** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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.

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

A F	or the	\pm 2020 calendar year, or tax year beginning $$ JUL $1,$ 2020 and	ending J	<u>UN 30, 2021</u>	
	Check if pplicable	C Name of organization		D Employer identifi	cation number
	Addre				
F	Name chang			22-17741	47
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	 □Final □return/	360 PEAR BLOSSOM DRIVE	110011//30110	609-419-	0404
	termin ated			G Gross receipts \$	2,327,871.
	Ameno	EDISON, NO 0003/		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: CATHERINE MILLONE		for subordinates	—
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ()	or 527	1	list. See instructions
		te: WWW.JANJ.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 1965	M State of legal domicile: NJ
P	_	Summary	TODEDE	331D DD DD D D D D D D D	T. VOITE
ø	1	Briefly describe the organization's mission or most significant activities: TO II	NSPIRE	AND PREPAR	E YOUNG
Governance	_	PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.			
ern	2	Check this box if the organization discontinued its operations or dispos			
Š	3			3	50 49
	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			27
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2036
Activities &		Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		Current Year
		Contributions and grants (Part VIII. line 1h)		Prior Year 2,742,212.	2,009,361.
ine	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue				4,604.	33,361.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,004.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,746,816.	2,042,722.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	20,000.
	1	D 51 111 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,400,764.	1,266,489.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
oen	h	Total fundraising expenses (Part IX, column (D), line 25) 294, 15	56.	<u> </u>	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		924,134.	723,534.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,344,898.	2,010,023.
		Revenue less expenses. Subtract line 18 from line 12		401,918.	32,699.
Or es			Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,933,594.	2,255,590.
ASS	21	Total liabilities (Part X. line 26)		305,772.	497,970.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,627,822.	1,757,620.
	art II	Signature Block	•		
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	CATHERINE MILONE, PRESIDENT			
		Type or print name and title	1.5).i.	- I BTIN
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		KATHLEEN M. CLAYTON, CPA KATHLEEN M. CLAY	(ТОМ, 1		
-	arer	Firm's name HILL, BARTH & KING LLC		Firm's EIN ▶	34-1897225
Use	Only	Firm's address 100 WALNUT AVENUE			201 201 0005
_		CLARK, NJ 07066		Phone no. (7	32) 381-8887 X Yes No
ıvıa\	/ tne IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

1	Briefly describe the organization's missi		t III	
			SUCCEED IN A GLOBAL	ECONOMY.
<u> </u>	Did the organization undertake any sign	ificant program services during the y	ear which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services or			
3	Did the organization cease conducting, If "Yes," describe these changes on Sch		t conducts, any program services?	Yes X No
		tions are required to report the amou	three largest program services, as measunt of grants and allocations to others, the	•
ła	(Code:) (Expenses \$ 1, TO EMPOWER YOUNG PEO	, 437 , 377 • including grants of \$ _	20,000.) (Revenue \$	
lb	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
С	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	Other program services (Describe on Sc	 chedule O.)		
łd	(Expenses \$	including grants of \$) (Revenue \$	1

Form 990 (2020) JUNIOR ACHIEVEMENT OF NEW JERSEY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		X

Pai	Tt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
٠.	Part V, line 1	34		x
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		26		X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		 ^ `
37		27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	000	Х	
	INDIE: AIL LOUIT 230 HICIS AIC TCUMICU LO COMBICE SOMEUNIC O	38	22	

	Check it Schedule O contains a response or note to any line in this Part v	Check it Schedule O contains a response or note to any line in this Part v									
					Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0								
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?			1c							

032004 12-23-20

Form **990** (2020)

