | |
| Programmi | ing/service | es/events for direct be | 33% of agency's total op- nefit to community or qu | ualified individuals |
| Programmi Capital Pro | ing/service ject of the | es/events for direct be e organization (equipmo | | ualified individuals |
| Programmi Capital Pro The Following are Re | ing/service ject of the equired At | es/events for direct be e organization (equipmontachments: | nefit to community or quent, furnishing, building, | ualified individuals etc) |
| Programmi Capital Pro The Following are Re IRS Exempt Status De | ing/service ject of the equired At etermination | es/events for direct be e organization (equipmontachments: | nefit to community or quent, furnishing, building, Signed lease if ren | ualified individuals |
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| Programmi Capital Pro he Following are Re IRS Exempt Status Do Current year project Current financial state | ing/service ject of the equired At etermination ed budget tement | es/events for direct ber e organization (equipmo itachments: on Letter | nefit to community or quent, furnishing, building, Signed lease if ren IRS Form W9 Evaluation forms in | ualified individuals etc) t costs are being requested f used in the proposed program |
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| Programmi Capital Pro Capital Pro The Following are Re IRS Exempt Status Do Current year project Current financial stat Most recent IRS Form Articles of Incorporat Cost estimates from capital expense or the current fiscal dovernment for this come any department theet if necessary. | ing/service ject of the equired At etermination ed budget tement in 990 or 11 tion (curre proposed v year endi or Apetro | es/events for direct ber e organization (equipmontachments: on Letter 220-H ent & signed) vendor if request is for ling June 30, list all function or program or expense | Signed lease if ren Signed lease if ren IRS Form W9 Evaluation forms if Annual audit (If rec Faith Based Organi Is appropriated and/or received (Neighborhood Develop | ualified individuals etc) t costs are being requested f used in the proposed program quired by organization) ization Certification Form, if applicable eccived from Louisville Metro ed through Metro Federal Grants. |

Page 1 Effective May 2016

Applicant's Initials

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 73,040 students during 2017-18. 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. JAKY is currently reaching: 92% of elementary students in our target counties with a JA classroom program; 87% of regional 5th grade students with JA BizTown®; 85% of 7th or 8th grade students with JA Finance Park®; 51% of high school students with a JA classroom program or JA Job Shadow®. The fifth program, JA Inspire, a mega-career fair for 8th grade students at the Kentucky Exposition Center, has grown rapidly during the past three years and served 11,300 students in October 2018. 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. JAKY delivers an average of 9.60 instructional contact hours per student per year, compared to the national JA average of 7.71 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.

| SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF | | |
|---|---------------|--|
| Board Member | Term End Date | |
| Ann Leonard, Board Chair | 6/30/2021 | |
| Chris Brooker, Vice Chair | 6/30/2020 | |
| Sheryl Ball, Treasurer | | |
| Julie McGregor, Secretary | 6/30/2020 | |
| Chris Kramer, Immediate Past Chair | 6/30/2020 | |
| Orlando Allen | 6/30/2020 | |
| Julayne Amstutz | 6/30/2020 | |
| John Anderson | 6/30/2020 | |
| Duffy Baker | 6/30/2020 | |
| on Baughman | 6/30/2019 | |
| Matt Beebe | 6/30/2021 | |
| Martin Bell | 6/30/2019 | |
| oe Bisig | 6/30/2019 | |
| erry Burke | 6/30/2019 | |
| Aarc Charnas | 6/30/2019 | |
| Vancy Davis | 6/30/2019 | |
| enneth Faith | 6/30/2020 | |
| Auton Loin | 6/30/2021 | |

Describe the Board term limit policy:

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 | 175,869 |
| Deborah L. Dalton | 108,869 |
| Sharon E. Peacock | 90,602 |

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, with total students served increasing by 15% or nearly 10,000 in a single year. Of the 73,040 students in the region reached during the 2017-18 school year, JA served 40,932 Jefferson County students from 161 public, parochial and private schools with 440,085 Instructional Contact Hours. Students were served with JA's high quality programs in EVERY Metro Council District. JA respectfully requests \$25,000 to support its financial literacy, career readiness and entrepreneurship programs during the 2018-19 school year. JA's unique classroom delivery system pairs community volunteers with classrooms. Through a portfolio of ageappropriate 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. JA's programs that teach life skills provide the most comprehensive application of economics core content available in the United States. This funding will help support programs for a portion of the total Jefferson County students being served, 6,250 students who will be taught 37,500 instructional hours by 250 volunteers. In addition to helping young people develop skills and acquire knowledge, JA programs provide human services by ensuring 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.

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 that are used by each volunteer. There will be no subgrantee(s).

| sina i equ Nt/a | est is a fundraiser, please detail how the proceeds will be spent: |
|--|--|
| N/A | |
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| Eor Even | ure Reimbursement Only – The grant award period begins with the Metro Council approval date |
| The funding | t before the grant award period, identify the applicable circumstances: request is a reimbursement of the following expenditures that will probably be incurred after the late, but prior to the execution of the grant agreement: |
| The funding application If selecting application The Grantee | request is a reimbursement of the following expenditures that will probably be incurred after the late, but prior to the execution of the grant agreement: g this option, the invoice, receipt and payment documentation should not be available as of the date of this in. will be required to submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting in accordance with the reporting asked to be a submit financial reporting the submit financial reporting |
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| The funding application If selecting application The Grantee of grant agreem Curriculum Market Ma | request is a reimbursement of the following expenditures that will probably be incurred after the late, but prior to the execution of the grant agreement: g this option, the invoice, receipt and payment documentation should not be available as of the date of this in. will be required to submit financial reporting in accordance with the reporting schedule provided in the ent. sterials ents should not be made before application date unless an emergency can be demonstrated y council sponsor. The funding request is a reimbursement of the following expenditures (attach pay of invoices and/or receipts to provide proof of purposes of activities as a facilities as a |
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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: 6,250 youth will participate in an average of 6 hours of instructional activities each that teach financial literacy, work readiness and entrepreneurship.

Volunteers will be introduced to opportunities to volunteer in schools. They will cause classroom learning to become more relevant to students by sharing real-world testimonials and observations.

Measurable outcomes: 250 volunteers will be recruited to teach 250 classes. 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: 250 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 the classroom programs. Teachers are always present in the classroom while the volunteer is teaching, and they assist in classroom management and program delivery when appropriate. 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.

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 1 | Column 2 | Column (1+2)=3 |
|--|------------------------|--------------------|-------------------|
| Program/Project Expenses | Proposed Metro Fund | Non- Metro S | Total Funds |
| A: Personnel Costs Including Benefits | | 118125 | 118125 |
| B: Rent/Utilities | | | |
| C: Office Supplies | *** | 6340 | 6340 |
| D: Telephone | | | 0340 |
| E: In-town Travel | - | | |
| F: Client Assistance (See Detailed List on Page 8) | | | |
| G: Professional Service Contracts | | | |
| H: Program Materials | 25000 | | |
| : Community Events & Festivals (See Detailed List on Page 8) | 23000 | 0 | 25000 |
| : Machinery & Equipment | | - | |
| C: Capital Project | | - | |
| : Other Expenses (See Detailed List on Page 8) | | | |
| *TOTAL PROGRAM/PROJECT FUNDS | 0.5000 | | |
| | 25000 | 124465 | 149465 |
| % of Program Budget | 16.7 % | 83.2 % | 100% |

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

| Other State, Federal or Local Government | |
|---|--------|
| United Way | 0 |
| Private Contributions (do not include individual donor names) | 124465 |
| Fees Collected from Program Participants | 0 |
| Other (please specify) | 10 |
| Total Revenue for Columns 2 Expenses ** | 124465 |

^{*}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 (circle one and use multiple sheets if necessary) | Column 1 | Column 2 | Column (1 + 2)=3 |
|--|----------------------------|------------------------|---------------------|
| in necessary) | Proposed Metro Funds | Non- Metro Funds | Total Fund |
| | | | |
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| Total | | | |

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|---|--|--|
| Volunteers | 31500 | 250 @ \$21/hr X 6 hrs |
| Classroom Space | 135000 | 250 @ \$90/hr X 6 hrs |
| | | |
| | | |
| Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind) | 166500 | |
| ONOR INFORMATION REFERS TO WHO MADE TED INDIVIDUALLY, BUT GROUPED TOGETHER RSON PER WEEK | THE IN KIND CONTRIBUTION. N | VOLUNTEERS NEED NOT BE NG HOW MANY HOURS PE |
| ency Fiscal Year Start Date: July 1 | ામ જ જાતાના કરતા કરતા કરતા કરતા કરતા કરતા કરતા કરત | $\label{thm:controlled} \begin{picture}(1,0) \put(0,0) $ |
| es your Agency anticipate a significant increased get projected for next fiscal year? NO | e or decrease in your budget fro | m the current fiscal year to |
| ES, please explain: | | |

SECTION 7 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
- Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
- Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld
- Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal

Standard Certifications

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled 3. status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 - CERTIFICATIONS & ASSURANCES

| I certify under the penalty of law the in accurate to the best of my knowledge. falsification. If falsification is shown aft repaid. I further certify that I am legali application. | or friedland have to | to me ac custole lot. | runding it investi | eation at any time chouse |
|--|----------------------|-----------------------|--------------------|--|
| Signature of Legal Signatory: | WAA | | ** | March 22, 2019 |
| Legal Signatory: (please print): | Debra H. Hoffer | | Title: | independent and the second |
| Phone: 502-569-9210 | Extension: | Email: | dhoffer@jaky | President y.org |

Page 10

Effective May 2016

Applicant's Initials



JA Area Registrations
Louisville, KY (105603)
Program Year 2017-2018 (All Semesters)

| Acodes ALCI | Classes | Students | Hour |
|------------------------------------|--|-----------|---|
| Academy At Shawnee | 1,588 | 40,932 | 440,08 |
| Albert S Brandels Elem School | 4 | 110 | 1,200 |
| Alex R Kennedy Elementary Sch | 20 | 487 | 3,301 |
| Anchorage Public School | 4 | 93 | 1,050 |
| Ascension School | 20 | 323 | 2,538 |
| Assumption High School | 8 | 193 | 1,290 |
| Atherton High School | 4 | 103 | 3,723 |
| Atkinson Academy | 12 | 352 | 1,000 |
| Auburndale Elementary School | 3 | 62 | 1,116 |
| Audubon Traditional Elem Sch | 10 | 276 | 2,550 |
| Ballard High School | 13 | 344 | 3,384 |
| Barret Traditional Middle Sch | 23 | 660 | 4,356 |
| Bates Community Development Center | 16 | 424 | 4,798 |
| bates Elementary School | 2 | 50 | 270 |
| Blake Elementary School | 4 | 87 | 1,566 |
| Bloom Elementary School | 3 | 82 | 1,476 |
| Blue Lick Elementary School | 7 | 169 | 2,028 |
| Bowen Elementary School | 6 | 155 | 1,790 |
| Boys' and Girls' Haven | 10. | 236 | 2,688 |
| Breckinridge-Franklin Elem Sch | 6 | 182 | 1,062 |
| Butler Traditional High School | 7 | 153 | 1,714 |
| Byck Elementary School | | 25 | 150 |
| Camp Taylor Elementary School | 3 | 80 | 1,440 |
| Cane Run Elementary School | 3 | 70 | 1,260 |
| Carrithers Middle School | 8 | 171 | 1,635 |
| Carter Traditional Elem School | 15 | 434 | 4,991 |
| Central Hs Magnet Career Acad | 12 | 299 | 4,991 2,886 |
| Chenoweth Elementary School | 10 | 300 | unus uurusus as aharkus asaa asaa asaa asaa asaa ahaa ahaa ah |
| Christian Academy Southwest | 14 | 330 | 1,680 |
| Christian Acad-English Station | 2 | 32 | 2,781 |
| Christian Acad-Rock Creek | 9 | 240 | 576 |
| Cochran Elementary School | 1 | 28 | 4,320 |
| Cochrane Elementary School | 2 | 60 | 504 |
| Coleridge-Taylor Montessori Es | 3 | 70 | 1,080 |
| Conway Middle School | 8 | 175 | 1,260 |
| Coral Ridge Elementary School | 17 | 500 | 3,150 |
| Crosby Middle School | 8 | 188 | 6,270 |
| Crums Lane Elementary School | 21 | 659 | 2,240 |
| Dixie Elementary School | 4 | 94 | 6,608 |
| Doss High School | 6 | 162 | 1,432 |
| Dunn Elementary School | 17 | 459 | 1,785 |
| Eisenhower Elementary School | 27 | 734 | 3,108 |
| Engelhard Elementary School | 12 | 299 | 4,867 |
| Esl Newcomer Academy | 3 | ∠99 73 | 2,790 |
| Fairdale Elementary School | 8 | 73 186 | 1,314 |
| Farmer Flementer, C-1 | 12 | | 3,348 |
| Farmer Elementary School | 27 | 308 | 2,728 |
| Farnsley Middle School | 22 | 668 | 4,608 |
| Fern Creek Elementary School | 9 | 650 | 7,982 |
| Field Elementary School | 5 | 230 | 2,684 |
| Foster Traditional Academy | 4 | 122 | 1,559 |
| rayser Elementary School | 4 | 90 | 1,080 |
| | en e | 100 | 1,125 |

| Frederick Law Olmsted Acad Sch | 13 | 377 | 4,6 |
|-----------------------------------|---|--------|--|
| Gilmore Lane Elementary School | 16 | 423 | 5,1 |
| Goldsmith Elementary School | 200 | 48 | 8 |
| Greathouse-Shryock Trad Es | 28 | 707 | 4,8 |
| Greenwood Elementary School | 13 | 310 | 3,08 |
| Gutermuth Elementary School | 4 | 107 | 1,93 |
| Hartstern Elementary School | 18 | 438 | 3,02 |
| Hawthorne Elementary School | 6 | 144 | 72 |
| Hazelwood Elementary School | 3 | 65 | 1,17 |
| Highland Middle School | 2 | 60 | 1,08 |
| Hite Elementary School | 17 | 501 | 5,75 |
| Holy Trinity Parish School | 3 | 84 | 1,51 |
| Iroquois High School | 6 | 152 | 1,76 |
| J F Kennedy Montessori Es | 24 | 609 | 3,22 |
| J Graham Brown School | 5 | 110 | 1,72 |
| Jacob Elementary School | 20 | 504 | 4,88 |
| Jefferson Co Traditional Ms | 9 | 230 | 2,71 |
| Jeffersontown Elem School | 12 | 306 | 5,50 |
| Jeffersontown High School | 11 | 270 | 3,30 |
| John L Ramsey Middle School | 23 | 626 | 7,63 |
| Johnson Traditional Middle Sch | 22 | 638 | 7,87 |
| Johnsontown Road Elem School | 19 | 544 | 6,67 |
| Junior Achievement of Kentuckiana | 3 | 75 | 1,350 |
| Kammerer Middle School | 6 | 208 | 6,24 |
| Kenwood Elementary School | 22 | 614 | 7,49 |
| Kerrick Elementary School | 4 | 100 | 1,800 |
| King Elementary School | 7 | 161 | 1,890 |
| Klondike Lane Elem School | . 5 | 123 | 1,140 |
| Knight Middle School | 7 | 162 | 1,956 |
| assiter Middle School | 10 | 290 | 3,335 |
| | 19 | 509 | 7,095 |
| aukhuf Elementary School | 9 | 228 | 1,892 |
| ayne Elementary School | 3 | 75 | 1,350 |
| iberty High School | 1 | 35 | 175 |
| incoln Elem Perf Arts School | | 305 | 2,674 |
| oulsville Collegiate School | 6 | 83 | 415 |
| ouisville Male High School | 6 | 157 | 1,086 |
| owe Elementary School | 7 | 167 | 1,992 |
| uhr Elementary School | 6 | 140 | 1,892 |
| Alcolm B Chancey Elem School | 5 | 120 | or and the contract of the forest state of the contract of the |
| farian C Moore School | 17 | 475 | 2,160 |
| laupin Elementary School | 3 | 59 | 7,130 |
| cFerran Preparatory Academy | 4 | 110 | 1,062 |
| ledora Elementary School | 4 | 80 | 1,980 |
| eredith Dunn School | 3 | 77 | 1,440 |
| eyzeek Middle School | 24 | | 1,386 |
| iddletown Elementary School | 8 | 708 | 8,610 |
| ill Creek Elementary School | 4 | 184 | 2,090 |
| inor Daniels Academy | principal de la | 95 | 1,710 |
| inors Lane Elementary School | 3 | 16 | 96 |
| ewburg Middle School | 2 3 | 87 | 1,566 |
| pe Middle School | 23 30 | 687 | 7,842 |
| orton Commons Elementary Sch | | 927 | 11,486 |
| orton Elementary School | 16 10 | 399 | 2,775 |
| otre Dame Academy | 10 | 250 | 1,224 |
| ır İslamic School | 4 | 107 | 1,926 |
| kolona Elementary School | 1 2 | 30 | 540 |

| Our Savior Lutheran School Phoenix Sch of Discovery | 9 | 108 | 5 |
|---|---|---|--|
| Pitt Academy | on a contrata de la c | 171 | 8 |
| Pleasure Ridge Park Hs | 2 | 23 | 1 |
| Portland Elementary School | | 30 | 78 |
| Price Elementary School | 3 | 60 | 1,08 |
| Rangeland Elementary School | 3 | 79 | 1,42 |
| Roosevelt-Perry Elem School | 23 | 514 | 3,61 |
| Rutherford Elementary School | 3 | 96 | 1,08 |
| Sacred Heart Academy | 6 | 139 | 1,88 |
| Sacred Heart Model School | 2 | 55 | 38 |
| Sanders Elementary School | 4 | 105 | 87 |
| Schaffner Traditional Elem Sch | 22 | 541 | 3,72 |
| Semple Elementary School | 12 | 284 | 2,92 |
| Shacklette Elementary School | 3 | 90 | 1,62 |
| Shelby Traditional Acad | | 128 | 1,52 |
| Slaughter Elementary School | 13 | 335 | 4,38 |
| Smyrna Elementary School | . 4 | 72 | 28 |
| Southern High School | 24 | 568 | 3,80 |
| St Agnes School | 17 | 421 | and constructed and decreases in the particular and the second |
| | 2 | 47 | 3,54 84 |
| St Albert the Great School | 19 | 405 | |
| St Andrew Academy | | 403 25 | 2,88 |
| St Athanasius School | 6 | 115 | 450 |
| St Edward School | 2 | 36 | 1,70 |
| St Francis of Assisi School | 2 | 31 | 648 |
| St Gabriel the Archangel Sch | 7 | Santistication technological and an arrangement of the control of | 558 |
| St James School | 1 | 179 | 1,740 |
| St Leonard School | 1 | 18 | 324 |
| St Martha School | 5 | 17 | 306 |
| St Mary Academy | 2 | 113 | 1,839 |
| St Matthews Elementary School | 12 | 49 | 882 |
| St Michael School | 5 | 286 | 2,548 |
| St Nicholas Academy | 2 | 130 | 1,469 |
| St Patrick School | 3 | 32 | 576 |
| St Rita School | | 82 | 1,476 |
| St Stephen Martyr School | 7 | 204 | 1,020 |
| St Xavier High School | 1 | 26 | 468 |
| St. Vincent Depaul Society | 3 | 84 | 474 |
| Stonestreet Elementary School | | 2 | 12 |
| Stopher Elementary School | 12 | 291 | 2,358 |
| Stuart Academy | 10 | 235 | 2,670 |
| Summit Academy | 20 | 603 | 7,472 |
| homas Jefferson Middle School | 1 | 25 | 300 |
| rinity High School | 20 | 600 | 7,540 |
| runnell Elementary School | 28 | 763 | 3,449 |
| ully Elementary School | 4 | 105 | 1,890 |
| alley High School | 13 | 317 | 3,210 |
| /aggener High School | 23 | 622 | 3,211 |
| /atson Lane Elementary School | 20 | 581 | 1,960 |
| atterson Elementary School | 9 | 192 | 1,696 |
| ellington Elementary School | 4 | 100 | 1,800 |
| estern High School | 4 | 85 | 1,530 |
| estern Middle School | 1 | 27 | 135 |
| estport Middle School | 12 | 335 | 4,470 |
| estport Teen Parent Program | 28 | 800 | 10,110 |
| heatley Elementary School | 1 | 10 | 180 |
| heeler Elementary School | 3 | 59 | 1,062 |
| | | 178 | 2,580 |

| TOTALS | 1,588 | 185 40,932 | 2,056 440,085 |
|--------------------------------|-------|----------------------|-------------------------|
| Zachary Taylor Elem School | 3 | 75 | 1,350 |
| Young Elementary School | 50 | 1,322 | 6,610 |
| YMCA of Greater Louisville | 4 | 97 | 1,746 |
| Wilt Elementary School | 3 | 75 | 1,350 |
| Wilkerson Traditional Elem Sch | | 85 | 1,530 |
| Wilder Elementary School | | | |