Form 990 (2020) JUNIOR ACHIEVEMENT OF NEW JERSEY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 12 27 27 18 16 16 or the calendar year ending with or within the year covered by this return 2 28 27 18 18 16 18 18 18 18 18 18 18 18 18 18 18 18 18		i (continued)				
their for the calendary year ending with or within the year covered by this return 2a	0-	Fator the number of ampleyoes reported an Form W.C. Transmittel of Ware and Tay Statements			Yes	No
b If a least one is reported on lime 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines it and 2a is greater than 25, you may be required to e-fie (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If we will not be a firm of the sum of the su	Za		27			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife, (see instructions) 3a	h	• • • • • • • • • • • • • • • • • • • •		2h	x	
3a X X bill the organization have unrelated business gross income of \$1,000 or more during the year? 4b ill "Yes," instancial account in a foreign country, such as a bank account, securities account, or other financial account in a foreign country such as a bank account, securities account, or other financial account in a foreign country. Such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accounts (FBAR). 5c I was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c I was the organization have annual gross necepits that are normally greater than \$100,000, and did the organization to solid any exable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5c I was the organization have annual gross necepits that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions? 6c I was the organization related an expense statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 bill "Yes," indicate the number of Forms 822 filed during the year 9 bill the organization releve a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7c X 7d I was indicate the number of Forms 822 filed during the year 9 bill the organization releve and contribution of qualified intellectual property, did the organization file a Form 1086-77 8 Sponsoring organization releves an contribution of qualified intellectual property, did the organization file a Form 1086-77 8 Sponsoring organization makes any taxasion patients of the payments of the payments of the payme	b			20		
b If Yes, *has it filed a Form 990 T for this year? If *No* to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If Yes, *enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes' to line Sa or Sb, did the organization file Form 8888-17? 6b Did any staable party notify the organization file Form 8888-17? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization shall many receive deductible contributions under section 17(bc). 6c Did the organization shall many receive deductible contributions under section 17(bc). 6c Did the organization shall many receive deductible contributions under section 17(bc). 6c Did the organization shall many receive deductible contribution and party for goods and services provided to the payor? 7a X 7b Did the organization shall many receive deductible contribution of the value of the goods or services provided? 7c Did the organization receive a prometic service of tangible personal property for which it was required to the ferom 8282? 7d If Yes, *indicate the number of Forms 8282? filed during the year 6 Did the organization received an ountbrout of organization for the payor than the payor tha	За			За		х
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line face of B. did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line face for B. did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes", idld the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions. 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax enductible and the value of the goods or services provided? 7 Organizations that may receive a deductible contributions or gifts were not tax enductible and the value of the goods or services provided? 7 If If Wes, inclose the number of Forms 8282 filed during the year. 8 If "Yes," inclose the number of Forms 8222 filed during the year. 9 If the organization received a contribution of qualified intellectual property, on a personal benefit contract? 9 If the organization received a contribution of ciars, boats, airplanes, or other vehicles, did the organization						
the fire the name of the foreign country Such as a bank account, securities account, or other financial account ? b if "Yes," retret the name of the foreign country Such as a bank account, securities account, or other financial accounts ? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes," to line 5a or 5b, did the organization file Form 8886-17? 6 Does the organization has annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 7 Organization stam may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution of under the property of the property for which it was required to life Form 8282? 1 If "Yes," indicate the number of Forms 8282 filed during the year 2 If I we organization received a contribution of quisified intellectual property, did the organization fore contribution of quisified intellectual property, did the organization received a contribution of quisified intellectual property, did the organization fore contribution of quisified intellectual property, did the organization fore form 8892 as required? 1 If the organization received a contribution of quisified intellectual property, did the organization fore form 8892 as required? 2 If the organization received a contribution of quisified intellectual property, did the organization fore with a summarization section and contribution of quisified intellectual property, did the organization fore form 8892 as requir						
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Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization included with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$15 made party sa a contribution and party for goods and services provided to the payor? 7 b If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c X d If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 7 T X 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1	b	If "Yes," enter the name of the foreign country				
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.						
	16	•	income?	16		X
		If "Yes," complete Form 4720, Schedule O.		Fa	990	(0000)

Form **990** (2020)

Part VI Governance, Management, and Disclosure

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

<u>C</u>						X							
Sec	tion A. Governing Body and Management												
		ı	l =-		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	50										
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent	1b	49										
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	direc	t supervision										
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х							
6	Did the organization have members or stockholders?			6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap												
				7a		Х							
h	more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or												
~	persons other than the governing body?			7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea												
	The governing body?	-	=	8a	X								
a b				8b	X								
				OD	21								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		Х							
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		21							
366	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		V	NI -							
40-	Did the constant of the board of the state o			40-	Yes	No X							
	Did the organization have local chapters, branches, or affiliates?			10a									
р	If "Yes," did the organization have written policies and procedures governing the activities of such ch												
	· · · · · · · · · · · · · · · · · · ·			10b	37								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ beto	re filing the form?	11a	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37								
	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			12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	escribe		7.7								
	in Schedule O how this was done			12c	X								
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 approva	l by in	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
	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	nent w	rith a										
	taxable entity during the year?			16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı'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 ▶NJ												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	nd 990	-T (Section 501(c)(3)	only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply												
	Own website Another's website X Upon request Other (explain	on S	chedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial								
	statements available to the public during the tax year.		-										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records										
	ORGANIZATION - 609-419-0404												
	360 PEAR BLOSSOM DRIVE, EDISON, NJ 08837												

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.

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

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

(A) Name and title	(B) Average hours per week	(do box,	not c	Posi heck i ss per id a di	ition	l than (s both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CATHERINE MILONE	60.00	7.7		7.7				102 250	0	10 100
PRESIDENT (2) ASHLEY D RHODES	40.00	Х		Х				193,250.	0.	10,180.
AVP/DEVELOP&COMM	40.00					x		111,849.	0.	27 405
(3) CHRISTINE P. LACROIX	1.00					^		111,049.	0.	27,405.
CHAIR	1.00	Х		х				0.	0.	0.
(4) JOHN M. CUSANO JR	1.00									
VICE CHAIR		Х		х				0.	0.	0.
(5) PATRICK MIGLIACCIO	1.00									
TREASURER		Х		х				0.	0.	0.
(6) THOMAS L. EARP, ESQ	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) EDWARD A. MONTESDEOCA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) PATRICK A. COZZA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JOHN E. HARMON, SR. IOM	1.00									
DIRECTOR		X						0.	0.	0.
(10) KIRKLAND ANDREWS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JOHN A. BEATRICE	1.00									
AUDIT CHAIR		Х						0.	0.	0.
(12) PAMELA J. CRAIG	1.00									
DIRECTOR		Х						0.	0.	0.
(13) YVETTE DONADO	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LARRY COSTELLO	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) JEROME MYCHALOWYCH	1.00	٦,							^	_
DIRECTOR	1 00	Х			_			0.	0.	0.
(16) MICHAEL FOSSACECA	1.00								_	^
OIRECTOR (17) ROBERT E. GARCIA	1.00	Х				-		0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
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Form **990** (2020)