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

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

ΚY

File Date

8/3/1950

Organization Date

8/3/1950

Last Annual Report

5/8/2018

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

Vice President

DEBBIE DALTON

Secretary

KATHY HERBIG

Director

Nancy B. Davis

Director

BERARD TOMASSETTI

Director

BRYAN TAYLOR

Individuals / Entities listed at time of formation

Director

J F BABBITT

Director

DOUGLAS CORNETTE

Director

WFCOSLON

Director

I H DONLEY

Director

ROBT E GUFFY

Incorporator

DOUGLAS D CORNETTE

Incorporator

WALTER H GIRDLER IR

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.

| <u>Annual Report</u> | 5/8/2018 | 1 page | <u>tiff</u> | <u>PDF</u> |
|----------------------|----------|--------|-------------|------------|
| <u>Annual Report</u> | 3/6/2017 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 3/9/2016 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 4/6/2015 | 1 page | tiff | PDF |

| <u>Annual Report</u> | 3/7/2014 | 1 page | <u>tiff</u> | <u>PDF</u> |
|-----------------------------------|-----------|---------|-------------|------------|
| <u>Annual Report</u> | 3/6/2013 | 1 page | <u>tiff</u> | PDF |
| <u>Annual Report</u> | 2/24/2012 | 1 page | tiff | PDF |
| <u> Annual Report</u> | 2/24/2011 | 1 page | tiff | PDF |
| <u>Annual Report</u> | 4/26/2010 | 1 page | tiff | PDF |
| Annual Report | 2/26/2009 | 2 pages | <u>tiff</u> | PDF |
| <u>Annual Report</u> | 2/22/2008 | 1 page | tiff | PDF |
| <u>Annual Report</u> | 2/28/2007 | 1 page | tiff | PDF |
| <u>Annual Report</u> | 7/18/2006 | 1 page | <u>tiff</u> | PDF |
| Amended and Restated Articles | 7/18/2006 | 7 pages | <u>tiff</u> | PDF |
| Annual Report | 6/23/2005 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Statement of Change | 6/17/2005 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/8/2004 | 1 page | <u>tiff</u> | PDF |
| Annual Report | 8/29/2003 | 1 page | tiff | PDF |
| Amended and Restated Articles | 6/17/2003 | 7 pages | <u>tiff</u> | PDF |
| Annual Report | 6/5/2002 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 6/6/2001 | 1 page | tiff | PDF |
| <u>Reinstatement</u> | 2/13/2001 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Statement of Change | 2/13/2001 | 1 page | tiff | PDF |
| Administrative Dissolution | 11/1/2000 | 1 page | tiff | PDF |
| Administrative Dissolution Return | 11/1/2000 | 2 pages | <u>tiff</u> | PDF |
| Sixty Day Notice Return | 9/1/2000 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/2000 | 4 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 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 |
| <u>Annual Report</u> | 7/1/1996 | 5 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1995 | 3 pages | <u>tiff</u> | <u>PDF</u> |
| Statement of Change | 3/29/1994 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 3/29/1994 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 3/26/1993 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1992 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Statement of Change | 5/28/1992 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1991 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1990 | 4 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1989 | 6 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1988 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Statement of Change | 4/12/1988 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1981 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| | | | | |

Assumed Names

Activity History

| Filing | • | File Date | Effective | Ora Beforenced |
|--------|---|-----------|-----------|-----------------|
| 9 | | riie Date | Date | Org. Referenced |

| | | vveico | ine to ra | istilack Organizatio | n Searcn | |
|---|-----------------------|------------------------------|-----------|-----------------------------|-----------|--|
| | Annual report | | | 5/8/2018 10:12:34 AM | 5/8/2018 | |
| | Annual report | | | 3/6/2017 9:57:24 AM | 3/6/2017 | |
| | Annual report | | | 3/9/2016 2:37:28 PM | 3/9/2016 | |
| 4 | Annual report | | | 4/6/2015 9:26:38 AM | 4/6/2015 | |
| , | Annual report | | | 3/7/2014 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 | 2/24/2012 | |
| , | Annual report | | | 2/24/2011 12:25:24 PM | 2/24/2011 | |
| A | Annual report | | | 4/26/2010 1:16:15 PM | 4/26/2010 | |
| Å | Annual report | | | 2/26/2009 12:40:59 PM | 2/26/2009 | |
| Þ | Annual report | | | 2/22/2008 11:08:26 AM | 2/22/2008 | |
| P | Annual report | | | 2/28/2007 3:38:00 PM | 2/28/2007 | |
| A | Amendment - Ame | ended and restated articles | | 7/18/2006 12:43:26 PM | 7/18/2006 | |
| Δ | annual report | | | 7/18/2006 12:39:27 PM | 7/18/2006 | |
| R | Registered agent a | ddress change | | 6/17/2005 8:07:16 AM | 6/17/2005 | • |
| Α | mendment - Ame | nded and restated articles , | / CLP | 6/17/2003 9:13:34 AM | 6/17/2003 | |
| Р | rincipal office cha | nge | | 2/13/2001 11:45:27 AM | 2/13/2001 | |
| R | egistered agent a | ddress change | | 2/13/2001 11:44:04 AM | 2/13/2001 | |
| | einstatement | | • | 2/13/2001 11:40:45 AM | 2/13/2001 | |
| A | dmin Dis. A. repoi | t not in | | 11/1/2000 | 11/1/2000 | |
| S | ixty day notification | on | | | 9/1/1998 | |
| A | mendment previo | us name | 8 | 3/31/1962 | 8/31/1962 | JUNIOR ACHIEVEMENT OF LOUISVILLE, INC. |
| | | | | | | |

Microfilmed Images

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.

| Annual Report | | |
|-----------------------------------|-----------|----------|
| Annual Report | 9/10/2004 | 1 page |
| Amended and Restated Articles | 8/29/2003 | 1 page |
| Annual Report | 6/17/2003 | 7 pages |
| Annual Report | 6/5/2002 | 1 page |
| | 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 |
| 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 |
| | | |

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 "Corporation").

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 PURPOSES

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.

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

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CINCINNATI OH 45999-0038

In reply refer to: 0248164799 June 11, 2018 LTR 4167C 0 84-1267604 000000 00

00018141

BODC: TE

JUNIOR ACHIEVEMENT USA % TIMOTHY ARMIJO 1 EDUCATION WAY COLORADO SPGS CO 80906



58844

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

Dear Taxpayer:

This is in response to your request dated May 31, 2018, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in January 1994, and you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized 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.

Please refer to www.irs.gov/charities for information about filing requirements. 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.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX+FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248164799 June 11, 2018 LTR 4167C 0 84-1267604 000000 00 00018142

JUNIOR ACHIEVEMENT USA % TIMOTHY ARMIJO 1 EDUCATION WAY COLORADO SPGS CO 80906

Sincerely yours,

Kim A. Billups, Operations Manager Accounts Management Operations 1



ATLANTA GA 39901-0001

In reply refer to: 0752153593 June 12, 2018 LTR 4168C 0 84-1267604 000000 00

00018532

BODC: TE

JUNIOR ACHIEVEMENT USA % TIMOTHY ARMIJO 1 EDUCATION WAY COLORADO SPGS CO 80906-4477

1278

Employer ID number: 84-1267604

Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated June 01, 2018, about JUNIOR ACHIEVEMENT USA

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 bequests, 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 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-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 at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

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

0752153593 June 12, 2018 LTR 4168C 0 84-1267604 000000 00 00018533

JUNIOR ACHIEVEMENT USA % TIMOTHY ARMIJO 1 EDUCATION WAY COLORADO SPGS CO 80906-4477

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

our company is the part of the

Thank you for your cooperation.

Sincerely yours,

Teri M. Johnson

Operations Manager, AM Ops. 3

Ven m fol

JUNIOR ACHIEVEMENT OF KENTUCKIANA 2018-19 OPERATING BUDGET

| 3/22/19 2:58 PM | os o | kalderingk i dengala padi sijing k alagista olonigi sindin sigania | |
|-----------------------------|--|--|--|
| | 2018-19 | | CONTRACTOR |
| INCOME | Control Contro | en (S) men merken mentem i hindu erken kan kennen punken menden derk den provinci san diput in modelari, sada si ke meta kan an menden derke den provinci san diput den menden den den menden den den den den den den den den de | |
| Jefferson County | na antana de la comença de començ S | 584,800 | emiconsorreadifestantessassical et al confertalistations before a |
| District | ************************************** | 90,000 | internal week to the the original and the control of the control o |
| JA City | S | 488,500 | renden bahiya w aganasiwa di ren a atruda |
| Program Sponsors/Individual | oran interest contractive cont | 257,500 | irvenous attantiques of continues since one |
| Endowment Income | sension methodologica participation of the control | 120,000 | destribution on the negative to committee apply of the second second second second second second second second |
| Special Events | Section of the sectio | 240,125 | distribution and the second |
| Board Dues | \$ | 28,000 | der til generaleng elt ble skirt skrivet skirtlinkrivket kennelatingsgreger |
| Other | on the state of th | 4,000 | Oblasi i kalika (i sp.) a American e energia i renere energia i senere ene |
| TOTAL INCOME | (1994-1994) ilika arabiranya esakanan kanan br>S | 1,812,925 | BROWN AND YOUR STREET, |
| EXPENSES | | | |
| Salaries | ************************************** | 904,360 | the state of the s |
| Taxes/Benefits | ************************************** | 298,584 | WWWW.Probles in construction in the relation of construction |
| Professional Fees | meneratrostrostrostrostrostrosuma una aperiorizada de la composição de la composição de la composição de la co Esta esta esta esta esta esta esta esta e | 56,024 | |
| Staff Training & Travel | ni kao mananamanjanjakini mangkara kao mininta kao mininta kao mininta kao mininta kao mininta kao mininta kao S | 34,445 | entricker out confessionstrations were written where the |
| Programs | onin terroniaan operania oning kanadapan kanada oning kanada oning kanada oning kanada oning kanada oning kana S | 366,472 | -64-1-00 mm response or reference (character) property and |
| Facility | | 76,990 | en plack and a distribute you are look accommensuration as |
| Fund-Raising | omericanistrativa entre e e e e e e e e e e e e e e e e e e | 3,000 | whole his control of the second second |
| Dffice | \$ | 41,250 | of the first of the second |
| Subscriptions & Dues | S | 5,500 | milliones de consectation profesiones de seu en consectation de la con |
| General Insurance | S | 13,420 | internal radio con translationi es son en experiencia reco |
| Public Relations | similaria in the contract of t | 3,000 | ellettekkeletek |
| nterest Expense | \$ | | ······································ |
| Board Expense | ************************************** | 3,500 | |
| Miscellaneous | \$ | 2,500 | - Control and Cont |
| FOTAL EXPENSES | | 1,809,045 | en ett til fra skriver og samtillet en så Corlica skriver skriver og samtillet en skriver skriver og samtillet |
| ARIANCE +/- | | Control of the Contro | interiorente en experimente de la companya de la co |

Junior Achievement of Kentuckiana Operating Income Statement February 28, 2019

| | ****** | Current Actual | Current Budget | Year to Date Actual | Year to Date Budget | Annual Budget |
|-------------------------|-----------------|-------------------|-------------------|------------------------|------------------------|------------------|
| | | | | | | |
| Income | | | | | | |
| Jefferson County | | 25,340 | 51,500 | 331,293 | 335,800 | E00.20 |
| Districts | | 4,110 | 9,000 | 56,385 | 60,100 | 589,30 |
| Program Sponsorships | | 0 | 10,000 | 213,877 | 243,251 | 90,00 |
| JA City | | 31,740 | 74,000 | 279,311 | 303,500 | 257,50° |
| Interest Income | | 11 | 0 | 71 | 303,500 | 488,50 |
| Special Events | | 24,542 | (23,000) | 203,967 | 136,775 | 04040 |
| Other Income | | 461 | 300 | 1,531 | • | 240,125 |
| Board Fees | | 750 | 1,200 | 29,970 | 2,900 | 4,000 |
| Endowment Income | | 0 | 1,200 | | 17,200 | 23,500 |
| | | | | 406 | 0 | 120,000 |
| Total Income | | 86,954 | 123,000 | 1,116,811 | 1,099,526 | 1,812,929 |
| Expense | | | | | | |
| Personnel | | 100,764 | 103,000 | 781,926 | 704 460 | 4 000 044 |
| Professional Fees | | 2,430 | 3,902 | 37,354 | 791,460 | 1,202,944 |
| Staff Training & Travel | | 3,872 | 4,350 | 23,488 | 40,416 | 56,024 |
| Programs | | 21,905 | 24,839 | 23,466 245,278 | 22,600 | 34,445 |
| Facility | | 4,594 | 6,300 | | 282,454 | 366,475 |
| Fund Raising | | 591 | 500 | 42,541 959 | 51,420 | 76,990 |
| Office | | 3,461 | 4,000 | | 1,800 | 3,000 |
| Subscriptions & Dues | | 1,132 | 4,000 500 | 29,129 | 29,500 | 41,250 |
| General Insurance | | 2,860 | 0 | 4,655 | 4,150 | 5,500 |
| Public Relations | | 38 | 300 | 9,899 | 7,850 | 13,420 |
| Board Expense | | 371 | 250 | 574 | 1,800 | 3,000 |
| Interest Expense | | 0 | | 5,189 | 2,250 | 3,500 |
| Miscellaneous Exp. | | 413 | 0 | 0 | 0 | 0 |
| • | and a main fine | 410 | 200 | 3,053 | 1,600 | 2,500 |
| otal Expense | | 142,432 | 148,141 | 1,184,046 | 1,237,300 | 1,809,048 |
| Vet Income | ******* | (55,478) | (25,141) | (67,236) | (137,774) | 3,880 |

No CPA provides any assurance of these financial statements

Junior Achievement of Kentuckiana Income Statement For the Eight Months Ending February 28, 2019

| | Current Actual | Current Budget | Year to Date Actual | Year to Date Budget | Annual Budget |
|---|-------------------|-------------------|------------------------|------------------------|---------------------|
| Operating - | | | | | |
| Total Revenues | 86,954 | 123,000 | 1,116,811 | 1,099,526 | \$1,812,929 |
| Total Expenses | 142,432 | 148,141 | 1,184,046 | 1,237,300 | \$1,809,048 |
| Net - Operating | (55,478) | (25,141) | (67,235) | | \$3,880 ======== |
| Hall of Fame Campaign Revenue Hall of Fame Campaign Expense | 0 | 0 | 70,951 0 | 0 | \$0 \$0 |
| Net Income (Loss) - Hall of Fame Campaign | 0 | 0 | 70,951 | 0 | \$0 ======== |
| Capital - Foundation | 0 | 0 | 4,220 | , o | \$0 |
| Depreciation Expense | Ö | 0 | 0 | 0 | \$0 |
| Board Restricted | | | | | |
| Unrealized Gain/(Loss) Realized Gain/(Loss) Investment Fees | 0 0 0 | 0 0 0 | (1,693) 74 (23) | • 0 | \$0 \$0 \$0 |
| Net Income - Board Restricted | 0 | 0 | (1,642) | 0 | \$0 |
| Bad Debt Gain (Loss) on Disposal of Fixed Assets | 0 0 | 0 | 0 | 0 | \$0 \$0 |
| Change in Net Assets | (55,478) | (25,141) | | | 3,880 |

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. BALANCE SHEET February 28, 2019

| | Current Month | June 30, 2018 Audited | Prior Year Current Month |
|--|---|--------------------------|--------------------------------|
| ASSETS | | | |
| Current Assets | | | |
| Cash - Achievers | \$0.00 | *** | |
| Cash - Chase | \$0,00 \$102,753,20 | \$0.00 | \$0,00 |
| Cash - Stock Yards Bank | | \$305,278.05 | \$112,106.23 |
| MMA - PNC Capital Campaign | \$1,397.28 | \$10,559.10 | \$9,402.94 |
| MMA - Chase Capital Campaign | \$5,163.09 | \$5,133.93 | \$5,120.69 |
| MMA - Republic Bank | \$13,128.14 | \$13,125.53 | \$13,124,24 |
| A/R - Other | .\$23,259,64 | \$12,758.28 | \$51,158.73 |
| Investments- StockYards Bank | \$0.00 | \$2,869,93 | \$1,163.68 |
| Pledges - F/Y 2017 | \$1,952,776.28 | \$2,242,776.28 | \$2,447,492,58 |
| Piedges - F/Y 2018 | \$0,00 | \$0.00 | (\$2,637.27) |
| | \$56,699.00 | \$219,375.40 | \$320,111.00 |
| Pledges - F/Y 2019 | \$184,847.60 | \$0.00 | \$0.00 |
| Allowance for Uncollectibles · | (\$8,739.80) | (\$8,739.80) | (\$5,112,80) |
| Total Current Assets | 2,331,084.41 | 2,803,136.68 | 2,951,930,01 |
| Property & Equipment | \$7.040.00 | Mark was | |
| Hall of Fame Exhibit - Convention Center | \$7,010.00 \$348.087.05 | \$7,010.00 | \$7,010,00 |
| JA BizTown Enhancements | \$318,987,95 \$125,002,70 | \$279,549.00 | \$0.00 |
| JA Finance Park Enhancements | \$125,993,70 | \$71,415.05 | \$27,100.41 |
| IT Strategy Implementation | \$24,988.01 | \$4,999,00 | \$4,999.00 |
| JA Inspire Assets | \$216,173,20 | \$177,659,91 | \$183,056.43 |
| Hannah Board Room Enhancements | \$15,170.00 | \$15,170.00 | \$15,170.00 |
| Building/Architect/Construct | \$9,508.81 | \$9,508.81 | \$9,508.81 |
| Design & Project Management | \$2,355,510.20 | \$2,242,513.64 | \$2,241,473,64 |
| Equipment | \$160,908,88 | \$160,908.88 | \$160,908,88 |
| Furnishings | \$58,188.06 | \$58,655.76 | \$69,017.90 |
| Accumulated Depreciation | \$237,317.02 | \$237,817.02 | \$262,998,19 |
| • | (\$1,390,842,86) | (\$1,390,842.86) | (\$1,320,030.39) |
| Total Property and Equipment | 2,138,892,97 | 1,873,864.21 | 1,651,210.87 |
| Other Assets | | | |
| Prepaid Expenses | \$192,25 | \$2,658.71 | 60.00 |
| Deposit - Utilities | \$5,000.00 | \$5,000.00 | \$0,00 |
| Investments - PNC Harrison Co. | \$198,851.57 | \$198,851.57 | \$5,000.00 |
| Investments in Pooled Income | \$16,439.17 | \$17,674,97 | \$197,518.25 |
| Investments - Comm. Fdn. | \$6,768.67 | | \$17,798,44 |
| Fund Accounting Adjustment | \$82,900.00 | \$6,788,67 \$0.00 | \$6,649,67 \$202,521.75 |
| Total Other Assets | 310,151.66 | 030 050 70 | |
| Total Assets | 010,101.00 | 230,963.92 | 429,488.11 |
| Total Addition | 4,780,129.04 | 4,907,954.81 | 5,042,628.99 |
| LIABILITIES | | | |
| Current Liabilities | | | |
| Accounts Payable - Operating | \$22.000.70 | 040.040.44 | |
| Accrued Expenses | \$22,969.78 | \$19,248.41 | \$14,601.05 |
| Temp, Restricted Income | \$17,273,83 \$20,000,00 | \$57,268,53 \$0,00 | \$17,934.56 |
| Total Current Liabilities | 4 per managan na 1 mp ang | \$0.00 | \$0.00 |
| Total Gallon Elabinas | 60,243.61 | 76,516.94 | 32,535.61 |
| NET ADDETO | | | |
| NET ASSETS | | | |
| Net Assets Unrestricted | \$2,319,465.73 | \$1,825,764.97 | \$1,844,937,38 |
| Net Assets - Board Restricted | \$2,319,450.00 | \$2,319,450.00 | \$2,404,089.00 |
| Femporary Restricted Net Assets | \$74,975.69 | \$192,522.14 | |
| Yet Income | 5,994,01 | 493,700.76 | \$89,250.00 671,817.00 |
| *************************************** | 4,719,885.43 | 4,831,437:87 | 5,010,093.38 |
| Total Liabilities & Net Assets | | **************** | |