Report VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees continued) Compensation Compens	Form 990 (2020) JUNIOR AC	CHIEVEME	ΓN	¹ O	F	NE	W	JE	ERSEY	22-177	741	L47	Pa	age 8
Name and title	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
Name and business address	(A)	(B)							(D)	(E)			(F)	
NOURS Set NOUNS Set	Name and title	Average	(do					200	Reportable	Reportable		Est	imate	:d
STATE STA		hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation		am	ount o	of
Total form To		week	-	cer ar	ıd a di	recto	r/trus	tee)	from	from related		(other	
Total form To		1 '	ector						the	organizations		comp	pensa	tion
1.00 X		1	or dir	l au			ted		1	(W-2/1099-MISC)	fro	om the	Э
1.00 X			ste c	uste			eusa		(W-2/1099-MISC)			orga	anizati	on
1.00 X		"	altrus	nalt		loyee	comp							
1.00 X			ividu	iği İ	cer	втр	hest	mer				orga	nizatio	ons
DIRECTOR X			Pul	lust)#i	Key	E E	쥰			\dashv			
(19) RICHARD C, CRIST JR,	(18) MICHAEL GLICKMAN	1.00												
DIRECTOR X	DIRECTOR		X						0.	C) .			0.
DERECTOR 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(19) RICHARD C. CRIST JR.	1.00												
DERECTOR 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	DIRECTOR		Х						0.	l	۱. (0.
DIRECTOR (21) CRAIG I., MONTANARO 1.00 DIRECTOR 1.00 X 0.0 0.0 (22) LAURTE RRUPA 1.00 X 0.0 0.0 (23) COSY W. THACKERAY 1.00 DIRECTOR 1.00 DI	(20) CLYDE D. KEATON	1.00									ヿ			
CRAIG L, MONTANARO			x						0.	l	ا . ر			Λ.
AURITE KRUPA 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1 00	23						0.		' 			•
Ca21 LAURIE KRUPA 1.00 X 0.00.00.00.00.00.00.00.00.00.00.00.00.0		1.00	v							,	、 l			Λ
DIRECTOR (23) CORY W. THACKERAY 1.00 XX 0.0.0.0.0. (24) DR. LAMRENCE S. PEINSOD 1.00 DIRECTOR (25) MELISSA J. ORSEN, ESQ. 1.00 DIRECTOR XX 0.0.0.0.0. (25) MELISSA J. ORSEN, ESQ. 1.00 DIRECTOR XX 0.0.0.0.0.0. (26) PETER WALLBURG DIRECTOR XX 0.0.0.0.0.0. (26) PETER WALLBURG DIRECTOR XX 0.0.0.0.37,585. 1 Total from continuation sheets to Part VII, Section A 0.0.0.37,585. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization reportable compensation from the organization reportable compensation from the organization and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from the organization rendered to the organization greater than \$150,000? if "Yes," complete Schedule J for such individual 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization? stay year. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of services 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization? Stay year. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of services 1 Confidence of including but not limited to those listed above) who received mor		1 00	Λ		\vdash		\vdash		0.		' `			0.
CRY W. THACKERAY 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1.00	ļ											•
DIRECTOR (24) DR. LAWRENCE S. FEINSOD DIRECTOR (25) MELISSA J. ORSEN, ESQ. DIRECTOR DIRECT	DIRECTOR		Х						0.		<u>) - </u>			0.
DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR AX O. O. O. O. DIRECTOR	(23) CORY W. THACKERAY	1.00												
DIRECTOR (25) MELISSA J., ORSEN, ESQ. 1.00 X 0.0.0.0.0.0.0. (26) PETER WALLBURG DIRECTOR X 0.0.0.0.0.0. (26) PETER WALLBURG DIRECTOR X 0.0.0.0.0.0. (26) PETER WALLBURG DIRECTOR X 0.0.0.0.0.0. (26) PETER WALLBURG DIRECTOR X 0.0.0.0.0.0.0. (27) Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization P	DIRECTOR		Х						0.	C).			0.
25) MELISSA J. ORSEN, ESQ. 1.00 X 0. 0. 0. 0.	(24) DR. LAWRENCE S. FEINSOD	1.00												
DIRECTOR	DIRECTOR		Х						0.	C).			0.
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DIRECTOR No. 0. 0. 0. 0.	DIRECTOR		x						0.	(ا ـ (0.
DIRECTOR		1.00												
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No												2.5	, ,	
2 Ves No Ves No Ves No Ves No Ves No No Ves No Ves No Ves No Ves No Ves No Ves Ves No Ves								<u> </u>	•		<u>, </u>	ر د	, 50	55.
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	• •	•				•			•			5		Х
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the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation \rightarrow 0		mneneated inc	lana	nda	at co	ntra	acto	re th	nat received more than 9	:100 000 of comper	neat	ion fro	m	
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		•	•							•	isati	1011 110		
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigcirc \)		address	NT/	\\TT	7				, ,	envices	C			1
\$100,000 of compensation from the organization 0	- Name and business	addicss	11/	JIVI	<u>. </u>			_	Description of s	ICI VICCO		ompen	Sation	<u>'</u>
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\$100,000 of compensation from the organization 0								П						
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0	2 Total number of independent contractors (in	ncludina but n	ot lir	niter	to t	thos	se lis	ted	above) who received me	ore than				
The second of th	•	•				_			,					
			IN	UΑ	TI	_		HE	ETS			Form 9	90 ε	2020)

032008 12-23-20

	ACHIEVEME	ľΝΊ	' 0	F	NE	W	JΕ	RSEY	22-177	4147
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	app	ly)	compensation	compensation	amount of
	per					au I		from	from related	other
	week (list any	tor				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099*****100)	organization
	related	ee or	stee			nsate		(** 2/ : 55555)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	ош ре				organizations
	below	vidua	itution	ser	empl	hest c	Former			
	line)	Indi	Inst	Officer	Key	Higl	Forr			
(27) KEVIN P.O'SULLIVAN	1.00									
DIRECTOR		Х						0.	0.	0.
(28) PAUL B. ROSENBAUM	1.00									
DIRECTOR		Х						0.	0.	0.
(29) KAREN S. LEMON	1.00									
DIRECTOR		Х						0.	0.	0.
(30) BARBARA G. KOSTER	1.00									
DIRECTOR		Х						0.	0.	0.
(31) NANCY E. GRAVES	1.00									
DIRECTOR		Х						0.	0.	0.
(32) JOHN A. KANE	1.00									
DIRECTOR		Х						0.	0.	0.
(33) SCOTT F. NELSON	1.00									
DIRECTOR		Х						0.	0.	0.
(34) MICHELE N. SIEKERKA, ESQ.	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(35) MATTHEW R. WEBER	1.00									
DIRECTOR		Х						0.	0.	0.
(36) GABRIELLE WOLFSON	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(37) JONATHAN BILLER	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(38) THOMAS A. BRACKEN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(39) CHRISTINE T. NEELY	1.00	.,							_	
DIRECTOR	1 00	Х						0.	0.	0.
(40) CHRISTOPHE PERON	1.00	37							_	
DIRECTOR	1 00	Х						0.	0.	0.
(41) MIRIAM HERNANDEZ-KAKOL	1.00	v						_	_	
DIRECTOR (42) CAROLINE M. ARMOUR. CRA	1 00	Х						0.	0.	0.
(42) CAROLINE M. ARMOUR, CPA DIRECTOR	1.00	Х						0.		_
(43) RHONDA JORDAN	1.00	Δ	\vdash					J •	0.	0.
DIRECTOR	1.00	Х						0.	0.	
(44) JOSEPH STINZIANO	1.00	Δ	\vdash					J	U •	0.
DIRECTOR	1.00	Х						0.	0.	0.
(45) BRENT ASHTON	1.00	<u> </u>	\vdash					"	· ·	
DIRECTOR	1.00	Х						0.	0.	0.
(46) BELLARIA JIMENEZ	1.00	Δ	\vdash					J •	U •	"
DIRECTOR	1.00	Х						0.	0.	_
DINECTOR		Λ				l		"	U •	0.
Total to Dout VIII. Continue A. Broade										
Total to Part VII, Section A, line 1c								<u> </u>		<u> </u>

Form 990 JUNIOR A	CHIEVEME	11/4 T		ı.	14 T.	W	ᅜᆫ	KSEI	22-177	414/
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	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
(47) LISA M.DIDIO	1.00									
DIRECTOR		Х						0.	0.	0
(48) KEVIN COLE	1.00									
DIRECTOR		Х						0.	0.	0
(49) PETER DEMARIA	1.00									
DIRECTOR		Х						0.	0.	0
(50) MEG FERRERO	1.00									
DIRECTOR		Х		L			L	0.	0.	0
(51) NASHIRA W. LAYADE	1.00									
DIRECTOR		Х	L	L_		L_		0.	0.	0
(52) CHRISTINA SANTOS	1.00									
DIRECTOR		Х						0.	0.	0
(53) RAJ UTTAMCHANDARI	1.00									
DIRECTOR		Х						0.	0.	0
(54) CLINT WALLACE	1.00									
DIRECTOR		Х						0.	0.	0
		ŀ								
		ł								
		-								
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Form 990 (2020)
Part VIII

│ │ Statement of	Revenue
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		Check if Schedule O contains a response	or note to any lir	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a		-			
Gra		Membership dues 1b	210 617	-			
ts,			318,617.	-			
ig ig		Related organizations 1d	241 442	-			
ns, Sim		• • •	241,442.	_			
utio er (Ť	All other contributions, gifts, grants, and	440 202				
ĕ			449,302.	-			
ont	_	Noncash contributions included in lines 1a-1f		2,009,361.			
O e	<u>n</u>	Total. Add lines 1a-1f	Business Code	2,009,301.			
	2 a		Business Code				
Ş	2 a b						
Program Service Revenue	C						
E S	d						
gra	e						
Pro		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		4,556.			4,556.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 261,669.					
	b	Less: cost or other basis					
Jue		and sales expenses 76 232,864.		-			
ther Revenue		Gain or (loss) 7c 28,805.		00 005			00.005
, a		Net gain or (loss)	<u> </u>	28,805.			28,805.
the l	8 a	Gross income from fundraising events (not					
Ò		including \$ 318,617. of					
		contributions reported on line 1c). See	E2 20E				
	_	Part IV, line 18 8a Less: direct expenses 8b		_			
			J4,403.	0.			
		Net income or (loss) from fundraising events		0.			
	эa	Gross income from gaming activities. See Part IV, line 19 9a					
	h	Part IV, line 19 9a Less: direct expenses 9b		-			
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	u	and allowances 10a					
	b	Less: cost of goods sold 10b	1				
		Net income or (loss) from sales of inventory	>				
		. ,	Business Code				
Miscellaneous Revenue	11 a						
ane.	b						
eve	С						
Aisc	d	All other revenue					
_	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	>	2,042,722.	0.	0.	33,361.