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

| A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and end B Check if applicable: C Name of organization | | |
|--|---|--|
| white with the second s | ing JUN 30, 20 | entification number |
| <u>그 그 있는 이</u> 를 이렇게 충급했다면 모양이 하다는 학생하는 데 싶네 하는 하이 말하는데 이렇게 이번 때문 모나다. | | |
| Name INC. | | |
| Table 1 | 61 | L-0476694 |
| Final 1401 W. MUHAMMAD ALI BLVD. | π/suite E Telephone nu (5 | mber 502)561-5437 |
| city or town, state or province, country, and ZIP or foreign postal code Amended return LOUISVILLE, KY 40203 | G Gross receipts \$ | 3,103,594 |
| Application F Name and address of principal officer:DEBRA HOFFER CAME Application Application F Name and address of principal officer:DEBRA HOFFER | H(a) Is this a gro | |
| SAME AS C ABOVE | | nates? Yes X N |
| I Tax-exempt status: X 501(c)(3) 501(c) () | | ates included? Yes N Ch a list. (see Instructions) |
| J Website: WWW.JAKY.ORG | *************************************** | option number > 1116 |
| C Form of organization: X Corporation Trust Association Other ▶ | Year of formation: 194 | 9 M State of legal domicile: K |
| Ventifiely | | |
| Briefly describe the organization's mission or most significant activities: TO INSP PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. Check this box I if the organization discontinued its operations or disposed or Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total unrelated business revenue from Part VIII, column (C), line 12 | | |
| 2 Check this box if the organization discontinued its operations or disposed or | f more than 25% of its pe | at accets |
| Number of voting members of the governing body (Part VI, line 1a) | | 3 7 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | | 4 7 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | | 5 4 |
| 6 Total number of volunteers (estimate if necessary) | 1 | 6 41 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | ■ | 7a 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | ********************* | 7b 0 |
| | Prior Vear | Current Year |
| 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,805,08 | 2. 2,490,591 |
| Frogram service revenue (Part VIII, line 2g) | 230 05 | $\frac{2,130,331}{231,602}$ |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 45.926 | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -201,370 | -170,192 |
| 12 (otal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12 | 1 879 680 | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. |
| 14 benefits paid to or for members (Part IX, column (A), line 4) | | Ŏ. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A) lines 5-10) | 1,126,438 | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 281,284. | | i o |
| b Total fundraising expenses (Part IX, column (D), line 25) 281, 284. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 917,442 | 2. 1,134,230. |
| io rotal expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,043,880 | |
| 1 19 Revenue less expenses Subtract line 19 from line 10 | -164,191 | 340,570. |
| | Beginning of Current Yes | |
| 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) | 4,406,653 | |
| 21 Total liabilities (Part X, line 26) | 68,377 | |
| 1 22 Net assets or fund balances, Subtract line 21 from line 20 | 4,338,276 | 4,831,438. |
| art II Signature Block | | |
| ler penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta | atements and to the heet of | micknowledge and ballof it is |
| , correct, and complete. Declaration of preparer (other than officer) is based on all information of which prep | narer has any knowledge | my knowledge and belief, it is |
| | | |
| n Signature of officer | Date | |
| DEBRA HOFFER, PRESIDENT | | |
| Type or print name and title | | Marian programme and the second of the secon |
| Print/Type preparer's name Preparer's signature | Date Check | T II PIIN |
| | li noti anno | 701000100 |
| CHRISTINE N KOENIG | F 3611.2.1136 | |
| CHRISTINE N KOENIG Firm's name DEMING MALONE LIVESAY & OSTROFF PSC | Firm's FIN 👞 | 61-1064249 |
| CHRISTINE N KOENIG parer Firm's name DEMING MALONE LIVESAY & OSTROFF PSC Only Firm's address 9300 SHELBYVILLE ROAD SUITE 1100 | | 61-1064249 |
| CHRISTINE N KOENIG Firm's name DEMING MALONE LIVESAY & OSTROFF PSC Only Firm's address 9300 SHELBYVILLE ROAD SUITE 1100 LOUISVILLE, KY 40222-5187 | | |
| CHRISTINE N KOENIG Parer Firm's name DEMING MALONE LIVESAY & OSTROFF PSC Only Firm's address 9300 SHELBYVILLE ROAD SUITE 1100 | | 502)426-9660 X Yes No |

Form 990 (2017) JUNIOR ACHIE Part IV Checklist of Required Schedules

| 1 | Is the oxygnization described in a safety 504(2/0) and 607(2/0) and | | Yes | s No |
|---------|---|----------------|--------------|---|
| 11.5 | if "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors | 2 | X | |
| 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 | |
| 5 | is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | 4.3 | †; |
| 6 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | \mathbf{l} | X |
| 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 |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 7 | | X |
| ^ | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | x | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| đ | 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 | | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 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 | | v | - 43 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | <u> </u> | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | X | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | www.com | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 14a | | <u></u> |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 16 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines | 17 | | X |
| 19 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | X | *************************************** |
| ******* | complete Schedule G, Part III | 19 Form 9 | 990 / | X 2017) |

| P | art IV Checklist of Required Schedules (continued) | Triya | | 10000000 |
|----------|---|-------|----------|----------|
| | | | Yes | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| ŧ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | <u></u> | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | <u> </u> | 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 | <u> </u> |
| 248 | 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 | | | l |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| Ł | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | ŀ |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28¢ | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| 35a | | 35a | | X |
| b | 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 section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | , |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 | | | |
| ******** | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Form | 990 (| 2017) |

Form 990 (2017)

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a recommendation of the contains a recommend

| | | 1 | ****************** | ***** | 1 | |
|------------|---|--|--|------------------|--------------|--------------|
| 18 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 1 | 2 | Ye | s No |
| . t | | 1b | | กี | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | reports | hle gaming | Ĭ | | |
| | (gambling) winnings to prize winners? | - 10pc/10 | wie gening | 10 | x | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | " Ì | · 予予予介绍努力不可收收的 共和企业自由企业的企业的企业 | | +== | +- |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 4 | o | 1 | 1 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax re | tums? | | 2b | l x | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | ns) | \$ | | | |
| За | Ulf TDE Organization have unrelated business gross incress at 64 000 and the state of the state | | ************************************** | 3a | | x |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedu | | ************************************** | 3b | + | 1 |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | er author | ity over a | | +- | +- |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | al accou | nt)? | 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 | Accoun | ts (FRAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | , 1000011 | | 5a | 1 | x |
| D | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans- | santion? | | 5b | | X |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | ,000,00,77 | ##************************************ | 5c | | += |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did | the oraș | nization solicit | | | + |
| | any contributions that were not tax deductible as charitable contributions? | tile orga | inzation solicit | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | itions or | nifte |) va | | |
| | were not tax deductible? | 2010113 Ot | girta | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | ********* | ******************* | UU | 1 | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so | ervices nr | avided to the navor? | 7a | x | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 2. 41000 pi | ovidud to the payor : | 7b | X | + |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v | vas renu | ired | 10 | | - |
| | to file Form 8282? | ras requ | n cu | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | *=************************************* | 70 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | contract | 2 | 7e | | x |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous | rant? | ************* | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | nrm 880 | 9 as required? | 7g | | |
| h. | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ration file | a Form 1098.C2 | 7 <u>9</u> 7h | | |
| } | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | d by the | 41 OIII 1030 OF | 711 | | |
| | sponsoring organization have excess business holdings at any time during the year? | a by the | | 8 | | |
|) | Sponsoring organizations maintaining donor advised funds. | ********* | ************************** | 0 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor depar advisor or related parsons | | | 9b | | |
|) | Section 501(c)(7) organizations. Enter: | ********* | ************** | 30 | | |
| 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 | | | | |
| 1. , 19 | Section 501(c)(12) organizations. Enter: | Livel | | | | |
| 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 | <u></u> | *************************************** | | | |
| | amounts due or received from them.) | 11b | | | | |
| a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 10412 | | 12a | | |
| b | f "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a l | s 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. | ********* | ************** | | | |
|) [| Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| C | organization is licensed to issue qualified health plans | 13b | | | | |
| C t | Inter the amount of reserves on hand | 13c | | | | |
| 2 L | bid the organization receive any payments for indoor tanning services during the tax year? | ************************************** | | 14a | | x |
| o l | f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | · ^ | ******** | 14b | -+ | |

Form 990 (2017)

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | - | X |
|-----|---|---|---------|-------------|
| Sec | tion A. Governing Body and Management | | · | T |
| | 이렇게 하는 사람이 가득하는 사람들이 가는 것이 되는 것이 없는 것이 없었다. | | Yes | No |
| la | Enter the number of voting members of the governing body at the end of the tax year 1a 70 | 4 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | |
| Ь | Enter the number of voting members included in line 1a, above, who are independent1b | 4 | | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | l |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | Ĭ |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | <u> </u> |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | <u> </u> |
| 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 in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| 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? | 10b | | <u> </u> |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | <u> </u> |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | X | <u> </u> |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 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 | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed KY | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availab | le | |
| | for public inspection, Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | *************************************** | | |
| | DEBRA HOFFER, PRESIDENT - (502)561-5437 1401 W. MUHAMMAD ALI BLVD., LOUISVILLE, KY 40203 | MATINE STATE | | |

| F | ~~~ | | - P- (8000) |
|------|---------|-----------------|-------------|
| Form | - uui i | $F_{\sigma}(1)$ | |
| | | | |

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

61-0476694

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) Name and Title | (B) Average hours per week | bo | o not a x, unit | Pos check | erson | than is bo | th an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|---------------------------------------|--|---------------|-----------------------|--------------|--------------|---------------------------------|--------|--|--|--|
| | (list any hours for related organizations below line) | Individual | Institutional trustee | Officer | Key employes | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) ORLANDO ALLEN DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0 |
| (2) JULAYNE RICKETTS AMSTUTZ DIRECTOR | 2.00 | x | | | | <u> </u> | | 0. | 0. | 0 |
| (3) JOHN M. ANDERSON DIRECTOR | 2.00 | x | | | | | | 0. | 0 . | 0 |
| (4) J. DUFFY BAKER, JR. DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0 |
| (5) SHERYL BALL DIRECTOR | 2.00 | $\frac{1}{x}$ | | | | | | 0. | 0. | 0 . |
| (6) JON BAUGHMAN DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (7) MARTIN L. BELL DIRECTOR | 2.00 | x | | | | | 7 | 0. | 0. | 0. |
| (8) M. JOSEPH BISIG DIRECTOR | 2.00 | x | | | | | 1 | 0. | 0. | 0. |
| (9) CHRISTOPHER W. BROOKER DIRECTOR | 2.00 | x | | | | | 1 | 0. | 0. | 0. |
| (10) JERRY N. BURKE DIRECTOR | 2.00 | x | | 1 | | | 1 | 0. | 0. | 0. |
| (11) NIKKI CARVER DIRECTOR | 2.00 | x | | | 7 | | 1 | 0. | 0. | 0. |
| (12) MARC B. CHARNAS DIRECTOR | 2.00 | х | | | 1 | | 1 | 0. | 0.1 | 0. |
| (13) NANCY B. DAVIS DIRECTOR | 2.00 | x | | 7 | | | | 0. | 0. | · 0. |
| (14) KATHLEEN DOYLE EX-OFFICIO | 2.00 | x | | 1 | 1 | \dashv | 1 | 0. | 0. | 0. |
| (15) JENNY DRAKE DIRECTOR | 2.00 | x | | 1 | 1 | 1 | | 0. | 0. | 0. |
| (16) LEAH A. EGGERS DIRECTOR | 2.00 | x | 1 | 1 | 1 | 1 | 1 | 0. | 0.1 | 0. |
| (17) DR. DAVID EPLION EX-OFFICIO | 2.00 | x | 1 | 1 | 1 | 1 | 1 | 0. | 0. | 0. |

Form 990 (2017)

| Part VII Section A. Officers, Directors, To | ustees, Key Em | plo | /ees | , an | id H | ighe | st (| Compensated Employe | es (continued) | | |
|--|------------------------|--|---|-----------|---------------------|---|-----------|--|---|-------------------------------|------------------------|
| (A) | (B) | Π | | (| C) | | | (D) | (E) | | (F) |
| Name and title | Average | (do | | | sitio: | N s than | one | Reportable | Reportable | | Estimated |
| | hours per week | box | c, unle | ss p | erson | is bo | th an | | compensation | | amount of |
| | (list any | - | + | T . | T | T | Τ | from the | from related organizations | | other compensation |
| | hours for | E | | | | 20 | | | (W-2/1099-MIS | | from the |
| | related | Stea | riste | | | eusal | ľ | (W-2/1099-MISC) | | - 1 | organization |
| | organizations below | 五 | ag a | | loyee | 8 8 | | | | 1 | and related |
| | line) | ndlyddual trustee or director | institutional trustee | jag j | Key employee | Highest compensated employee | ormer | | | | organizations |
| (18) KENNETH W. FAITH II | 2.00 | F | <u>=</u> | 10 | ř | X 8 | - | | | -1 | <u> </u> |
| DIRECTOR | | x | | | | ľ | | 0. | | 0. | 0. |
| (19) PATRICK R. FARNAN | 2.00 | ľ | T | T | | - | T | | | | |
| DIRECTOR | | X | | | | | <u> </u> | 0. | | 0. | 0. |
| (20) DR. RALPH FITZPATRICK | 2.00 | | | | Π | | | | | | |
| EX-OFFICIO | | X | | L | | | <u> </u> | 0. | | 0. | 0. |
| (21) MICHAEL FRANK | 2.00 | | | | | | | | | _ 1 | |
| DIRECTOR | | X | | | | | <u> </u> | 0. | | 0. | 0. |
| (22) PAUL G. FULTZ | 2.00 | | l | | | | | | | | 0. |
| DIRECTOR | | X | | | | | <u> </u> | 0. | | 0. | U · |
| (23) CLINTON L. GLASSCOCK DIRECTOR | 2.00 | x | | l | | | | 0. | | 0. | 0. |
| (24) THOMAS C. GLEASON | 2.00 | 12 | - | - | + | - | - | | | " | i. |
| DIRECTOR | 2.00 | x | | | | | | 0. | | 0. | 0. |
| (25) ANKUR N. GOPAL | 2.00 | | - | ┢ | † | T | | | | | |
| DIRECTOR | | х | | | | | | 0. | | 0. | 0. |
| (26) DONALD L. GOSSMAN | 2.00 | <u> </u> | 1 | 1 | 1 | 1 | ╈ | | | 1 | |
| DIRECTOR | | x | | | 1 | | | 0. | | 0. | 0. |
| 1b Sub-total | | **** | | **** | | | > | 0. | | 0. | 0. |
| c Total from continuation sheets to Part | | | | | | | | 388,379. | | 0. | 22,178. |
| d Total (add lines 1b and 1c) | | | | | | | | 388,379. | | 0. | 22,178. |
| 2 Total number of individuals (including but | t not limited to th | nose | liste | ed a | lbov | e) w | ho r | received more than \$100 | ,000 of reportable | ∌ . | |
| compensation from the organization | | ······································ | ······································ | ******** | | | ********* | | | | 2 |
| | | | | | | | | | | ľ | Yes No |
| 3 Did the organization list any former offic | | | | | | | | | | 1 | 3 X |
| line 1a? If "Yes," complete Schedule J fo | | | | | | | | ************************************** | | | 3 X |
| 4 For any individual listed on line 1a, is the and related organizations greater than \$ | | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive | | | | | | | | | dual for services | **** | |
| rendered to the organization? If "Yes," c | | | | | | • | | 7" | | ľ | 5 X |
| Section B. Independent Contractors | | | | | <i></i> | | ***** | | | بلسنانية | |
| Complete this table for your five highest | compensated in | dep | ende | ent o | cont | racto | ors 1 | that received more than | \$100,000 of com | pens | ation from |
| the organization. Report compensation f | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | | (C) |
| Name and busine | ss address | N | INC | <u> </u> | | | | Description of s | ervices | C | ompensation |
| | | | | | | | | | | | |
| | ··· | ,, | | | · | | | | , | | (200) |
| | | | | | | | | | | | |
| | | | *************************************** | ********* | | *********************** | | ************************************** | *************************************** | | |
| | | | | | | | | | | | |
| And the state of t | | | *************************************** | | ********** | *************************************** | | | | | |
| | | | rationary and | aarri | an and a | ,,,,,,,,,,, | | | | Liebius proquisies | 33 |
| | | | | | | 3 | | | | | |
| 2 Total number of independent contractor | s (including but r | ot li | mite | d to | the | se li | stec | d above) who received m | ore than | | |
| \$100,000 of compensation from the org | anization 🕨 | | | | | 0 | ~ | | | | |
| SEE PART VII, SECTI | ON A CON | ĽΙ | NÜZ | AΤ. | TO: | N i | SH | EETS | | 1 | Form 990 (2017) |

| Part VII Section A. Officers, Director (A) Name and title | (B) Average hours per | | chec | Pos | (C) sitio | n | | (D) Reportable compensation from | (E) Reportable compensation | (F) Estimated amount of |
|---|--|------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| | week (list any hours for related organization below line) | Individual | Institutional trustee | Officer | Key employes | Highest compensated employee | Former | the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) KENNETH E. GROTH DIRECTOR | 2.00 | x | | | | | | 0. | 0. | |
| (28) TAYLOR M. HAMILTON | 2.00 | | | | - | | | V • | U. | 0 |
| DIRECTOR | · · · · · · · · · · · · · · · · · · · | X | | | | | | 0. | 0. | 0. |
| (29) DENNIS P. HEISHMAN | 2.00 | 1 | | | | | | | | ······································ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (30) J. DOUGLAS HELM | 2.00 | | | | 1 | | | | | *************************************** |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (31) KATHY HERBIG | 2.00 | | | | | | | | | |
| SECRETARY (32) JAMIE HORLANDER | | X | | X | | | | 0. | 0. | 0 |
| DIRECTOR | 2.00 | | | | | ı | | | | |
| (33) RODNEY JANES | 2.00 | X | | | | | | 0. | 0. | 0 |
| DIRECTOR | 2.00 | x | | | 1 | | | | | _ |
| (34) KEVIN J. JOYNT | 2.00 | | | | | | -+ | 0. | 0. | 0. |
| IMMEDIATE PAST CHAIR | 2.00 | x | | 1 | | | | 0. | | |
| (35) ELIZABETH KAPLAN | 2.00 | - | - | -+ | \dashv | | | | 0. | 0. |
| DIRECTOR | | x | | | | | - 1 | 0. | 0. | Λ. |
| (36) DEANA EPPERLY KAREM | 2.00 | | | + | - | \dashv | | | | 0. |
| DIRECTOR | | x | | 1 | | - | 1 | 0. | 0. | 0. |
| (37) DARREN KEITH | 2.00 | | 7 | 7 | 1 | 7 | 1 | | | ······································ |
| DIRECTOR | 1 | Х | | | | | | 0. | 0. | 0. |
| (38) DANAIL KELISAKIEV | 2.00 | | | | T | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (39) TAMI HATFIELD KENNEDY | 2.00 | | | Т | T | T | П | | | *************************************** |
| DIRECTOR | | X | | \perp | | | 1 | 0. | 0. | 0. |
| (40) DR. SHARON KERRICK EX-OFFICIO | 2.00 | | | | | | 1 | | | *************************************** |
| (41) TODD A. KLIMEK | | X | | 4 | | \perp | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | | | | | | | _ | | |
| (42) CHRISTOPHER J. KRAMER | 2.00 | X | - | + | _ | _ | _ | 0. | 0. | 0. |
| SOARD CHAIR | | x | | x | 1 | | | ٨ ا | . 1 | |
| (43) JOHN P. LAWSON, JR. | 2.00 | | | + | ┪ | - | + | 0. | 0. | 0. |
| DIRECTOR | interpretation of the second | x | | | | | | 0. | 0. | 0 |
| 44) ANN LEONARD | 2.00 | 7 | + | + | + | \dashv | + | U.] | | 0. |
| VICE CHAIR | Series and the series of the s | x | 2 | ζ | 1 | 1 | | 0. | 0. | 0. |
| 45) JULIE MCGREGOR | 2.00 | | 1 | 1 | 1 | 1 | 1 | | | <u>~ ~ .</u> |
| IRECTOR | | x⊥ | | _[| 1 | 1 | 1 | 0. | 0. | 0. |
| 46) JIM MEYERS | 2.00 | T | T | T | T | T | 1 | | | |
| IRECTOR | | X | I | 1 | -1 | - | 1 | 0. | 0. | 0. |