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	20 000	20 000		
_	individuals. See Part IV, line 22	20,000.	20,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
,	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	204,969.	122,981.	40,994.	40,994
6	Compensation not included above to disqualified	201,303.	122,301.	40,004.	10,001
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	856,254.	691,689.	15,302.	149,263
, 8	Pension plan accruals and contributions (include	200,201.		20,0020	
-	section 401(k) and 403(b) employer contributions)	20,708.	15,755.	336.	4.617
9	Other employee benefits	100,683.	79,650.	4,160.	4,617 16,873 15,018
0	Payroll taxes	83,875.	64,547.	4,310.	15,018
1	Fees for services (nonemployees):	00,000	V = / V = · · ·	-/	
	Management				
	Legal				
	Accounting	105,049.	83,940.	4,707.	16,402
	Lobbying	,	, ,	,	· •
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,888.	5,888.		
	Other. (If line 11g amount exceeds 10% of line 25,	,	ļ		
Ū	column (A) amount, list line 11g expenses on Sch 0.)	3,500.	3,500.		
2	Advertising and promotion	11,041.	8,497.	567.	1,977
3	Office expenses	7,462.	5,743.	383.	1,977 1,336
4	Information technology	1,500.	1,500.		
5	Royalties				
6	Occupancy	180,176.	138,656.	9,259.	32,261
7	Travel	1,525.	1,525.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,065.	3,898.	260.	907
0	Interest	13,444.	10,346.	691.	2,407
1	Payments to affiliates	194,065.		194,065.	
2	Depreciation, depletion, and amortization	8,987.	7,167.	406.	1,414
3	Insurance	20,983.	16,148.	1,078.	3,757
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROGRAM COSTS	94,923.	94,919.	4.	
a b	FINANCE PARK EXPENSES	23,978.	23,978.		
C	MERCHANT FEES	20,944.	16,118.	1,076.	3,750
d	MISCELLANEOUS	17,737.	13,665.	892.	3,180
	All other expenses	7,267.	7,267.	3221	2,230
5	Total functional expenses. Add lines 1 through 24e	2,010,023.	1,437,377.	278,490.	294,156
5 6	Joint costs. Complete this line only if the organization	_, 010,020.	_,,	2,0,100	271,130
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

Form 990 (2020)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			887,879.	1	846,321
	2	Savings and temporary cash investments			120,671.	2	222,994
	3	Pledges and grants receivable, net			248,650.	3	88,010
	4	Accounts receivable, net			92,396.	4	368,983
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	these perso	ns		5	
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sect	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			48,539.	9	24,882
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D		406,882.			
	b	Less: accumulated depreciation	10b	401,816.	14,053.	10c	5,066
	11	Investments - publicly traded securities			275,636.	11	453,564
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			245,770.	15	245,770
	16	Total assets. Add lines 1 through 15 (must e			1,933,594.	16	2,255,590
	17	Accounts payable and accrued expenses		ı	77,177.	17	220,791
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
-iak		controlled entity or family member of any of t	-			22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li			228,595.	0.5	277,179
	06	of Schedule D		·····	305,772.	25	497,970
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, 6	obook boro	N Y	303,112.	26	401,010
S		and complete lines 27, 28, 32, and 33.	Check here				
nce	27				355,322.	27	558,088
ala	28				1,272,500.	28	1,199,532
g B	20	Organizations that do not follow FASB AS		ck here	1,272,300.	20	1,133,332
Fun		and complete lines 29 through 33.	O 330, Cile	Kilere L			
ō	29	Capital stock or trust principal, or current fur	nde			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				1,627,822.	32	1,757,620
Z	33	Total liabilities and net assets/fund balances			1,933,594.	33	2,255,590
	3 3	TOTAL HADILITIES AND HET ASSETS/TUND DAIANCES			1,,,,,,,,,,,,	33	Eorm 990

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,0	<u>42,7</u>	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0	10,0	23.
3	Revenue less expenses. Subtract line 2 from line 1	3		32,6	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,6	27,8	22.
5	Net unrealized gains (losses) on investments	5		97,0	99.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,7	57,6	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			For	m 990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization

Employer identification number JUNIOR ACHIEVEMENT OF NEW JERSEY 22-1774147 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 6 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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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). 11 12 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						>
	tion C. Computation of Publi					 	
	Public support percentage for 2020 (li		•	***		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the c	~					
	and stop here. The organization quali						
17a	'a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts		•	•	•	: VI how the organiz	zation
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17b			
					Sch	edule A (Form 990	or 990-EZ) 2020

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

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

Sec	tion A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1849915.	1275081.	1801510.	2500043.	1449302.	8875851.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1849915.	1275081.	1801510.	2500043.	1449302.	8875851.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						8875851.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1849915.	1275081.	1801510.	2500043.	1449302.	8875851.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,318.	2,718.	7,608.	8,221.	33,360.	54,225.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business	2,318.	2,718.	7,608.	8,221.	33,360.	54,225.
	activities not included in line 10b, whether or not the business is regularly carried on	681,272.	912,827.	842,868.	242,169.	318,617.	2997753.
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.)	2533505.	2190626.	2651986.	2750433.	1801279.	<u> 11927829.</u>
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
0 -	check this box and stop here						>
	ction C. Computation of Publi					[7.4.41
	Public support percentage for 2020 (li		•	.,,		15	74.41 %
	Public support percentage from 2019 etion D. Computation of Inves					16	72.96 %
	•		<u>-</u>	10 1 (0)		4=	15 %
	Investment income percentage for 20					17	.45 % .19 %
	Investment income percentage from 2					18	
198	33 1/3% support tests - 2020. If the						▶ ▼
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che		-	=		-	▶∐
20	Drivate foundation If the organization	n did not chack a l	nov on line 14 10c	or 10h chock th	ic hav and can incl	ructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
Зс		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
52		
9b		
9с		
40		
10a		
10b		
100		

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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			
			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			
			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			
	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 line 2, above, 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mu		·				
Section A - Adjusted Net Income (A) Prior Year							
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
_	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

JUNIOR ACHIEVEMENT OF NEW JERSEY

22-1774147

Organization type (check one):						
Filers of:		Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it m ı	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 28,270.	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		\$ 65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>11,525.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audiess, and Zir + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$67,500 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$6,000.	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
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 37,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000.	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
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and ZIF + +	\$ 12,000.	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
17		\$ <u>11,200.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
18		\$6,036.	Person X Payroll

JUNIOR ACHIEVEMENT OF NEW JERSEY 22-1774147 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person **Payroll** 29,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 20 X Person **Payroll** 10,650. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll Noncash 35,000. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 Person Payroll 10,000.

noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.)

Noncash (Complete Part II for

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	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
26		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 39,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	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
30		\$ 27,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$9,513.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Name, audiess, and Zir + 4	\$5,000.	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
35		\$5,000.	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
36		\$5,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,000.	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
38		\$5,184.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	Total contributions \$ 7,759.	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
41		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$0,368.	Person X Payroll

JUNIOR ACHIEVEMENT OF NEW JERSEY 22-1774147

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
44		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
45		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	* \$ 5 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 47	Name, address, and ZIP + 4	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 48	Name, address, and ZIP + 4	* \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$	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
50		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	Name, address, and ZIP + 4	\$5,000.	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
53		\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$5,000.	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
56		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57_		\$ 85,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 56,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$	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
62		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	Name, address, and ZIF + 4	\$5,000.	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
65		\$ 9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

22-1774147

Name of organization

Employer identification number

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
67	Name, address, and ZIP + 4	Total contributions \$ 10,000.	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
68		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
69	Nume, dad ees, and zin T T	\$\$,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
70		\$60,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$\$, 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$5,184.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 76	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	Nume, address, and Zii + +	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$10,000.	Person X Payroll

Name of organization

Employer identification number

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$	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
86		\$5,000.	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
87		\$9,750.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	Name, audiess, and Zir + 4	\$ <u>12,500.</u>	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
89		\$	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
90		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 22,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$ 39,515.	Person X Payroll
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	* 30,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$5,184.	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
96		\$100,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** 22-1774147 JUNIOR ACHIEVEMENT OF NEW JERSEY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 NEW JERSEY