| Form 990 JUNIOR A | CHIEARM | EN. | Γ, (| JF. | K, | SN. | .'U | CKIANA, INC. | 61-047 | 0094 |
|--|--|----------|-----------------------|----------|--------------|------------------------------|--------|--------------------|----------------------------------|--------------------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key E | mple | oyee | s, a | nd l | ligh | est | Compensated Employ | rees (continued) | |
| (A) | (B) | | ********** | |) | | | (D) | (E) | (F) |
| Name and title | Average | | | Pos | ition | ı | | Reportable | Reportable | Estimated |
| | hours | (cl | heck | all: | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | 5 | | | | Highest compensated employee | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | hours for | direct | | | | d em | | (W-2/1099-MISC) | (***2/1033 141130) | organization |
| | related | 10 22 | Ste | | | nsate | | (11 25 1000 1100) | | and related |
| | organizations | as a | Institutional trustee | Officer | 3,68 | aduuc | | | | organizations |
| | below | Adra | ğ | ā | E E | iesto | JE . | | | |
| | (list any hours for related organizations below line) | I | 噩 | ŧ | 5 | 量 | Former | | | |
| (47) SABEEN NASIM | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | <u> </u> | | | 0. | 0. | 0. |
| (48) CHRIS NATION | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (49) SCOTT OLINGER | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (50) RAJA PATIL | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (51) CHRIS J, REID | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (52) PAM ROYSTER | 2.00 | | | | | | | | | |
| EX-OFFICIO | | X | | | | | | 0. | 0. | 0. |
| (53) DAVE RUSSELL | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (54) RYAN SIENKOWSKI | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (55) ADAM SIMON | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (56) DAVID S. SINCLAIR | 2.00 | | | | | | W. W | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (57) DALE B. SKAGGS | 2.00 | | | | | | | | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (58) ANDREW SOUTHWORTH | 2.00 | | | | | | | | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (59) TODD A. SPENCER | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (60) J. TODD SPURGEON | 2.00 | | | | | | | | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (61) ALEXANDER G. STAFFIERI | 2.00 | | | | | | | _ | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (62) SUSAN STAPLES | 2.00 | | ĺ | | | | | _ | _ | rive segi film |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (63) STEVEN M. STONE | 2.00 | 1 | | | | | | _ | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (64) WILLIAM SUMMERS V | 2.00 | 1 | | | | | | | | * 4 4 |
| DIRECTOR | | X | | <u> </u> | <u> </u> | | | 0. | 0. | 0. |
| (65) BRYAN W. TAYLOR | 2.00 | | | | ŀ | | | | _ | |
| TREASURER | | X | | X | | | | 0. | 0. | 0. |
| (66) BERARD E. TOMASSETTI | 2.00 | | | l | | | | _ | | ^ |
| DIRECTOR | 1 | X | <u> </u> | <u> </u> | <u> </u> | | | 0. | 0. | 0. |
| American de la companya de la compa | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | Franks | ***** | ****** | | | | | | |

| Part VII Section A. Officers, Directors, (A) Name and title | (B) | T | | (| C) | | | (D) | (E) | (F) |
|--|--|-----------|-----------------------|---------|----------------|------------------------------|--------|--|--|--|
| reame and title | Average hours per | 0 | hec | | sition that | | oly) | Reportable compensation | Reportable compensation | Estimated amount of |
| | week (list any hours for related organizations below line) | Individua | Institutional trustee | Officer | Key amployee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (67) HANK WALL DIRECTOR | 2.00 | x | | | | | | | | |
| (68) AUDIE WILSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| (69) ANNE S. WOODS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| (70) MARK ZOLL DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0 |
| (71) DEBRA H. HOFFER PRESIDENT | 37.50 | | | x | | | | 190,681. | 0. | 7,555 |
| (72) DEBORAH DALTON SR. VP OF ADVANCEMENT | 37.50 | | | x | | | | 107,901. | 0. | |
| 73) SHARON PEACOCK P OF OPERATIONS | 37.50 | | | x | | | | | | 7,336 |
| | | | | | | | | 89,797. | 0. | 7,287 |
| | | | 7 | 1 | 1 | 1 | 1 | | | |
| | | | | | | | 1 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | _ | 1 | _ | 1 | | | |
| | | | 1 | _ | _ | 1 | _ | | | |
| | | _ | _ | 4 | _ | | _ | | | Table 1844 Marian Caraca Carac |
| | | + | 1 | - | _ | 1 | + | | | Martini (iligani marini bili bili bili bili bili bili bili b |
| | | + | - | + | + | - | + | | | |
| | | + | + | + | + | + | + | | | |
| <u>an da antara da Albara da</u> | | | | 1 | | 1 | | | | |

12

2,646,255.

4,771.

236,373.

-80,709.

Form 990 (2017)

Total revenue. See instructions.

e Total. Add lines 11a-11d

| Do | Check if Schedule O contains a responsor include amounts reported on lines 6b, | se or note to any line in (A) Total expenses | this Part IX(B) Program service | Management and | F |
|-----|---|--|---------------------------------------|------------------------------------|--|
| 76, | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | Management and general expenses | Fundralsing 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 | | loan 17 grantaut | and the second | |
| | organizations, foreign governments, and foreign | 1 | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 5 | Benefits paid to or for members | | | | |
| Ģ | Compensation of current officers, directors, | 413,583. | 205 166 | 00 734 | 110 600 |
| 6 | trustees, and key employees Compensation not included above, to disqualified | 4T31203* | 205,166. | 88,734. | 119,683 |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 521,769. | 422,223. | 13,289. | 86,257 |
| 8 | Pension plan accruals and contributions (include | 341,103. | 344,443. | 13,203. | 00,237 |
| Ī | section 401(k) and 403(b) employer contributions) | 114,052. | 77,213. | 11,976. | 24,863 |
| 9 | Other employee benefits | 58,086. | 44,582. | 2,579. | 10,925 |
| 0 | Payroll taxes | 63,965. | 43,326. | 6,741. | 13,898 |
| 1 | Fees for services (non-employees): | · | | | 10,000 |
| a | Management | | | | |
| b | Legal | | | | |
| C | Accounting | 22,027. | | 22,027. | |
| ď | Lobbying | 1,236. | 1,236. | | |
| е | Professional fundraising services. See Part IV, line 17 | | -, | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | *************************************** | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 2 | Advertising and promotion | 375,277. | 375,277. | | |
| 3 | Office expenses | 44,963. | 29,447. | 6,472. | 9,044 |
| 4 | Information technology | 30,377. | 24,917. | 3,038. | 2,422 |
| 5 | Royalties | | | | |
| 6 | Occupancy | 82,892. | 76,510. | 3,191. | 3,191 |
| 7 | Travel | 26,937. | 23,382. | 426. | 3,129 |
| 8 | Payments of travel or entertainment expenses | | | | distanting 19 house |
| | for any federal, state, or local public officials | en e | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| | Interest | | | | |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 117,874. | 108,798. | 4,538. | 4,538 |
| | Insurance | 12,079. | 11,149. | 465. | 465 |
| | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | PROGRAM MATERIALS, FEES | 389,229. | 389,229. | | |
| b | BAD DEBT EXPENSE | 11,277. | | 11,277. | Wednesday West, or a supplied to the supplied |
| | TRAINING | 8,125. | 8,125. | | THE RESERVE OF THE PROPERTY OF |
| | MISCELLANEOUS | 6,268. | | 3,564. | 2,704. |
| е | All other expenses | 5,669. | 3,438. | 2,066. | 165. |
| | Total functional expenses. Add lines 1 through 24e | 2,305,685. | 1,844,018. | 180,383. | 281,284 |
| | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | i i i i i i i i i i i i i i i i i i i | | |
| | educational campaign and fundraising solicitation. | - | | - | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| art X | Balance Sheet | | | | | |
|-------|--|-----------|--|--|----------|--|
| | Check if Schedule O contains a response or no | te to any | line in this Part X | \$1.54.52.52.53.53.53.53.53.53.53.53.53.53.53.53.53. | ******** | 347.493.483.8835.6638.679.63.44.44.44.44.44.44.44.44.44.44.44.44.44 |
| | | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | | 285,308. | 1 | 305,278 |
| 2 | Savings and temporary cash investments | | | 33,626. | 2 | 41,577 |
| 3 | Pledges and grants receivable, net | | | 113,299. | 3 | 210,636 |
| 4 | Accounts receivable, net | | | | 4 | |
| 5 | Loans and other receivables from current and for | ormer off | icers, directors, | | | |
| | trustees, key employees, and highest compens | | | | | |
| | Part II of Schedule L | | 1 | | 5 | |
| 6 | Loans and other receivables from other disqual | | | | | |
| 1 | section 4958(f)(1)), persons described in section | | 100 | | | A Particular Commence of the C |
| | employers and sponsoring organizations of sec | | 100 | | | and the second |
| 1 | employees' beneficiary organizations (see instr) | | | | 6 | |
| 7 | Notes and loans receivable, net | | , page | | 7 | |
| 8 | Inventories for sale or use | | | | 8 | |
| 9 | Discovered assessment of the control | | 44.00.00 | 10,947. | 9 | 10,529 |
| 10a | Land, buildings, and equipment: cost or other | 1 | | | | |
| | basis, Complete Part VI of Schedule D | 10a | 3,264,707. | | | 10.000 (0.000) |
| ь | basis. Complete Part VI of Schedule D | 10b | 1,390,843. | 1,644,023. | 10c | 1,873,864 |
| 11 | Investments · publicly traded securities | <u> </u> | | 2,098,091. | 11 | 2,242,776 |
| 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| 14 | Intangible assets | | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | | 221,359. | 15 | 223,295 |
| 16 | Total assets. Add lines 1 through 15 (must equ | | | 4,406,653. | 16 | 4,907,955 |
| 17 | Accounts payable and accrued expenses | | | 68,377. | 17 | 76,517 |
| 18 | Grants payable | | | | 18 | |
| 19 | Deferred revenue | | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| 22 | Loans and other payables to current and former | | - CONTO | | | |
| 1 | key employees, highest compensated employee | | ₽ (8) | | | |
| | Complete Part II of Schedule L | | 10000 | | 22 | |
| 23 | Secured mortgages and notes payable to unrela | | | | 23 | ······································ |
| 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| 25 | Other liabilities (including federal income tax, pa | | | | | |
| | parties, and other liabilities not included on lines | • | . | u diaminatan | | |
| | Schedule D | • | | affirmere Jashgoot | 25 | |
| 26 | Total liabilities, Add lines 17 through 25 | | | 68,377. | 26 | 76,517 |
| T | Organizations that follow SFAS 117 (ASC 958 | | | - | | |
| | complete lines 27 through 29, and lines 33 an | | | | | |
| 27 | Unrestricted net assets | | | 4,145,754. | 27 | 4,173,412 |
| 28 | Temporarily restricted net assets | | | 192,522. | 28 | 658,026 |
| 29 | | | · · · · · · · · · · · · · · · · · · · | | 29 | |
| 1 | Organizations that do not follow SFAS 117 (A | | | | | |
| | and complete lines 30 through 34. | | | | | Commence of the Commence of th |
| 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| 33 | Total net assets or fund balances | | | 4,338,276. | 33 | 4,831,438 |
| 34 | Total liabilities and net assets/fund balances | | | 4,406,653. | 34 | 4,907,955 |
| 157 | Total national and the added/fully balances | ********* | | | | Form 990 (201) |

| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis | age 12 |
|--|--|
| 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 At 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis | X |
| 2 10tal expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 3 340, 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 A, 338, 2 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 A Other changes in net assets or fund balances (explain in Schedule O) 9 A Other changes in net assets or fund balances (explain in Schedule O) 9 A Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis. | EE |
| A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Both consolidated and separate basis Both consolidated and separate basis | |
| Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | |
| Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Doth consolidated and separate basis | |
| 7 Investment expenses 6 7 8 8 Prior period adjustments 7 9 Other changes in net assets or fund balances (explain in Schedule O) 9 4 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 4 , 831 , 4 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis | |
| 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 4 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 At assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 At a secondary (B) 10 At a secondary (B) 10 At a secondary (B) 11 Accounting method used to prepare the Form 990: | 70. |
| 9 Other changes in net assets or fund balances (explain in Schedule O) 9 4 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 4 , 831 , 4 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Both consolidated and separate basis | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) 9 4 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Both consolidated and separate basis | |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis | 36. |
| Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis | ······································ |
| Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis | 38. |
| Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X Separate basis Consolidated basis Both consolidated and separate basis, or both: | No X |
| res," 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 | A |
| a Maria ta Nasa | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | |
| review, or compilation of its financial statements and selection of an independent accountant? | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | |
| Act and OMB Circular A-133? | Х |
| b in res, and the organization undergo the required audit or audits? If the organization did not undergo the required audit | |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Form 990 (| |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number Name of the organization 61-0476694 JUNIOR ACHIEVEMENT OF KENTUCKIANA Reason for Public Charity Status (All organizations must complete this part.) See Instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). dvy is the organization listed In your poverning document? (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Ua | lendar year (or fiscal year beginning in) 📂 | (a) 2013 | (b) 2014 | (c) 2015 | T 7-00-10 | | |
|--|--|---|--|---|---|---|---|
| | Gifts, grants, contributions, and | | 1 10/2014 | (6) 2018 | (d) 2016 | (e) 2017 | (f) Total |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1648193 | 1887599. | 1735895. | 1805082. | 2490591. | 9567360 |
| 2 | Tax revenues levied for the organ- | | | | | 4270371. | 1 3307300 |
| | ization's benefit and either paid to | | | · · · · · · · · · · · · · · · · · · · | 1 4 4 | | |
| _ | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| 4 | the organization without charge | 1640365 | | | | | eriji. Evistoristiklikoji |
| | inico i inicagno | 1648193. | 1887599. | 1735895. | 1805082. | 2490591. | 9567360 |
| Ŭ | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | APPENDING TRANSPORT | engers at a | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | 10 (10) | |
| | column (f) | | | | PRO SERVICE STATE | | 1700536 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 1700536 7866824 |
| | ction B. Total Support | | | | | | 7000024 |
| | ndar year (or fiscal year beginning in) 📂 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 4 | 1648193. | 1887599. | 1735895. | 1805082. | 2490591. | 9567360 |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | I | | | |
| | securities loans, rents, royalties, | 60 000 | | 1 | | a e mienalovalu I | |
| | and income from similar sources Net income from unrelated business | 60,977. | 62,690. | 69,517. | 38,945. | 45,666. | 277,795 |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | un Artic | | | | k k fadi k | |
| 10 | Other income, Do not include gain | | | | | | |
| | or loss from the sale of capital | į. | | | | | |
| | assets (Explain in Part VI.) | 4,380. | 4,824. | 5,793. | 5,806. | 4,771. | 05.554 |
| 11 " | Total support. Add lines 7 through 10 | | , | 977931 | 5,000. | | 25,574. |
| 2 (| Gross receipts from related activities, e | tc. (see instructio | ns) | <u> </u> | | 40 | 9870729. |
| 3 1 | First five years. If the Form 990 is for t | he organization's | first, second, third. | fourth, or fifth tax | Vear as a section | 501(5)(9) | *************************************** |
| | Pigalization, Check this nox and ston i | 10ro | | | year as a section | | ⊾ [□] |
| eci | tion C. Computation of Public | Support Per | Jemaue | | | *************************************** | |
| 4 F | Public support percentage for 2017 (line | e 6, column (1) div | ided by line 11, col | umn (f)) | | 14 | 79.70 % |
| • | done support betcettrage Itom 2019 2 | icnedule A. Part II | . line 14 | | · · · · · · · · · · · · · · · · · · · | 15 | 63 7E |
| va v | o wow support test - 2017. If the org | janization did not | check the box on I | ine 13, and line 14 | is 33 1/3% or mo | re, check this box | and |
| N/Sea | stop here. The organization qualifies as | a publicly suppo | rted organization | | | | * V |
| 100 | 12 1/20/ | anization did not | check a hoy on line | 13 or 160, and the | A 45 - 00 4 mm/ | | |
| b 3 | 13 1/3% support test - 2016. If the org | missation and hot | | ጎ ጠ | | | |
| ь з | I3 1/3% support test - 2016. If the org and stop here. The organization qualified | es as a publicly su | DDOrted organization | ************** | | | |
| ьз а 7а1 | I3 1/3% support test - 2016. If the organization qualified the stop here. The organization qualified the stop here. | s as a publicly su 2017. If the organ | pported organization Nization did not che | CK A DOY OD IIDA T | 3 160 Ar 166 Am | d line 4 4 !- 400# | more, |
| b 3 a 7a 1 | i3 1/3% support test - 2016. If the organization qualified in the stop here. The organization qualified in the stop here. The organization meets the "facts organization meets | es as a publicly su 2017. If the organ and-circumstance | pported organization dization did not che ss" test, check this | box and stop bor | 3, 16a, or 16b, an | d line 14 is 10% or | |
| b 3 a 7a 1 a m | i3 1/3% support test - 2016. If the organization qualified indicates the standard form of the organization and if the organization meets the "facts-neets the "facts-and-circumstances" tests the "facts-and-circumstances" tests. | es as a publicity su 2017. If the organ and-circumstance st. The organization | pported organization nization did not che as" test, check this on qualifies as a pu | box and stop her | 3, 16a, or 16b, an e. Explain in Part \ vospization | d line 14 is 10% or VI how the organiza | ation |
| b 3 a 7a 1 a m b 1 | i3 1/3% support test - 2016. If the organization qualified and stop here. The organization qualified the facts - 2016 and if the organization meets the "facts - 2016 and - 2016 | es as a publicity su 2017. If the organisance and-circumstance st. The organisation 2016. If the organis | pported organization dization did not che es" test, check this on qualifies as a pu dization did not che | box and stop her blicly supported o | 3, 16a, or 16b, an e. Explain in Part \ organization 3, 16a, 16b, or 17 | d line 14 is 10% or I how the organiz | ation |
| b 3 a 7a 1 a m b 1 | is 1/3% support test - 2016. If the organization qualified and stop here. The organization qualified the facts and if the organization meets the "facts neets the "facts and circumstances" terms of a facts and circumstances and circumstances and circumstances and facts and circumstances test and and if the organization meets the | ss as a publicity su 2017. If the organization and-circumstance st. The organization 2016. If the organization "facts-and-circum" | pported organization and one chess test, check this on qualifies as a purification did not che | box and stop her blicly supported o ck a box on line 1 | 3, 16a, or 16b, an e. Explain in Part v rganization 3, 16a, 16b, or 17 | d line 14 is 10% or I how the organization | ation Mor |
| b 3 a 7a 1 a m b 1 m | i3 1/3% support test - 2016. If the organization qualified and stop here. The organization qualified the facts - 2016 and if the organization meets the "facts - 2016 and - 2016 | se as a publicity su 2017. If the organization and-circumstance st. The organization 2016. If the organifacts and circum "facts and circum instances" test. The | pported organization and cheses test, check this on qualifies as a publication did not che stances test, check the organization due to the organizatio | box and stop her blicly supported o ck a box on line 1. the this box and stop life as a cublicly supported o ck a box on line 1. | 3, 16a, or 16b, an e. Explain in Part v organization 3, 16a, 16b, or 17 op here. Explain in | d line 14 is 10% or VI how the organiza a, and line 15 is 10 I Part VI how the | ation Mor |

Schedule A (Form 990 or 990-EZ) 2017 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.)

| Section A. Public Support | Ties A word makes | | | | | |
|--|--|--|---|---|---|--|
| Calendar year (or fiscal year beginning in) ➤ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 | | | | | 1 | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | 1.42 | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | gar in the | | The second second | 50000000000000000000000000000000000000 | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | | | # # | |
| exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | and the second second | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. [Support Fee 7c from See 5.] | The second second second | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | Sandy Fly me | |
| acquired after June 30, 1975 | | | | argue de la julie de | | arika di |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | <u> </u> | | |
| activities not included in line 10b, | | | | 1 | | |
| whether or not the business is | ran in in in in in | | | | | |
| roguladu carried on | num en | | | | | |
| regularly carried on 12 Other income. Do not include gain | | ······································ | | | | AND SHARE THE SHARE SHAR |
| 12 Other income. Do not include gain or loss from the sale of capital | | was the same and t | | | | ************************************** |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | 1 1 | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) | the organization' | a first second th | ird fourth or fifth t | ax year as a section | | ation. |
| 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 same of /li> | | | | | on 501(c)(3) organiz | ation, |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************** | | | | ation, |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public | Support Pe | rcentage | | 22041 • 44404 6 6 6 2 2 4 4 7 7 7 8 • 4 2 2 2 7 7 7 | on 501(c)(3) organiz | b |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2017 (line) | c Support Pe | rcentage ivided by line 13, | | 22041 • 44404 6 6 6 2 2 4 4 7 7 7 8 • 4 2 2 2 7 7 7 | on 501(c)(3) organiz | 9, |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public Public support percentage for 2017 (line Public support percentage from 2016 stopport percentage from | c Support Pe ne 8, column (f) d Schedule A, Part | rcentage ivided by line 13, III, line 15 | column (f)) | 22041 • 44404 6 6 6 2 2 4 4 7 7 7 8 • 4 2 2 2 7 7 7 | on 501(c)(3) organiz | b |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public Public support percentage for 2017 (line 16 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation of Investigation 15 Public support percentage from 2016 Section D. Computation 15 Public support percentage from 2016 Section D. Computation 2016 Section 2016 Section D. Computation 2016 Section 2016 S | c Support Pe ne 8, column (f) d Schedule A, Part tment Incom | rcentage ivided by line 13, III, line 15 e Percentage | column (f)) | | on 501(c)(3) organiz | 9, |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public Public support percentage for 2017 (lines 16 Public support percentage from 2016 Section D. Computation of Investigation of Investigation in Public Section D. Computation of Investigation of Investigation in Investment income percentage for 201 | c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 17 (line 10c, colur | rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by | column (f)) | | on 501(c)(3) organiz | 9/ |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public Public support percentage for 2017 (line 16 Public support percentage from 2016 Section D. Computation of Investigation of Investment income percentage from 2018 Investment income percentage from 2018 | c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 17 (line 10c, colur 016 Schedule A, | rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by l Part III, line 17 | column (f)) | | 15 16 | 9, 9, 9, 9, |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2017 (line 16 Public support percentage from 2016 Section D. Computation of Investigation 17 Investment income percentage from 2018 Investment income percentage from 2019 a 33 1/3% support tests - 2017. If the content is the sale of the sa | c Support Pene 8, column (f) d Schedule A, Part trment Incom 17 (line 10c, colum 016 Schedule A, organization did r | rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by Part III, line 17 not check the box | column (f)) Siline 13, column (f)) Con line 14, and line | e 15 is more than | 15 16 17 18 33 1/3%, and line 1 | 9 9 9 9 7 is not |
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| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2017 (line 16 Public support percentage from 2016 Section D. Computation of Investment income percentage for 2018 Investment income percentage from 2019 and 33 1/3% support tests - 2017. If the computation of Investment income percentage from 2019 and 33 1/3% support tests - 2016. If the computation of Investment income percentage for 2019 and 33 1/3% support tests - 2016. If the computation of Investment income percentage from 2019 and 31/3% support tests - 2016. If the computation of Investment income percentage from 2019 and 31/3% support tests - 2016. If the computation of Investment income percentage from 2019 and 31/3% support tests - 2016. If the computation of Investment income percentage from 2019 and 31/3% support tests - 2016. If the computation of Investment income percentage from 2019 and 31/3% support tests - 2016. If the computation of Investment income percentage from 2019 and 31/3% support tests - 2016. If the computation of Investment income percentage from 2019 and 31/3% support tests - 2016. If the computation of Investment income percentage from 2019 and 31/3% support tests - 2016. If the computation of Investment income percentage from 2019 and 31/3% support tests - 2019. | c Support Pene 8, column (f) dischedule A, Partiment Incom 17 (line 10c, column) 16 Schedule A, proganization did rid stop here. The proganization did rid stop here. | rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by Part III, line 17 not check the box e organization quant check a box o | column (f)) line 13, column (f)) con line 14, and line alifies as a publicly on line 14 or line 19 | e 15 is more than supported organia a, and line 16 is m | 15 16 17 18 33 1/3%, and line 1 2 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10 | 9 9 9 7 is not |
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Schedule A (Form 990 or 990-EZ) 2017 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| Sche | edule A (Form 990 or 990-EZ) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-04 | 17669 | 4 Pa | age 5 |
|---|--|------------|-------|---|
| Pa | rt IV 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) | 44- | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b 11c | | |
| | 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. | 1 110 | L | |
| Gec | agir b. Type i dupporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 100 | 140 |
| •, | 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 | tion C. Type II Supporting Organizations | | £ | hamania : *** |
| *************************************** | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | Acceptors (174 |
| - ANNOUNCE SAME | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | 3.0 | |
| | 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 | | | |
| | 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. | 1 3 | | *************************************** |
| - | 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. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | structions | | NIA |
| 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 | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 2b | | |
| _ | activities but for the organization's involvement. | ZU. | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | 10.00 | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 3a | | |
| · L | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| D | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
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Schedule A (Form 990 or 990-FZ) 2017 JUNIOR ACHIEVEMENT OF KENTUCKTANA

| 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must be | ng trust on | Nov. 20, 1970 (explain in | Part VI.) See instruction | |
|------|---|--------------------|---------------------------|---|--|
| Sec | tion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 11 | | | |
| 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 | | | |
| ect | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | |
| а | Average monthly value of securities | 1a | | | |
| þ | Average monthly cash balances | 16 | | | |
| Ç | Fair market value of other non-exempt-use assets | 1c | | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 4 | | | |
| 6 | Multiply line 5 by .035 | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| 7000 | ion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 1 | | <u> </u> | |
| 2 | Enter 85% of line 1 | 12 | | *************************************** | |
| 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) | | | | |

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 3 **b** From 2013 c From 2014 d From 2015 e From 2016 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2013

Schedule A (Form 990 or 990-EZ) 2017

b Excess from 2014c Excess from 2015d Excess from 2016e Excess from 2017

| Part VI | Supplemental Part IV, Section A, I line 1; Part IV, Sect Section D, lines 5, 6 (See instructions.) | Information, ines 1, 2, 3b, 3c, ion D. lines 2 and | Provide the explar 4b, 4c, 5a, 6, 9a, 3; Part IV, Section t V, Section E, line | nations required 9b, 9c, 11a, 11b | by Part II, line 1 , and 11c; Part | 0; Part II, line 17a IV, Section B, line | or 17b; Part III, I s 1 and 2; Part IV t V, Section B, lin tional information | ine 12; /, Section C, |
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** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2017

Employer identification number

JUNIOR ACHIEVEMENT OF KENTUCKIANA, 61-0476694 Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| lame of organization | | En | nployer identification number |
|---------------------------|---|----------------------------|--|
| OR STREET, Wheeling and a | IEVEMENT OF KENTUCKIANA, INC. | | 61-0476694 |
| (a) | ributors (see instructions). Use duplicate copies of Part I | | |
| No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contributio |
| 1 | | \$ 100,000 | Person X Payroll Noncash (Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 275,498 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 348,390 | Person X Payroll Noncash X (Complete Part If for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | <u> </u> | Person Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 52,995. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for |

723452 11-01-17

Employer identification number

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

61-0476694

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|--|
| 3 | PRODUCTION/ADVERTISING | | uprost transport of the second |
| | | <u> </u> | 06/30/18 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 4 | ADVERTISING | American contract. | 7 |
| | | \$ 134,900. | 06/30/18 |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 5 | ADVERTISING | | |
| | | \$\$ <u>52,995.</u> | 06/30/18 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - | | \$ | |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |

| | | | Employer identification number |
|-----------------------|--|---|--|
| UNIOR | R ACHIEVEMENT OF KENTU | CKIANA, INC. | 61-0476694 |
| Part III | the year from any one contributor. Complete completing Part III, enter the total of exclusively religues to duplicate copies of Part III if additional to the copies o | ontributions to organizations described in site columns (a) through (e) and the following flows, charitable, etc., contributions of \$1,000 or less | ection 501(c)(7), (8), or (10) that total more than \$1,000 to |
| (a) No. from | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| · | | *** | |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, | and 710 . 4 | |
| | | anuzir + 4 | Relationship of transferor to transferee |
| | | | |
| - | | | |
| a) No. from | (h) Diversal of the | | |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - - | | | |
| | | | And Andrews and Assessment Control of the Control o |
| _ | | | A promotion and the state of th |
| | | (e) Transfer of gift | |
| | | | |
| | Transferee's name, address, a | and ZIP + 4 | Delationship of transferor to the second |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| No. | | | |
| No. | Transferee's name, address, a | (c) Use of gift | Relationship of transferor to transferee (d) Description of how gift is held |
| No. | | | |
| No. | | | |
| No. | | (c) Use of gift | |
| No. | | | |
| No. | | (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held |
| No. | (b) Purpose of gift | (c) Use of gift (e) Transfer of gift | |
| No. | (b) Purpose of gift | (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held |
|) No. oom art 1 | (b) Purpose of gift | (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held |
| No. omorant 1 | (b) Purpose of gift | (c) Use of gift (e) Transfer of gift and ZIP + 4 | (d) Description of how gift is held Relationship of transferor to transferee |
| No. omorant 1 | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held |
| No. | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (e) Transfer of gift and ZIP + 4 | (d) Description of how gift is held Relationship of transferor to transferee |
| No. omorant 1 | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (e) Transfer of gift and ZIP + 4 | (d) Description of how gift is held Relationship of transferor to transferee |
| No. | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (e) Transfer of gift nd ZIP + 4 (c) Use of gift | (d) Description of how gift is held Relationship of transferor to transferee |
| No. omorant 1 | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (e) Transfer of gift and ZIP + 4 | (d) Description of how gift is held Relationship of transferor to transferee |
| No. | (b) Purpose of gift Transferee's name, address, a | (c) Use of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held |
| No. oom art! | (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift | (c) Use of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held Relationship of transferor to transferee |
| No. oom art! | (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift | (c) Use of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held |

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

| Tax) (see se | zation answered "Yes," o parate instructions), then i01(c)(4), (5), or (6) organiza | | / Tax) (see separate i | nstructions) or Form 990 | -EZ, Part V, line 35c (Proxy |
|---|--|--|--|--|--|
| Name of orga | inization JUNIOR | ACHIEVEMENT OF KE | ENTUCKIANA, | INC. | loyer identification number 61-0476694 |
| 2 Political | a description of the organi campaign activity expendi | ganization is exempt under zation's direct and indirect politica tures | I campaign activities i | n Part IV. | |
| | | ganization is exempt unde | | | |
| 2 Enter the 3 If the org 4a Was a cr b If "Yes," Part I-C 1 Enter the exempt to 3 Total exelune 17b | a amount of any excise tax ganization incurred a section rection made? describe in Part IV. Complete if the organization directly expende a amount of the filing organization activities empt function expenditures | incurred by the organization under incurred by organization manager on 4955 tax, did it file Form 4720 for an arrange of the filing organization for second by the filing organization f | er section 4955 or this year? er section 501(c), tion 527 exempt funct er organizations for se | except section 501 ion activities > \$ ction 527 > \$ | Yes No No C)(3). |
| 5 Enter the made pa contribut | e names, addresses and er yments. For each organiza- tions received that were pr | nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provice |) of all section 527 pol from the filing organiz separate political orga | litical organizations to whic ation's funds. Also enter th anization, such as a separa | h the filing organization ne 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 |
| | | | | | |
| | | | | | |
| | | The state of the s | | | The state of the s |
| | | | | | |
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| | | - | | | |

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

| Schedule C (Form 990 or 990-EZ) 2017 of Part II-A Complete if the org | JUNIOR anization | ACHIEVEMENT OF is exempt under sec | F KENTUCKIANA tion 501(c)(3) and fil | , INC. 61- ed Form 5768 (| 0476694 Page 2 election under |
|---|--|--|--|---|--|
| Section 501(h)). A Check ▶ ☐ if the filing organizat expenses, and share | tion belongs e of excess | to an affiliated group (and lis obbying expenditures). box A and "limited control" | t in Part IV each affiliated | | |
| Limit | s on Lobby | ng Expenditures ins amounts paid or incurre | | (a) Filing organization's totals | (b) Affiliated group totals |
| Total lobbying expenditures to influ Total lobbying expenditures to influ Total lobbying expenditures (add lin Other exempt purpose expenditures) | ence a legis les 1a and 1 s | ative body (direct lobbying) b) | | | |
| Total exempt purpose expenditures | (add lines | c and 1d) | | | |
| f Lobbying nontaxable amount. Enter | r the amoun | from the following table in b | oth columns. | | |
| If the amount on line 1e, column (a) or | (b) is: | The lobbying nontaxable a | | | |
| Not over \$500,000 | *** | 20% of the amount on line | | | |
| Over \$500,000 but not over \$1,000, | .000 | \$100,000 plus 15% of the e | The state of the s | | |
| Over \$1,000,000 but not over \$1,50 | Control of the Contro | \$175,000 plus 10% of the e | | | |
| Over \$1,500,000 but not over \$17,0 | The state of the s | \$225,000 plus 5% of the ex | | | 1000 |
| Over \$17,000,000 | 100,000 | \$1,000,000. | cess over \$1,000,000. | | |
| Subtract line 1f from line 1c. If zero of just there is an amount other than zero reporting section 4911 tax for this year. (Some organizations that | o on either li ear? 4-' at made a s | | er section 501(h) | | Yes No |
| | | g Expenditures During 4-Y | _Polycom (0.04 As 25) | | |
| Calendar year (or fiscal year beginning in) | (a) 201 | | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | - | |
| c Total lobbying expenditures | | | · | *************************************** | annone de la company de la |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots richtaxable amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 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 | or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | | a) [| (b) | |
|---|--|---|--------------|--|--|
| of th | e lobbying activity. | Yes | No | Amount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | | Carlotte of the sec | |
| a | Volunteers? | | X | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | | |
| C | Media advertisements? | | X | | |
| d | Mailings to members, legislators, or the public? | | X | | |
| е | Publications, or published or broadcast statements? | | X | | |
| f | Grants to other organizations for lobbying purposes? | | Х | | |
| g | and the control of t | | X | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | | |
| Ì | Other activities? | X | | 1,236 | |
| j | Total. Add lines 1c through 1i | | | 1,236 | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), sect | ion 501(c) | (5), or sec | tion | |
| *************************************** | 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? | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), sect | the prior year | 7 3 | | |
| 1 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | III-A, IINE 3, IS | |
| 2 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures). | | 1 | | |
| - | expenses for which the section 527(f) tax was paid). | ucai | | | |
| _ | | | | | |
| | Current year | | | | |
| C | Carryover from last year Total | | | | |
| _ | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | |
| 3 4 | | | 3 | | |
| * | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? | political | | | |
| E : | Taxable amount of lobbying and political expenditures (see instructions) | | 4 | ······································ | |
| Par | t IV Supplemental Information | | . [5] | | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou | ın lintir Dort II | A lines 1 en | d O (000 | |
| instru | ictions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES: | ip list), Fart II | A, mes i an | u 2 (596 | |
| | | *************************************** | * | | |
| PRO | FESSIONAL FEES PAID TO A CONSULTANT FOR LOBBYING A | ACTIVIT | IES. | | |
| | | | , | | |
| | | | | | |
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| | | *************************************** | | | |
| | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF KENTUCKIANA,

Employer identification number 61-0476694

| 1 | 그 그는 그는 전에 하는 그는 이번 이 얼마를 가는 것이 하는 것이 되었다. | (a) Donor advised funds | (b) Funds and other account |
|--|--|--|--|
| - | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | and the second s | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor advised | funds |
| | are the organization's property, subject to the organization's e | xclusive legal control? | Yes [|
| • | Did the organization inform all grantees, donors, and donor ad | visors in writing that grant funds can be use | ed only |
| 1 | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose con | iferrina |
| | mpermissible private benefit? | ···· | Yes |
| arl | I Conservation Easements. Complete if the orga | nization answered "Yes" on Form 990, Part | IV, line 7. |
| | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or ed | | ally important land area |
| | Protection of natural habitat | Preservation of a certified | |
| | Preservation of open space | | |
| . (| Complete lines 2a through 2d if the organization held a qualifie | d conservation contribution in the form of a | conservation easement on the |
| (| fay of the tax year. | | Held at the End of the T |
| 1 | Total number of conservation easements | 246 najya | 2a |
|) | | ###################################### | |
| : 1 | lumber of conservation easements on a certified historic struc | ture included in (a) | 20 |
| 1 | lumber of conservation easements included in (c) acquired aft | er 7/25/06, and not on a historic structure | • |
| ı | sted in the National Register | | 2d |
| ١ | lumber of conservation easements modified, transferred, relea | used, extinguished, or terminated by the org | enization during the tay |
| y | ear 🏲 | | |
| ١ | lumber of states where property subject to conservation ease | ment is located | |
| г | Name Alan | | |
| į, | loes the organization have a written policy regarding the period | dic monitoring inspection handling of | |
| V | oes the organization have a written policy regarding the perior iolations, and enforcement of the conservation easements it h | dic monitoring, inspection, handling of | |
| ٧ | iolations, and enforcement of the conservation easements it h | olds? | Yes |
| ٧ | toes the organization have a written policy regarding the perior iolations, and enforcement of the conservation easements it has been staff and volunteer hours devoted to monitoring, inspecting, has been sent to be something in the perior of the provided to monitoring. | olds? | Yes tition easements during the year |
| ۷ 9 | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, he | olds? andling of violations, and enforcing conserva | ation easements during the year |
| ν 8 | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, has a mount of expenses incurred in monitoring, inspecting, handling | olds? andling of violations, and enforcing conserva | ation easements during the year |
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| V S | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, has mount of expenses incurred in monitoring, inspecting, handlins sometimes and the second conservation easement reported on line 2(d) above the second conservation easement reported conservation easement ea | olds? andling of violations, and enforcing conservation of violations, and enforcing conservation of section 170(h)(4) | ation easements during the year easements during the year |
| V S | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, have been understood to monitoring, inspecting, handling support of expenses incurred in monitoring, inspection and inspection are supported in the support of the expenses incurred in monitoring, inspecting, handling support of expenses incurred in monitoring in the expenses incurred in monitoring in the expense in the expenses incurred in monitoring in the expense in the ex | olds? andling of violations, and enforcing conservation of violations, and enforcing conservation satisfy the requirements of section 170(h)(4) | easements during the year easements during the year (B)(i) |
| V S | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, has mount of expenses incurred in monitoring, inspecting, handling \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\ | olds? andling of violations, and enforcing conservation of violations, and enforcing conservation satisfy the requirements of section 170(h)(4) easements in its revenue and expense stat | easements during the year (B)(i) Yes ement, and balance sheet, and |
| V S A A D D D D D D D D D D D D D D D D D | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, have amount of expenses incurred in monitoring, inspecting, handlings are seach conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization | olds? andling of violations, and enforcing conservation of violations, and enforcing conservation satisfy the requirements of section 170(h)(4) easements in its revenue and expense stat | easements during the year (B)(i) Yes ement, and balance sheet, and |
| V S A D C a Ir | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, has mount of expenses incurred in monitoring, inspecting, handling specific s | olds? andling of violations, and enforcing conservation of violations, and enforcing conservation of violations, and enforcing conservation of satisfy the requirements of section 170(h)(4) easements in its revenue and expense state of significant of significant in the conservation of significa | easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for |
| V S A D a Ir | iolations, and enforcement of the conservation easements it he itaff and volunteer hours devoted to monitoring, inspecting, have amount of expenses incurred in monitoring, inspecting, handlings are seach conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization proservation easements. III Organizations Maintaining Collections of Amount of the section of th | olds? andling of violations, and enforcing conservation of violations, and enforcing conservation of satisfy the requirements of section 170(h)(4) easements in its revenue and expense state of section is financial statements that describes the court, Historical Treasures, or Other | easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for |
| V S D a lr ir c | iolations, and enforcement of the conservation easements it he itaff and volunteer hours devoted to monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of 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 easements. IIII Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 95 | olds? andling of violations, and enforcing conservation of violations, and enforcing conservation of satisfy the requirements of section 170(h)(4) easements in its revenue and expense state of section in its revenue and expense in its revenue and ex | easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. |
| Da Ir ir c | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of easement in the expenses of the footnote to the organization on easements. | olds? andling of violations, and enforcing conservation of section 170(h)(4) satisfy the requirements of section 170(h)(4) easements in its revenue and expense state of section 170(h) and the control of the section 170(h)(4) easements in its revenue and expense state of the control of the section 170(h)(4) easements in its revenue and expense state of the control of the section 170(h) and 170(| easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, |
| P C a lir in c | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in the expenses incurred in monitoring and in a monitoring in part XIII, describe how the organization reports conservation easements. III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 95 the organization elected, as permitted under SFAS 116 (ASC storical treasures, or other similar assets held for public exhibit | olds? andling of violations, and enforcing conservation of section 170(h)(4) easements in its revenue and expense state of section 170(h) and its financial statements that describes the constant of the section 170(h) and the section 170(h)(4). | easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, |
| P A D a Ir ir c | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling see 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 easements. III Organizations Maintaining Collections of A complete if the organization answered "Yes" on Form 95 the organization elected, as permitted under SFAS 116 (ASC storical treasures, or other similar assets held for public exhibite text of the footnote to its financial statements that describes | olds? andling of violations, and enforcing conservation of section 170(h)(4) easements in its revenue and expense state of section 170(h) and the section 170(h) and 170(h | easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, of public service, provide, in Par |
| P C a lr ir c | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, has been accounted in monitoring, inspecting, handling a second section and section 170(h)(4)(B)(ii)? The Part XIII, describe how the organization reports conservation accounted, if applicable, the text of the footnote to the organization conservation easements. III Organizations Maintaining Collections of A complete if the organization answered "Yes" on Form 95 the organization elected, as permitted under SFAS 116 (ASC storical treasures, or other similar assets held for public exhibite text of the footnote to its financial statements that describes the organization elected, as permitted under SFAS 116 (ASC) are text of the footnote to its financial statements that describes the organization elected, as permitted under SFAS 116 (ASC). | olds? andling of violations, and enforcing conservation of section 170(h)(4) satisfy the requirements of section 170(h)(4) easements in its revenue and expense state of section 170(h) and the section of section 170(h)(4) easements in its revenue and expense state of section 170(h)(4) easements in its revenue and expense state of section 170(h)(4) easements in its revenue statement 170(h)(4) | easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, of public service, provide, in Parbalance sheet works of art, hist |
| A P C a Ir ir c If hi th | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, has been and section of expenses incurred in monitoring, inspecting, handling the section of expenses incurred in monitoring, inspecting, handling the section of the expenses incurred in monitoring, inspecting, handling the section of the expenses incurred in monitoring, inspecting, handling the section of the expenses incurred in monitoring, inspecting, handling the section of the expenses incurred in monitoring easements are the expenses of the footnote to its financial statements that describes the organization elected, as permitted under SFAS 116 (ASC) the expenses of the similar assets held for public exhibition, educed easures, or other similar assets held for public exhibition, educed easures, or other similar assets held for public exhibition, educed easures, or other similar assets held for public exhibition, educed easures. | olds? andling of violations, and enforcing conservation of section 170(h)(4) satisfy the requirements of section 170(h)(4) easements in its revenue and expense state of section 170(h) and the section of section 170(h)(4) easements in its revenue and expense state of section 170(h)(4) easements in its revenue and expense state of section 170(h)(4) easements in its revenue statement 170(h)(4) | easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, of public service, provide, in Parbalance sheet works of art, hist |
| A D a lr ir c | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, has been monitored in monitoring, inspecting, handling amount of expenses incurred in monitoring, inspecting, handling asset in a grant i | olds? andling of violations, and enforcing conservation of section 170(h)(4) easements in its revenue and expense state of sinancial statements that describes the conservation of the section 170(h)(4) art, Historical Treasures, or Other 190, Part IV, line 8. 1958), not to report in its revenue statement of the section, education, or research in furtherance of these items. 1958), to report in its revenue statement and eation, or research in furtherance of public section, or research in furtherance of public section. | easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, of public service, provide, in Par balance sheet works of art, hist ervice, provide the following am |
| P C a lr ir c lf thi fre (i) | iolations, and enforcement of the conservation easements it he itaff and volunteer hours devoted to monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization onservation easements. III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 95 the organization elected, as permitted under SFAS 116 (ASC storical treasures, or other similar assets held for public exhibition that describes the organization elected, as permitted under SFAS 116 (ASC seasures, or other similar assets held for public exhibition elected, as permitted under SFAS 116 (ASC seasures, or other similar assets held for public exhibition, educating to these items: Revenue included on Form 990, Part VIII, line 1 | olds? andling of violations, and enforcing conservation of section 170(h)(4) easements in its revenue and expense state of significant statements that describes the coart, Historical Treasures, or Other 20, Part IV, line 8. 1958), not to report in its revenue statement tion, education, or research in furtherance of sthese items. 1958), to report in its revenue statement and cation, or research in furtherance of public section, or research in furtherance of public section. | easements during the year easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, of public service, provide, in Par balance sheet works of art, hist ervice, provide the following am |
| P C a Ir in c If hit tre (i) (ii | iolations, and enforcement of the conservation easements it he staff and volunteer hours devoted to monitoring, inspecting, has been according to the season of the organization reports conservation asserts in the organization reports conservation according to the footnote to the organization reports conservation according to the footnote to the organization reports conservation according to the footnote to the organization reports conservation re | olds? andling of violations, and enforcing conservation of section of violations, and enforcing conservation as attisfy the requirements of section 170(h)(4) easements in its revenue and expense state of section is financial statements that describes the context. Historical Treasures, or Other 20, Part IV, line 8. 958), not to report in its revenue statement of the section, or research in furtherance of sthese items. 958), to report in its revenue statement and section, or research in furtherance of public section, or research in furtherance of public section. | easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, of public service, provide, in Par balance sheet works of art, histervice, provide the following ame. |
| P A D B B B B B B B B B B B B B B B B B B | iolations, and enforcement of the conservation easements it he itaff and volunteer hours devoted to monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a monitoring and interest in the organization reports conservation include, if applicable, the text of the footnote to the organization onservation easements. Organizations Maintaining Collections of A complete if the organization answered "Yes" on Form 95 the organization elected, as permitted under SFAS 116 (ASC storical treasures, or other similar assets held for public exhibition the organization elected, as permitted under SFAS 116 (ASC seasures, or other similar assets held for public exhibition, educibility to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical treasures. | olds? andling of violations, and enforcing conservation of section 170(h)(4) easements in its revenue and expense state of signature of section 170(h)(4) easements in its revenue and expense state of signature of statements that describes the control of the section of the sec | easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, of public service, provide, in Par balance sheet works of art, histervice, provide the following ame. |
| VS A A D A Ir ir C If the tree (i) (ii f the | iolations, and enforcement of the conservation easements it he itaff and volunteer hours devoted to monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, handling are seach conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization onservation easements. III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 95 the organization elected, as permitted under SFAS 116 (ASC storical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes the organization elected, as permitted under SFAS 116 (ASC seasures, or other similar assets held for public exhibition, educating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical treasure following amounts required to be reported under SFAS 116 | olds? andling of violations, and enforcing conservation of sets of violations in its revenue and expense state of sets of violations of violations of violations of violations, and to report in its revenue statement of violations, education, or research in furtherance of violations, or research in furtherance of public sets of violations, or research in furtherance of public sets, or other similar assets for financial gain (ASC 958) relating to these items: | easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, of public service, provide, in Par balance sheet works of art, hist ervice, provide the following am \$ provide |
| If his true (i) (ii) If the Re | iolations, and enforcement of the conservation easements it he itaff and volunteer hours devoted to monitoring, inspecting, have a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a mount of expenses incurred in monitoring, inspecting, handling a monitoring and interest in the organization reports conservation include, if applicable, the text of the footnote to the organization onservation easements. III | olds? andling of violations, and enforcing conservation of sets of violations in its revenue and expense state of sets of violations of violations of violations of violations, and to report in its revenue statement of violations, education, or research in furtherance of violations, or research in furtherance of public sets of violations, or research in furtherance of public sets, or other similar assets for financial gain (ASC 958) relating to these items: | easements during the year (B)(i) Yes ement, and balance sheet, and organization's accounting for Similar Assets. and balance sheet works of art, of public service, provide, in Par balance sheet works of art, hist ervice, provide the following am \$ provide |

| 200700000000000000000000000000000000000 | dule D (Form 990) 2017 JUNIOR . | ACHIEVEMEN' | | | | | | |
|---|--|--|--|--|--|---|--|---|
| 3 | Using the organization's acquisition, accessi | | | | | | | |
| • | (check all that apply): | on and outer record | ., cc., a, a | | | | 7.77.7.7.7. | |
| а | Public exhibition | d | Loan or exc | hange programs | | | | |
| b | Scholarly research | е | Other | • . • | | | | |
| C | Preservation for future generations | | paramana, | <u> </u> | | istanius annous (*/.) | | *) |
| 4 | Provide a description of the organization's co | ollections and explain | n how they further t | he organization's ex | empt purpo | ose in Par | t XIII. | |
| 5 | During the year, did the organization solicit o | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | [| Yes | No_ |
| Pai | t IV Escrow and Custodial Arran | gements. Comple | the second secon | ope desired transmission of the contract of th | Charles of Complete C | Mainman S. S. Silving and School | line 9, or | |
| *************************************** | reported an amount on Form 990, Par | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | a ay athay anasta na | t included | | | *************************************** |
| та | Is the organization an agent, trustee, custod | | | | | | Yes | □ No |
| | on Form 990, Part X? | | | | *********** | | 7 163 | |
| D | it "Yes," explain the arrangement in Part XIII | and complete the lo | iowing table: | | | | Amount | HZ-CHINOMPHANIANA |
| | Desiration tecles of | | | | 1c | | ATIOUTE | |
| | Beginning balance | | | | | *************************************** | | |
| | Additions during the year | | | | | | ····· | |
| | Distributions during the year | | | | 11 | *************************************** | | |
| f | Ending balance | | | | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | a d * * * * * * * * * Reministrati | J 103 | |
| Par | | | | | | | | |
| | The complete | (a) Current year | (b) Prior year | (c) Two years back | | ears back | (e) Four y | ears back |
| 10 | Beginning of year balance | 2,319,450. | 2,404,089. | 2,487,470. | | 92,830. | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN | 20,167. |
| | | 1,500. | | 1,390. | | | | 75,000. |
| | Contributions | 231,121. | 181,661. | -34,771. | | 94,640. | 2 | 297,663. |
| ن | The state of the s | | | *************************************** | | *************************************** | *************************************** | |
| u - | Grants or scholarships Other expenditures for facilities | | | <u></u> | | ************************************** | *************************************** | |
| - | | 86,000. | 266,300. | 50,000. | | | | |
| | and programs | | | | | | *************************************** | |
| | Administrative expenses End of year balance | 2,466,071. | 2,319,450. | 2,404,089. | 2.4 | 87,470. | 2.3 | 392,830. |
| g 2 | Provide the estimated percentage of the curr | | | formulation the control of the contr | 1 | Marian Company of States | | |
| | Board designated or quasi-endowment | 100.00 | · % | ij) noid ao. | | | | |
| | Permanent endowment | % | | | | | | |
| | Temporarily restricted endowment | % | | | | | | |
| U | The percentages on lines 2a, 2b, and 2c sho | | | | | | | |
| 22 | Are there endowment funds not in the posse | | ation that are held a | nd administered for | the organiz | zation | | |
| υα | by: | Solon of the organiza | mon that are note a | The destruction of the | | | Γv | es No |
| | (i) unrelated organizations | | | | | | - | |
| | (ii) related organizations | | | | | | 1 | X |
| h | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on Schedule B? | | ************ | | | |
| 1 | Describe in Part XIII the intended uses of the | • | | | ****************** | ************ | Lamanantan | manipus man |
| Par | t VI Land, Buildings, and Equipm | | THE TOTAL TO | | | | *************************************** | - programmen |
| L | Complete if the organization answere | | Part IV. line 11a. S | See Form 990, Part > | (. line 10. | | | |
| jaanuuna | Description of property | (a) Cost or of | | | Accumulate | ed | (d) Book | value |
| | | basis (investm | | | epreciation | | | |
| 12 | Land | | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************************************** |
| | Buildings | | | | * | | | ************************************** |
| | Leasehold improvements | | 2,50 | 4,515. | 966,3 | 09. | 1,538 | ,206. |
| | Equipment | | | 0,192. | 424,5 | | | ,658. |
| | Other | | | | | | ····· | |
| | Add lines 1a through 1e. (Column (d) must e | | X. column (B). line 1 | Oc.) | *************************************** | ~ | 1,873 | ,864. |

Schedule D (Form 990) 2017

| art VIII Investments - Other Securities. Complete if the organization answered "Yes" | on Form 990, Part IV. I | ine 11b. See Form 990. Part X. lin | 19 . 1 |
|--|--|------------------------------------|---------------------------------|
| a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: (| Cost or end-of-year market valu |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | |
| <u> </u> | | | |
| (8) | | | |
| C | | | |
| D | | | |
| | | | |
| P | | | |
| G) | | | |
| H) | | | |
| II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| art VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" (| on Form 990, Part IV, Iir | ne 11c. See Form 990, Part X, line | 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: C | ost or end-of-year market value |
| 1 | | | |
| 2) | | | |
| | and the second s | | |
| 2 | | | |
| 5 | | | |
| 5) | | | |
| 7 | ······································ | | |
| 9) | *************************************** | | |
| | | | |
| | | | |
| I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| rt IX Other Assets. | | | |
| complete if the organization answered "Yes" o | n Form 990, Part IV, lin | e 11d. See Form 990, Part X, line | |
| rt IX Other Assets. Complete if the organization answered "Yes" o (a) D | n Form 990, Part IV, lin | e 11d. See Form 990, Part X, line | 15. (b) Book value |
| Complete if the organization answered "Yes" of (a) D | n Form 990, Part IV, lin | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" or (a) D | n Form 990, Part IV, lin escription | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" organization organization answered "Yes" organization organiz | n Form 990, Part IV, lin escription | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" o (a) D (b) | n Form 990, Part IV, lin escription | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" o (a) D (b) (c) (d) (e) (e) (e) | n Form 990, Part IV, linescription | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D | n Form 990, Part IV, linescription | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D | n Form 990, Part IV, linescription | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" or (a) D (a) D (b) (a) D (c) (a) D | n Form 990, Part IV, linescription | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (c) Complete if the organization answered "Yes" o (a) D (b) Complete if the organization answered "Yes" o (c) Complete if the organization answered "Yes" o (d) Complete if the organization answered "Yes" o (e) C | escription | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" o (a) D (b) Column (b) must equal Form 990, Part X, col. (B) line | escription | e 11d. See Form 990, Part X, line | |
| Complete if the organization answered "Yes" o (a) D (b) (c) (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f | escription | | (b) Book value |
| Complete if the organization answered "Yes" of (a) D (a) D (b) (a) D (c) (a) D (d) D (d) D (d) D (e) (a) D (e) (a) D (f) (a) D (f) (a) D (f) (a) D (f) | escription | 11e or 11f. See Form 990, Part X | (b) Book value |
| Complete if the organization answered "Yes" of (a) D (b) (c) (d) (e) (e) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g | escription | | (b) Book value |
| Complete if the organization answered "Yes" of (a) D (a) D (b) (a) D (c) (a) Description of liability (d) Federal income taxes | escription | 11e or 11f. See Form 990, Part X | (b) Book value |
| Complete if the organization answered "Yes" o (a) D (b) (c) (c) (d) (d) (e) (e) (e) (e) (f) (e) (f) (e) (e | escription | 11e or 11f. See Form 990, Part X | (b) Book value |
| Complete if the organization answered "Yes" organization of liability Federal income taxes | escription | 11e or 11f. See Form 990, Part X | (b) Book value |
| Complete if the organization answered "Yes" organization of liability Federal income taxes | escription | 11e or 11f. See Form 990, Part X | (b) Book value |
| Complete if the organization answered "Yes" o (a) D (b) (c) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f | escription | 11e or 11f. See Form 990, Part X | (b) Book value |
| Complete if the organization answered "Yes" or (a) D (a) D (b) (a) D (c) (a) D (c) (a) D (c) (a) D (c) (b) must equal Form 990, Part X, col. (B) line of the organization answered "Yes" or (a) Description of liability (d) Federal income taxes | escription | 11e or 11f. See Form 990, Part X | (b) Book value |
| Complete if the organization answered "Yes" or (a) D (a) D (b) (a) D (column (b) must equal Form 990, Part X, col. (B) line to X (a) Description of liability Federal income taxes | escription | 11e or 11f. See Form 990, Part X | (b) Book value |
| Complete if the organization answered "Yes" or (a) D (a) D (b) (a) D (c) (a) D (c) (a) D (d) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | escription | 11e or 11f. See Form 990, Part X | (b) Book value |
| Complete if the organization answered "Yes" or (a) D (a) D (b) (a) D (column (b) must equal Form 990, Part X, col. (B) line to X (a) Description of liability Federal income taxes | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X | (b) Book value |

Schedule D (Form 990) 2017

| | dule D (Form 990) 2017 JUNIOR ACHIEVEMENT OF | KENTUCKIAN | A, INC. | 61- | 0476694 Page 4 |
|--|--|--|--|--|---------------------------------------|
| t | Complete if the organization answered "Yes" on Form 990, Part IV | | | - | · · · · · · · · · · · · · · · · · · · |
| 1 | Total revenue, gains, and other support per audited financial statements | HILLIAN TO THE TAXABLE PARTY OF THE PROPERTY O | | 1 | 3,074,436. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | · · · · · · · · · · · · · · · · · · · | *************************************** | | |
| | Net unrealized gains (losses) on investments | 2a | 152,156. | | |
| b | Donated services and use of facilities | | 119,548. | | |
| _ | Recoveries of prior year grants | 2c | | | |
| ď | Other (Describe in Part XIII.) | 2d | 156,477. | | |
| | Add lines 2a through 2d | | *************************************** | 2e | 428,181. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,646,255. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | *************************************** | - | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | <u> </u> | | |
| | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 19 } | *********************** | 5 | 2,646,255. |
| | t XII Reconciliation of Expenses per Audited Financial | Statements With | Expenses per | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV | | po. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 1 | 2,581,274. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | ************************* | | | |
| | Donated services and use of facilities | 2a | 119,548. | | |
| | Prior year adjustments | | | | |
| | | | ************************************** | | |
| d | Other losses | 2d | 156,041. | | |
| | Alth and Las | A 40 - 30 - 40 - 4 | | | 275,589. |
| | Collaborate Residence Const. | | | 2e 3 | 2,305,685. |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | ************* | | 3 | 2,303,003. |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | Other (Describe in Part XIII.) | | | | |
| | | | | 4. | 0. |
| - | Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line | . 10 1 | | 4c 5 | 2,305,685. |
| | t XIII Supplemental Information. | 1103 | 7995453464 | <u> </u> | 2/303,003. |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | | | ; Part : | X, line 2; Part XI, |
| PAR | T V, LINE 4: | | | | |
| THE | ENDOWMENT FUNDS WILL BE UTILIZED TO | SUPPORT THI | E MISSION (| OF T | HE |
| ORG | ANIZATION, INLCUDING OPERATIONS AND E | ROGRAM SUPI | PORT. | | |
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| SAMPLE SA | | | | /2000/00/07/1//-// | · . |
| PAR | T X, LINE 2: | ······································ | | · ; | |
| THE | ORGANIZATION IS EXEMPT FROM FEDERAL, | STATE, ANI | LOCAL INC | COME | TAXES AS |
| A N | OT-FOR-PROFIT ORGANIZATION AS DESCRIE | ED UNDER IN | TERNAL RE | /ENU | E CODE |
| SEC | TION 501(C)(3). THE ORGANIZATION FIL | ES AN INFO | RMATIONAL 1 | rax | RETURN IN |
| THE | U.S. FEDERAL JURISDICTION AND WITH T | HE KENTUCKY | OFFICE OF | r Au | TORNEY |
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| waaaaaaaaaaaaaa | | | 2000-200-100-100-100-100-100-100-100-100 | gyriologiczy (sz. 111 arr.) | |
| AS | OF JUNE 30, 2018 AND 2017, THE ORGANI | ZATION DID | NOT HAVE A | MA | ACCRUED |

732054 10-09-17

Schedule D (Form 990) 2017

| | CKIANA, INC. 61-0476694 Pag |
|---|-----------------------------|
| INTEREST OR PENALTIES RELATED TO INCOME TAX LIAN | ILITIES, AND NO INTEREST |
| OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS | HELD BY |
| OTHERS | 436 |
| COST OF SPECIAL EVENTS SHOWN GROSS ON AUDITED FI | |
| STATEMENTS | |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 156,041 |
| | 156,477 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| COST OF SPECIAL EVENTS SHOWN GROSS ON AUDITED FIN | IXNCTAT. |
| STATEMENTS | |
| | 156,041 |
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations e L Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d L In-person solicitations 2 a Dld the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

732081 09-13-17

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990 EZ) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 2 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 \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BOWLING (add col. (a) through HALL OF FAMECLASSIC col. (c)) (event type) (event type) (total number) Revenue 320,926. Gross receipts 127,932. 72,113. 520,971. 267,676. 2 Less: Contributions 113,432. 67,253. 448,361. 53,250 3 Gross income (line 1 minus line 2) 14,500. 4,860. 72,610. 4 Cash prizes 800 800. 5 Noncash prizes 3,961. 5,558. 9,519. 6 Rent/facility costs 4,498. 2,858. 7,356. 78,318. 22,184. 2,988. 7 Food and beverages 103,490. 6,978. 8 Entertainment 1,850. 8,828. 99,659. 9 Other direct expenses 10,597. 7,324. 117,580. 10 Direct expense summary. Add lines 4 through 9 in column (d) 247,573. 11 Net income summary. Subtract line 10 from line 3, column (d) -174,963. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

| b if "Yes," explain: | tion's gaming licenses revoked, suspended, or terminated | doning the tax year r | Yes No |
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| Sch | edule G (Form 990 or 990-EZ) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 3 |
|--|---|
| 11 | Does the organization conduct gaming activities with nonmembers? |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed |
| | To Tallitate and Art wild . |
| | Indicate the percentage of gaming activity conducted in: |
| | The organization's facility 48 |
| | An outside facility |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: |
| | Name Address Address |
| 158 | Does the organization have a contract with a third party from whom the organization receives gaming revenue? |
| Ł | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount |
| | of gaming revenue retained by the third party > \$ |
| | If "Yes," enter name and address of the third party: |
| | in 189, onto hame and address of the third party. |
| | Nomo 🌬 |
| | Name > |
| | Address > |
| | |
| 16 | Gaming manager information: |
| | Name > |
| | Gaming manager compensation > \$ |
| | |
| | Description of services provided > |
| | |
| | |
| | Director/officer Employee Independent contractor |
| | |
| | Mandatory distributions: |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to |
| | retain the state gaming license? |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |
| | organization's own exempt activities during the tax year 🕨 \$ |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, |
| Sympton | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. |
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| Part IV Supple | or 990-EZ) JUNIOR A mental Information (continu | CHIEVEMENT ued) | OF KENTU | CKIANA,] | NC. 61 | -0476694 Page |
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SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

JUNIOR ACHIEVEMENT OF KENTUCKIANA,

Employer identification number 61-0476694

INC.

| Yes No | Pε | art I Questions Regarding Compensation | | | |
|--|---|--|----|-----------------------|-------------|
| Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel | *************************************** | | | Yes | No |
| Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel | 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| First-class or charter travel | | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| Tax indemnification and gross-up payments | | The state of the s | | | |
| Discretionary spending account | | Travel for companions Payments for business use of personal residence | | | |
| Discretionary spending account | | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Independent compensation committee Independent compensation consultant Independent compensation or a related organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. Conly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reterenuss of: a The organization? 5 Any related organization? 6 Any related organization? 6 Any related organization? 7 Any related organization? 8 Any related organization? 8 Any related organization? 9 Any related organization? 10 Any related organization? 11 Any r | | | | | |
| reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 10 b 10 the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 1 | | | | | |
| reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 3 Compensation committee 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish the compensation committee 4 Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 5 Receive a severance payment or change-of-control payment? 6 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 7 Participate in, or receive payment from, an equity-based compensation arrangement? 8 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 1 Participate in, or receive payment from, an equity-based compensation arrangement? 1 Participate in, or receive payment from, an equity-based compensation arrangement? 2 Participate in, or receive payment from, an equity-based compensation arrangement? 3 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 5 Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 8 Participate in the form 990, Part VII, and t | b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | _ | | 1b | | |
| Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | 2 | | | | |
| Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee | | | 2 | | |
| CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Independent compensation survey or study Y Approval by the board or compensation committee X Approval by the board or compensation or related or ganization from, a supplemental nonqualified retirement plan? 4a X X X Approval by the part of the | | | | | |
| CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: A Participate in, or receive payment from, a supplemental nonqualified ratirement plan? 4b X X | 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Compensation committee X Compensation survey or study X Approval by the board or compensation committee X Compensation survey or study X Approval by the board or compensation committee X Compensation or a related organization: a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X Any related organization? 5b X if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X Any related organization? 6a X The organization? 6a X The organization? 6a X The organization has form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 6a or 6b, describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)* if "Yes," describe in Part III 8 If "Yes" on line 6, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-4(a)(5)* if "Yes," describe in Part III 8 If "Yes" on line 6, did the organization also follow the rebuttable | - | CFO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| X Compensation committee | | | | | |
| Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? fi "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5a | | | | | |
| Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? fi "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? fi "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Regulations section 53.4958-6(c)? | | | | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | | | |
| organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accruéd pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. By If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. Regulations section 53.4958-6(c)? | | Point 550 of other organizations | | | |
| organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accruéd pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. By If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. Regulations section 53.4958-6(c)? | , | During the year, did any person listed on Form 990, Part VII. Section A line 1a, with respect to the filing | | | |
| a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 4 | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | 4a | ess opposite and an a | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 6a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | | | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | | ···· | X |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a X b Any related organization? 6b X ff "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | Ü | | | | |
| For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | If the to any of lifes 44°C, list the persons and provide the applicable amounts for each term in the in- | | | |
| For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | Only section E04(a)(2), E04(a)(4), and E04(a)(20) proprientions must complete lines 5-9. | | | |
| contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | _ | For paragraphic intendion Form 900, Part VII. Section A. line 1a, did the organization pay or accrue any compensation | | | |
| a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | J | | | | |
| b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | _ | | 5a | COSTA PROCESSOR | X |
| If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | • | FL | | X |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | D | • | | | |
| contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | ^ | | | | |
| a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 0 | | | | |
| b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | _ | | 6a | | X |
| If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | D | • | | | |
| not described on lines 5 and 6? If "Yes," describe in Part III | _ | | | | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 7 | | 7 | x | 1 |
| initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | _ | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 8 | | А | | X |
| Regulations section 53.4958-6(c)? | | | | | |
| Requiation's Section 33.4938-0(c)? | 9 | | a | | |
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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organization on the 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

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-Mi | SC compensation | (C) Retirement and | (D) Nontaxable | |
|---------------------|------------|--|--|--|---|--|--|
| | | (i) Base compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | |
| (1) DEBRA H. HOFFER | (i) | 175,869. | 6,412. | 8,400. | 0. | 7,555 | |
| PRESIDENT | (ii) | 0. | 0.1 | 0. | 0. | 0 | |
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| Part III Provide the | Suppl | emental I | nforma | ation | | | | NTUCKIANA 4a, 4b, 4c, 5a, 5b | | | rt II. Also complete this |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public 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 the latest information.

Name of the organization

JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. Employer identification number 61-0476694

| Pa | art I Types of Property | | | | | 04,003 | · |
|---------|--|-------------------------------|--|--|--|--|--|
| 8 | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of c noncash contrib | tetermining | nts |
| 1 | Art - Works of art | | | ************************************** | | ************************************** | 11177-1111/1111/11111 |
| 2 | Art - Historical treasures | | | | | ************************************** | of the source control |
| 3 | Art - Fractional interests | | | | | A SPINIS AND | **************** |
| 4 | Books and publications | | | | | To the State Control of the Control | |
| 5 | Clothing and household goods | | 400 | | | *** | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | - 1. 11 | | | | *************************************** | ······································ |
| 8 | Intellectual property | | | | | (************************************ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 9 | Securities - Publicly traded | | | | | | |
| 10 | Securities - Closely held stock | | | | | | *************************************** |
| 11 | Securities - Partnership, LLC, or | | *************************************** | | | *************************************** | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | *************************************** | |
| 13 | Qualified conservation contribution - | | | | | *************************************** | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | *************************************** | *************************************** | |
| 15 | Real estate - Residential | | | | | / | ************************************** |
| 16 | Real estate - Commercial | | | *************************************** | ······································ | *************************************** | |
| 17 | Real estate - Other | | | | | (MINTERCONNECTION ALGORITA | 01/!:Trayly:\u |
| 18 | Collectibles | | *************************************** | ************************************** | | ······································ | |
| 19 | Food inventory | | | | | | *************************************** |
| 20 | Drugs and medical supplies | | | | the state of the s | | (************************************ |
| 21 | Taxidermy | | *************************************** | | | | ******************* |
| 22 | Historical artifacts | | *************************************** | | | 16) and 17 | |
| 23 | Scientific specimens | | *************************************** | ************************************** | ······································ | ······································ | ************ |
| 24 | Archeological artifacts | | ······ | | | ······ | |
| 25 | Other ADVERTISING | x | 4 | 359.320. | AIR MARKET | VALIT | 1 |
| 26 | Other LONG-LIVED AS | x | 1 | 94.000. | AIR MARKET | TAT.TE | • |
| 27 | Other (PRINTING/PROD) | x | 5 | 79.045. | AIR MARKET | TITAT! | |
| 28 | Other FOOD/GIFT CAR | $\overline{\mathbf{x}}$ | 2 | 23, 250, | AIR MARKET | VALUE | |
| 29 | Number of Forms 8283 received by the organiz | ation during | the tax year for co | ntributions | | | |
| | for which the organization completed Form 828 | 33, Part IV, D | onee Acknowledge | ement 29 | | 0 Ves | No |
| 30a | During the year, did the organization receive by | contribution | any property rend | orted in Part I lines 1 through | h 28 that it | 163 | 140 |
| | must hold for at least three years from the date | of the initial | contribution and | which isn't required to be us | ad for | | |
| | exempt purposes for the entire holding period? | | | Million Francisco to be da | ed (O) | 30a | x |
| ь | If "Yes," describe the arrangement in Part II. | ************ | ****************************** | *************************************** | | SUA | |
| | Does the organization have a gift acceptance p | olicy that rec | uires the review of | f any nonstandard contribut | ione? | 31 X | |
| 32a | Does the organization hire or use third parties of | or related org | anizatione to eclici | t oronges or sell senerati | W.191 | 31 X | |
| | contributions? | | | | | 32a | х |
| | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) for a | a type of property | for which column (a) is checl | ked, | | |
| بسندنوش | describe in Part II. | | | | | | |

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

Schedule M (Form 990) 2017

| Schedule M (Form 990) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. | 61-047669 | |
|---|--|--|
| Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information. | 3, and whether the org mbination of both. Also | panization |
| PART I, OTHER TYPES OF PROPERTY: | | |
| PROGRAM MATERIALS | | |
| (A) CHECK IF APPLICABLE = X | | |
| (B) NUMBER OF CONTRIBUTIONS = 1 | | |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9000. | | |
| (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE | | |
| OFFICE EQUIPMENT, SUPPLIES | | |
| (A) CHECK IF APPLICABLE = X | | was constructive and the second |
| (B) NUMBER OF CONTRIBUTIONS = 3 | | |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3481. | | |
| (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE | | |
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732142 09-07-17

Schedule M (Form 990) 2017

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

| JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. | Employer identification number 61-0476694 |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE FORM 990 IS PRESENTED TO THE FINANCE AND AUDIT COMMIT | TEE FOR APPROVAL |
| BEFORE FILING THE RETURN. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| ALL EMPLOYEES AND BOARD MEMBERS COMPLETE AND ANNUALLY UPDA | ATE A CONFLICT OF |
| INTEREST DECLARATION. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| COMPENSATION OF THE PRESIDENT IS DETERMINED BY THE EXECUTI | VE COMMITTEE OF |
| THE BOARD OF DIRECTORS AND INCLUDES THE USE OF COMPARABILI | TY DATA PROVIDED |
| TO THE ORGANIZATION BY JUNIOR ACHIEVEMENT USA. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF | INTEREST POLICY, |
| AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU | EST. |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY | |
| DTHERS | 436. |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

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

| Name of the organization | | |
|--------------------------|----|--|
| | FT | |

HIEVEMENT OF KENTUCKIANA INC.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state o foreign country) | (d) r Total inco | me End-o |
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| Identification of Related Tax-Exempt Organizations during the tax year. | ons. Complete if the organization a | nswered "Yes" on Form 990 |), Part IV, line 34, I | pecause it had |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public char status (if sec 501(c)(3)) |
| EE PART VII | | COLORADO | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732162 09-11-17

Schedule R (Form 990) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, b organizations treated as a partnership during the tax year. (b) (g) Legal domicile (state or foreign country) Name, address, and EIN Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Direct controlling entity Share of total Share of end-of-year assets of related organization Disprop income alloca Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year. (c) (d) (e) Name, address, and EIN Primary activity egal domicile Direct controlling Type of entity (C corp, S corp, Share of total of related organization (state or foreign country) entity income or trust)

Schedule R (Form 990) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

732163 09-11-17

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses g Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tran (c) (b) Transaction Method Name of related organization Amount involved type (a-s) (1) (3) (4) (5) (6)

48

Schedule R (Form 990) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (me that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (f) Share of total income | (g) Share of end-of-yea assets | |
|--|--|--|--|--|--|---|--|
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| | | MARKET TOTAL STATES | | | 777777777777777777777777777777777777777 | | |

| Schedule R (Form 990) 2017 JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC. 61-0476694 Page 5 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. |
|--|
| SCHEDULE R, PART II, COLUMN A |
| RELATED ORGANIZATIONS: |
| JUNIOR ACHIEVEMENT OF KENTUCKIANA IS COVERED UNDER A GROUP EXEMPTION. |
| ENTITIES UNDER A GROUP EXEMPTION ARE RELATED FOR SCHEDULE R PURPOSES. |
| RELATED ENTITIES COVERED BY A GROUP EXEMPTION ARE NOT REQUIRED TO BE |
| LISTED ON SCHEDULE R, PART II. HOWEVER, TRANSACTIONS BETWEEN THE |
| RELATED ENTITIES ARE INDICATED ON SCHEDULE R, PART V, LINE 1. |
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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 "Corporation").

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 PURPOSES

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. 4th Street Louisville, KY 40202

400 W. Market St., Suite 2100 Louisville, KY 40202-3353

John Hill

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., 2nd 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., 2nd Floor Louisville, KY 40202 William P. Tompkins III P. O. Box 32260 Louisville, KY 40232 Jeff Uligian

Wendy C. Welsh

P. O. Box 32030
Louisville, KY 40232

Mimi Zinniel P. O. Box 1080 Louisville, KY 40201 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

om W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

➤ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| Junior Achievement of Kentuckiana Inc. | e; do not leave this line blank | ۲. | | ***************** | *************************************** | ······· | | *************************************** | | |
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| 2 Business name/disregarded entity name, if different from above | and the contraction of the contr | and the second of the second o | Sici ana, y ang | er-explicit selections | an Area (Area (Area) | tininto)wassassiyyyeeqea | norvioradelocie | 5 för Skirankan, com vor | Odividualygiqa | nimatesissepasvassaga, |
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| 3 Check appropriate box for federal tax classification of the person whose following seven boxes. | | heck only | y one | of the | cer | xemptio tain entit ructions | les, n | ot indiv | oply ridua | only to |
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| Limited liability company. Forter the tax described to 0.0 | | | | | Exe | mpt paye | е сос | le (if ar | y) | |
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| 5 Address (number, street, and apt. or suite no.) See instructions. | nProfit | g | and the second s | · | | es to accoun | | | talide l | #e U.S.} |
| 1401 West Muhammad Ali Boulevard | | Reques | ster's | name | and ad | idress (o | ption | al) | *Kolvano | DANGE CONTRACTOR SALES |
| 6 City, state, and ZIP code | | Louis | ville | Metr | o Co | uncil | | | | |
| Louisville, KY 40203 | | 601 W | . Jef | ferso | n St | reet | | | | |
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| Enter your TIN in the appropriate box. The TIN provided must match the na | ame given on line 1 to ave | old | Soc | al sec | urity | number | e de la companyone de l | **************** | -cocket-suiga | is produced association of the same |
| backup withholding. For individuals, this is generally your social security ne resident alien, sole proprietor, or disregarded entity, see the instructions for entities, it is your employer identification. | | | | T | 1 | | 7 | | AASTERNA SIGN | |
| entities, it is your employer identification number (EIN). If you do not have a TIN, later. | number, see How to get | ta . | | Same College | | | - | | - | |
| Note: If the account is in more than one name, see the instructions for line Number To Give the Requester for guidelines and with the instructions for line | 4 41 440 | 4 | or | resirbésissifichions. | | | | | | |
| Number To Give the Requester for guidelines on whose number to enter. | 1. Also see What Name a | and | Emp | loyer | denti | fication | numb | er | | |
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| Part II Certification | | | | | 1 | | <u></u> | | | 1 |
| Under penalties of perjury, I certify that: | | Overest Column (Aministra in Species | APPROVED STATES | | | Noticealiste - Silvatore pre | *************************************** | of the production of | *************************************** | -incommunity const |
| The number shown on this form is my correct taxpayer identification num I am not subject to backup withholding because: (a) I am exempt from baservice (IRS) that I am subject to backup withholding as a result of a falluno longer subject to backup withholding; and | nber (or I am waiting for a ackup withholding, or (b) i ire to report all interest or | i numbe I have n divlder | er to b lot be nds, c | e issu en no or (c) t | ied to tified he IR | o me); a by the S has n | nd Interi otifie | nal Re | ven that | ue : I am |
| 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 exem | int from EATCA reporting | ie oore | oot. | | | | | | | |
| Certification instructions. You must cross out item 2 above if you have been nyou have failed to report all interest and dividends on your tax return. For real exacquisition or abandonment of secured property, cancellation of debt, contribut other than interest and dividends, you are not required to sign the certification, to Sign Sign Signature of | otified by the IRS that you state transactions, item 2 c | are cun does not | rentiy appi | y, For | morto | gage inte | erest | paid, | | |
| Here U.S. person & Tharsan & Teacack | Da | ite > | 3, | /25 | 1 | 19 | | | | |
| General Instructions | Form 1099-DIV (divided funds) | dends, i | noluc | ling th | iose t | rom stc | cks | or mu | ual | *************************************** |
| Section references are to the Internal Revenue Code unless otherwise noted. | Form 1099-MISC (va proceeds) | arious ty | pes o | of inco | me, | prizes, a | awar | ds, or | gro | SS |
| 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.irs.gov/FormW9. | Form 1099-B (stock transactions by broker) | or mutu s) | ıal fur | nd sal | es an | d certai | n oth | ier | | |
| Purpose of Form | • Form 1099-S (procee | eds fron | n real | estat | e trar | saction | s) | | | |
| An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer | Form 1099-K (merch: Form 1098 (home month) | ant card ortgage | and intere | third est), 1 | party 098-1 | networ E (stude | k trai | nsacti an inte | ons) eres |) t). |
| (SSN), individual taxpayer identification number (ITIN), adoption | 1098-T (tuition) • Form 1099-C (cancel | | | ٠ | | | - | | | ** |
| taxpayer identification number (ATIN), or employer identification number | • Form 1099-A (acquisit | tion or a | bano | onme | nt of | secured | d pro | pertv) | | |
| (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. | Use Form W-9 only it alien), to provide your o | f you are correct 1 | e a U TIN. | .S. pe | rson | (Includi | ng a | reside | | |
| • Form 1099-INT (interest earned or paid) | If you do not return F be subject to backup w | orm W- ithholdi | 9 to t ng. S | he red | quest nat is | er with backup | a TIA with | i, you iholdir | mig. 1g, | ht |

FINANCIAL STATEMENTS

Years Ended June 30, 2018 and 2017

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 - 21 |



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-for-profit organization), which comprise the statements of financial position as of June 30, 2018 and 2017, 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.

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, 2018 and 2017, 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, Molon, Therapy & Outroff

Louisville, Kentucky October 15, 2018

STATEMENTS OF FINANCIAL POSITION

June 30, 2018 and 2017

| Assets | | 2018 | 2017 |
|------------------------------------|-----------|---|------------------|
| Current Assets | | | |
| Cash and cash equivalents | | \$ 346.855 | |
| Investments | | | \$ 318,934 |
| Pledges receivable - net | | 2,242,776 | 2,098,091 |
| Prepaid and other assets | | 202,136 10,529 | 113,299 |
| Total current assets | | *************************************** | 10,947 |
| Tomo our out assets | | 2,802,296 | 2,541,271 |
| Long-Term Assets | | | |
| Pledges receivable | | 8,500 | |
| Beneficial interest in assets held | by others | 223,295 | 221,359 |
| Fixed assets - net | | 1,873,864 | 1,644,023 |
| Total long-term assets | | 2,105,659 | 1,865,382 |
| Total assets | | \$ 4,907,955 | \$ 4,406,653 |
| Liabilities and Net Assets | | | |
| Current Liabilities | | | |
| Accounts payable | | \$ 19,248 | \$ 16.352 |
| Accrued expenses | | 57,269 | , |
| Total current liabilities | | 76,517 | 52,025 68,377 |
| | | ************************************** | |
| Net Assets | | | |
| Unrestricted net assets | | 1,707,341 | 1,826,304 |
| Board designated net assets | | 2,466,071 | 2,319,450 |
| Total unrestricted net asse | ts | 4,173,412 | 4,145,754 |
| Temporarily restricted net assets | | 658,026 | 192,522 |
| Total net assets | | 4,831,438 | 4,338,276 |
| Total liabilities and net ass | ets | \$ 4,907,955 | \$ 4,406,653 |

STATEMENTS OF ACTIVITIES Years Ended June 30, 2018 and 2017

STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended June 30, 2018 and 2017

| | *************************************** | | ************************************** | | | 2018 | | |
|---|--|--------------------------------|--|---|-------|--|----------------------|---|
| | | | | | ***** | Fundr | aising | |
| | Program | 1 | | nagement d General | · · | General Fundraising | Special Events | Total |
| Personnel Staff training and travel Program materials and fees Facility Office Subscriptions and dues General insurance Public relations Depreciation Bad debt expense Direct event costs Miscellaneous | \$ 792,50 31,50 389,22 186,85 55,60 3,43 11,14 375,27 108,79 | 07 29 33 00 8 9 | \$ | 123,319 426 7,794 31,536 2,066 465 4,538 11,277 3,564 | \$ | 255,627 3,129 7,794 11,466 165 465 4,538 | \$ 11,005 145,036 | \$ 1,171,455 35,062 389,229 202,441 98,602 5,669 12,079 386,282 117,874 11,277 145,036 6,268 |
| Total | \$ 1,954,360 |) • | \$ | 184,985 | \$ | 285,888 | \$ 156,041 | \$ 2,581,274 |

| | | ********* | |)))-inimatana | *************************************** | | 2017 | rivê, kapir sej | |
|---|---------------------------|---|---|--------------------------|--|-------------|--|---------------------|--|
| | | | | | | *********** | Fundr | aising | |
| | | *************************************** | Program | | anagement id General | F | General undraising | Special Events | Total |
| Personnel Staff training and Program material Facility Office Subscriptions and General insurance Public relations Depreciation Bad debt expens Direct event cost | als and fees ad dues ce | \$ | 755,891 36,743 330,431 179,877 61,203 387 2,523 189,972 127,800 | \$ | 122,578 2,386 7,503 31,502 2,267 105 5,331 12,451 | \$ | 247,969 7,140 7,503 12,926 280 105 5,331 | \$ 7,750 193,168 | \$ 1,126,438 46,269 330,431 194,883 105,631 2,934 2,733 197,722 138,462 12,451 193,168 |
| Miscellaneous Total | | \$ 1 | ,684,827 | <u>\$</u> | 3,740 187,863 | \$ | 3,555 284,809 | \$ 200,918 | 7,295 \$ 2,358,417 |

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2018 and 2017

| | 2018 | 2017 |
|---|--------------|--------------|
| Cash Flows from Operating Activities | | |
| Contributions and other income received | \$ 1,704,412 | \$ 1,309,627 |
| Cash received from special events | 416,975 | 432,049 |
| Investment income received | 15,725 | 15,958 |
| Cash paid to suppliers and employees | (1,941,476) | (1,813,244) |
| | | |
| Net cash provided by (used in) operating activities | 195,636 | (55,610) |
| Cash Flows from Investing Activities | | |
| Purchases of fixed assets | (253,715) | (35,040) |
| Purchases of investments | (172,354) | (239,845) |
| Proceeds from sale of investments | 258,354 | 506,145 |
| Net cash (used in) provided by investing activities | (167,715) | 231,260 |
| Net increase in cash and cash equivalents | 27,921 | 175,650 |
| Cash and cash equivalents, beginning of year | 318,934 | 143,284 |
| Cash and cash equivalents, end of year | \$ 346,855 | \$ 318,934 |

| | 2018 | 2017 |
|---|--|---------------|
| Reconciliation of Change in Net Assets to Net Cash | | |
| Provided by (Used in) Operating Activities | | |
| Change in net assets | \$ 493,162 | \$ (12,498) |
| Adjustments to reconcile change in net assets to net | | |
| cash provided by (used in) operating activities: | | |
| Depreciation | 117,874 | 138,462 |
| Bad debt expense | 11,277 | 12,451 |
| Investment income reinvested | (29,941) | (22,987) |
| Unrealized gain on investments | (152,156) | (144,256) |
| Realized gain on investments | (48,588) | (6,981) |
| Contribution of long-lived assets | (94,000) | (0,501) |
| Contributions to assets held by others | (1,500) | |
| Change in value of beneficial interest in assets held by others | (436) | (7,437) |
| Changes in assets and liabilities: | (150) | (1,451) |
| (Increase) decrease in: | | |
| Pledges receivable | (108,614) | (17,168) |
| Prepaid and other assets | 418 | 1,019 |
| Increase (decrease) in: | | 1,019 |
| Accounts payable | 2,896 | 8 22 0 |
| Accrued expenses | 5,244 | 8,229 |
| | J,244 | (4,444) |
| Total adjustments | (297,526) | (43,112) |
| | *************************************** | (10,112) |
| t cash provided by (used in) operating activities | \$ 195,636 | \$ (55,610) |
| | | |
| pplemental Disclosure of Cash Flow Information | | |
| 그러면 그는 그 사람들이 배우를 가졌다고 있었다. | ett er en er er ett er | * |
| urchases of property and equipment in accounts payable | | \$ 5,385 |
| | | 7 2,203 |

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 asset classification:

Resources are classified for accounting and reporting purposes into the following three net asset classes according to externally imposed restrictions:

Unrestricted net assets – Unrestricted net assets are not subject to any donor-imposed restrictions. Unrestricted net assets include assets designated by the board for particular purposes.

Temporarily restricted net assets – Temporarily restricted net assets include net assets whose use by the Organization is limited by donor-imposed restrictions that either expire by the passage of time or that can be fulfilled or removed by actions of the Organization pursuant to those stipulations.

Permanently restricted net assets – Permanently restricted net assets include net assets whose use is limited by donor-imposed stipulations that neither expire with the passage of time nor can be fulfilled or otherwise removed by actions of the Organization.

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 place in service.

Donated goods are recorded at fair value in the period received. 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.

The Organization treats donor restricted contributions whose restrictions are met in the same reporting period as unrestricted support.

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 5 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 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, 2018 and 2017, was \$117,874 and \$138,462, 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, 2018 and 2017, 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.

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.

Advertising:

Advertising costs are expensed as incurred. Advertising expense for the years ended June 30, 2018 and 2017 was \$386,282 and \$197,722, respectively, inclusive of in-kind contributions of \$370,325 and \$196,045 for the years ended June 30, 2018 and 2017, respectively.

Newly issued standards not yet effective:

The Financial Accounting Standards Board has issued accounting standards No. 2014-09, Revenue from Contracts with Customers, effective for years beginning after December 15, 2018 (per No. 2015-14); No. 2016-02, Leases, effective for years beginning after December 15, 2019; and No. 2016-14, Not-for-Profit Entities: Presentation of Financial Statements of Not-for-Profit Entities effective for years beginning after December 15, 2017. The Organization is evaluating the impact that adoption of the standards will have on future financial position and results of operations.

Subsequent events:

Subsequent events have been evaluated through October 15, 2018, which is the date the financial statements were available to be issued.

Note 2. Pledges Receivable

Total pledges receivable as of June 30, 2018 and 2017 are as follows:

| | <u>2018</u> | <u>2017</u> |
|--|---------------------|----------------------|
| Pledges receivable Less allowance for uncollectible pledges | \$219,375 | \$118,412 (5,113) |
| Pledges receivable - net | <u>\$210,636</u> | <u>\$113,299</u> |
| Amounts due in: Less than one year One to five years | \$ 210,875 8,500 | \$ 118,412 |
| | <u>\$ 219,375</u> | <u>\$ 118,412</u> |

One donor accounts for approximately 12% of total gross pledges of \$219,375 as of June 30, 2018. Two donors account for 30% of the total gross pledges receivable of \$118,412 as of June 30, 2017.

Note 3. Investments

Cost and fair value of investments consist of the following as of June 30, 2018 and 2017:

| | | 2018 | |
|------------------|--------------------|--------------------|----------------------------|
| | | | Unrealized |
| | | Fair | Appreciation |
| | Cost | <u>Value</u> | (Depreciation) |
| Cash equivalents | \$ 93,673 | \$ 93,673 | |
| Common stocks | 943,276 | 1,372,017 | \$428,741 |
| Mutual funds | 317,669 | 377,265 | 59,596 |
| Government bonds | 177,375 | 171,382 | (5,993) |
| Corporate bonds | 229,981 | 228,439 | (1,542) |
| | \$1,761,974 | <u>\$2,242,776</u> | <u>\$480,802</u> |
| | | 2017 | |
| , | | Fair | Unrealized Appreciation |
| | Cost | <u>Value</u> | (Depreciation) |
| Cash equivalents | \$ 127,216 | \$ 127,216 | |
| Common stocks | 896,347 | 1,169,944 | \$273,597 |
| Mutual funds | 282,781 | 338,131 | 55,350 |
| Government bonds | 177,819 | 176,119 | (1,700) |
| Corporate bonds | 285,282 | 286,681 | 1,399 |
| | <u>\$1,769,445</u> | \$2,098,091 | <u>\$328,646</u> |

Investment income reported in the accompanying statements of activities is net of investment fees. Such investment expenses totaled \$17,130 and \$15,932 for the years ended June 30, 2018 and 2017, respectively.

Note 4. 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, 2018 and 2017 is summarized as follows:

| | 2018 | 2017 |
|--|------------------|------------------|
| Beneficial interest in assets held by the Community Foundation of Louisville, Inc. | \$ 17,675 | \$ 17,191 |
| Beneficial interest in assets held by the Harrison County Community Foundation, Inc. | 198,851 | 197,518 |
| Beneficial interest in assets held by the Community Foundation of Southern Indiana, Inc. | 6,769 | 6,650 |
| | <u>\$223,295</u> | <u>\$221,359</u> |

Note 5. 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.
- 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, 2018 and 2017.

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 following table sets forth by level, within the fair value hierarchy, the Organization's assets measured at fair value as of June 30, 2018 and 2017:

| | June 30, 2018 | | | | |
|------------------------------------|--|--|------------------|--------------|--|
| | Level 1 | Level 2 | Level 3 | <u>Total</u> | |
| Investments: | | | | | |
| Cash equivalents | \$ 93,673 | | | \$ 93,673 | |
| Common stocks: | | | | • | |
| Energy | 89,691 | | | 89,691 | |
| Industrials | 139,880 | | | 139,880 | |
| Consumer discretionary | 214,657 | | | 214,657 | |
| Consumer staples | 111,880 | | | 111,880 | |
| Financials | 185,772 | | | 185,772 | |
| Technology | 347,393 | | | 347,393 | |
| Healthcare | 149,159 | | | 149,159 | |
| Other | 82,565 | | | 82,565 | |
| Basic materials | 51,020 | | | 51,020 | |
| Mutual funds: | A STATE OF THE STA | | | · | |
| Mid cap blend | 46,245 | | | 46,245 | |
| Small cap value | 47,859 | | | 47,859 | |
| International | 176,563 | | | 176,563 | |
| Real estate | 33,255 | | | 33,255 | |
| Fixed income | 73,343 | | | 73,343 | |
| Government bonds | | \$171,382 | | 171,382 | |
| Corporate bonds | 228,439 | | | 228,439 | |
| | 2,071,394 | 171,382 | | 2,242,776 | |
| Beneficial interest in assets held | 1946 | • | | • • | |
| by others | | CHARLES TO SERVICE AND SERVICE AND ADDRESS OF THE SERVICE AND ADDRESS OF TH | <u>\$223,295</u> | 223,295 | |
| | \$2,071,394 | <u>\$171,382</u> | \$223,295 | \$2,466,071 | |

| | June 30, 2017 | | | | |
|------------------------------------|--------------------------------------|--|------------------|--------------------|--|
| | Level 1 | Level 2 | Level 3 | Total | |
| Investments: | | | | | |
| Cash equivalents | \$ 127,216 | | | | |
| Common stocks: | Ψ 12/,210 | | | \$ 127,21€ | |
| Energy | 70,107 | | | | |
| Industrials | 123,913 | | | 70,107 | |
| Consumer discretionary | 173,219 | | | 123,913 | |
| Consumer staples | 86,896 | | | 173,219 | |
| Financials | 201,388 | | | 86,896 | |
| Technology | 238,961 | | | 201,388 | |
| Healthcare | 139,744 | | | 238,961 | |
| Other | 79,195 | | | 139,744 | |
| Real estate | 56,521 | | | 79,195 | |
| Mutual funds: | 30,321 | | | 56,521 | |
| Mid cap blend | 43,509 | | | | |
| International | 170,477 | | | 43,509 | |
| Real estate | 38,466 | | | 170,477 | |
| Fixed income | * | | | 38,466 | |
| Government bonds | 85,679 | 6177 110 | | 85 , 679 | |
| Corporate bonds | 206 601 | \$176,119 | | 176,119 | |
| | <u>286,681</u> | 177.110 | | <u>286,681</u> | |
| Beneficial interest in assets held | 1,921,972 | 176,119 | | 2,098,091 | |
| by others | Markey Signature and American Street | One (Charles of Association (Child Charles of Association (Child C | <u>\$221,359</u> | 221,359 | |
| | <u>\$1,921,972</u> | <u>\$176,119</u> | <u>\$221,359</u> | <u>\$2,319,450</u> | |

The following table sets forth a summary of the changes in the fair value of the Organization's Level 3 assets for the year ended June 30, 2018 and 2017:

| | <u>2018</u> | 2017 |
|---|--------------------|------------------|
| Balance, beginning of year Contributions Change in value of beneficial interest | \$221,359 1,500 | \$213,922 |
| in assets held by others | 436 | 7,437 |
| Balance, end of year | <u>\$223,295</u> | <u>\$221,359</u> |

Note 6. 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, 2018 and 2017, unrestricted, board-designated net assets were \$2,466,071 and \$2,319,450, respectively.

Changes in endowment net assets for the years ended June 30, 2018 and 2017 are as follows:

| | <u>2018</u> | <u>2017</u> |
|---|-------------|--------------------|
| Endowment net assets, beginning of year | \$2,319,450 | \$2,404,089 |
| Contributions | 1,500 | |
| Transfers - operations | (86,000) | (266,300) |
| Investment return: | (, , | (,,-, |
| Investment income | 29,941 | 22,987 |
| Realized gain | 48,588 | 6,981 |
| Unrealized gain | 152,156 | 144,256 |
| Change in value of beneficial interest in | ,, | |
| assets held by others | 436 | 7,437 |
| Endowment net assets, end of year | \$2,466,071 | <u>\$2,319,450</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, 2018 and 2017, 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 years ended June 30, 2018 and 2017, net distributions of \$86,000 and \$266,300, respectively, were made from the SYB endowment fund.

Note 7. Fixed Assets

Fixed assets consist of the following at June 30, 2018 and 2017:

| | <u>2018</u> | <u>2017</u> |
|---|---------------------|-------------------------|
| Furniture and equipment Leasehold improvements and fixtures | \$ 760,192 | \$ 520,063 2,443,991 |
| | 3,264,707 | 2,964,054 |
| Less accumulated depreciation | (1,390,843) | (1,320,031) |
| | <u>\$ 1,873,864</u> | \$ 1,644,023 |

Note 8. Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following at June 30, 2018 and 2017:

| | <u>2018</u> <u>2017</u> |
|---|--------------------------------|
| Contributions for next fiscal year Kentuckiana Business Hall of Fame Exhibit | \$ 82,900 \$192,522 349,891 |
| Capital items | 225,235 |
| | \$658,026 \$192,522 |

Note 9. 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, 2018 are as follows:

| Year endir | ig June 30: | |
|------------|-------------|-----------------|
| | 2019 | \$ 4,200 |
| | 2020 | 4,200 |
| | 2021 | 4,200 |
| | 2022 | 3,850 |
| | | <u>\$16,450</u> |

Total rent expense under the leases for the years ended June 30, 2018 and 2017 was \$4,200 and \$5,669, respectively.

Note 10. Pension Plan

The Organization participates in a noncontributory defined benefit pension plan (the Plan). The Plan is administered by Junior Achievement USA and covers all full-time employees of the Organization, Junior Achievement USA, JA Worldwide, Inc. and other participating Junior Achievement chapters in the United States. The Plan is accounted for like a multi-employer plan. Benefits are determined based on years of service and salary history. The Plan's assets are invested in various investment funds. The respective participants' employers are required to fund the Plan, as determined necessary by Junior Achievement USA's Board of Directors, based on an annual actuarial valuation. The Organization makes contributions equal to 16.75% of participants' eligible compensation. The Plan requires that participating members who withdraw from the Plan, remain liable for any previous funding obligations under the Plan. 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.

Junior Achievement USA® uses a June 30 measurement date for the Plan. Significant balances are:

| | <u>2018</u> | <u>2017</u> |
|--------------------------------|---------------------|---------------------|
| Benefit obligation | \$71,419,867 | \$75,095,461 |
| Fair value of plan assets | 65,828,128 | <u>59,348,548</u> |
| Underfunded status | <u>\$ 5,591,739</u> | <u>\$15,746,913</u> |
| Accumulated benefit obligation | <u>\$65,387,421</u> | <u>\$68,891,767</u> |

The risks to the Organization of participating in this multi-employer pension plan are different from single-employer plans in the following aspects:

- 1. Assets contributed to the multi-employer plan by one employer may be used to provide benefits to employees of other participating employers.
- 2. If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- 3. If the Organization chooses to stop participating in the Plan, the Organization would be required to pay the Plan an amount based on the underfunded status of the Plan, referred to as a withdrawal liability.

The Organization's participation in this Plan for the annual period ended June 30, 2018 is outlined in the table below. The Plan's funded status available in 2018 and 2017 is for years ended June 30, 2018 and 2017, respectively. There have been no significant changes that affect the comparability of 2018 and 2017 contributions.

| Pension Fund | EIN / Pension Plan Number | Funded Status | | Organization's Contributions | |
|--|------------------------------|---------------|-------------|---------------------------------|-------------|
| And the state of t | | <u>2018</u> | <u>2017</u> | 2018 | <u>2017</u> |
| Retirement Plan for Employees of Junior Achievement USA | 13-1635270 PN 333 | 92% | 79% | \$114,052 | \$109,921 |

The Organization was listed in its Plan's Form 5500 as providing more than 5% of the total contributions for the June 30, 2018 and 2017 plan years.

Note 11. Health and Welfare Benefits Trust and Postretirement Benefits Plan

The Organization has 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, Junior Achievement USA, JA Worldwide, Inc. and employees of other Junior Achievement USA chapters 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, 2018 and 2017 was \$86,729 and \$87,421, respectively.

Note 12. Transactions with the National Office of Junior Achievement

A license fee is paid to the National Office of Junior Achievement based on the following percentages of operating fund contributions:

Up to \$300,000 9.0% Over \$300,000 1.8%

In addition, the Organization also purchases all of its program materials from the National Office.

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

| | <u>2018</u> | <u>2017</u> |
|---|--------------------------------|--------------------------------|
| License fee Classroom materials and insurance purchased Capstone student license fees | \$ 53,665 152,622 37,575 | \$ 51,200 143,861 38,136 |

Note 13. Concentration of Credit Risk

The Organization maintains its cash accounts at various financial institutions. The total balance of accounts at each institution is insured by the Federal Deposit Insurance Corporation up to \$250,000. At June 30, 2018, the Organization's uninsured cash balance totaled approximately \$92,500.

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.