Employer identification number 22-1774147

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

032051 12-01-20

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

	t III Organizations Maintaining C	ollections of Ar				r Othe	r Simil		/ I I I I		age 🚄
_									(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	is, crieck	any or the	iollowing tha	t make s	ignincan	use or its			
	collection items (check all that apply):		. $ egin{array}{c} $		L						
a	Public exhibition				hange progra						
b	Scholarly research	•	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Part	XIII.		
5	During the year, did the organization solicit or							_	_		,
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" or	Form 99	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								_		,
	on Form 990, Part X?							L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:			_	1			
									Amoun	t	
С	Beginning balance						<u>1c</u>				
d	Additions during the year						1d				
е	Distributions during the year						<u>1e</u>				
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1c	r column (a)) held as:				1		
a	Board designated or quasi-endowment	one your one balanc	%	,, 001011111 (a.	,,, riola ao.						
b	Permanent endowment	%	—′°								
·	The percentages on lines 2a, 2b, and 2c shou										
22	Are there endowment funds not in the posses	•	ation tha	t are hold ar	ad administo	rad for th	o organi	zation			
Ja	•	ssion of the organiza	alion ina	t are rielu ar	iu auministe	led for ti	ie organi	ZaliOH		Yes	No
	by:								20(1)	162	NU
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
4									3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	urius.							
	Complete if the organization answered		Dort IV	/ lino 11a S	Soo Form OOC	Dort V	lino 10				
								4-4	(d) Da a	le combon	
	Description of property	(a) Cost or o			t or other (other)		ccumula preciatio		(d) Boo	k valu	Е
	Land	,	.10116	المام	(36101)	ue	Piccialio				
	Land										
	Buildings			3	3,051.		27,9	985		5,0	5.6
	Leasehold improvements				5,031.		355,1			J, U	0.
	Equipment										0.
	Other				8,646.		18,6	740.		5,0	
ıota	. Add lines 1a through 1e. (Column (d) must e	<u>aual Form 990. Part</u>	X. colur	nn (B). line 1	Oc.)			🕨 📗		J, U	00.

Schedule D (Form 990) 2020 JUNIOR ACHIE Part VII Investments - Other Securities.			1774147 Page
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	n Form 000 Port IV line	11d Coo Form 000 Part V line 15	
Complete if the organization answered "Yes" or	rescription	Tru. See Form 990, Part A, line 15.	(b) Book value
(1) PLEDGES RECEIVABLE	Cooription		245,000
(2) SECURITY DEPOSITS			770
(3)			770
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line	15)	•	245,770
Part X Other Liabilities.	10.,		- ,
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value
(1) Federal income taxes			
(2) CREDIT LINE PAYABLE			208,429
(3) NOTE PAYABLE			68,750
(4)			•
(5)			

(3) NOTE PAYABLE
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

207, 179.

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

Par	edule D (Form 990) 2020 JUNIOR ACHIEVEMENT OF NEW TXI Reconciliation of Revenue per Audited Financial Staten		Revenue per Re		1774147 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		•		
1				1	2,133,933.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	97,099.		
b					
С	Recoveries of prior year grants				
d		1 4 . 1			
е	Add lines 2a through 2d			2e	97,099.
3	Subtract line 2e from line 1			3	2,036,834.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	5,888.		
С	Add lines 4a and 4b	•		4c	5,888.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,042,722.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,004,135.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b					
С	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,004,135.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	5,888.		
С	Add lines 4a and 4b			4c	5,888.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	2,010,023.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part >	ζ, line 2; Part XI,
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
INI	/ESTMENT INCOME SHOWN NET OF FEES FOR AUD	IT PURPO	SES		5,888.
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				

FORM X, LINE 2

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

032054 12-01-20

SCHEDULE G

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

	ACHIEVEMENT OF NEW				22-1774				
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
required to complete this part									
1 Indicate whether the organization rais									
a Mail solicitations				overnment grants					
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events									
d In-person solicitations	g Special	lunura	using	evenis					
2 a Did the organization have a written of	or oral agreement with any individual	(includ	lina of	ficere directore true	toos or				
key employees listed in Form 990, P.					Yes	No			
b If "Yes," list the 10 highest paid indiv									
compensated at least \$5,000 by the			9						
	Г	1			Ī	<u> </u>			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
			_						
	and the second s								
3 List all states in which the organizatio or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from re	gistration			
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E		Schedule G (Form 9	90 or 990-EZ) 2020			

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 (add col. (a) through HALL OF FAMEBOWL-A-THONS col. (c)) (event type) (event type) (total number) 345,170. 9,175. 16,557. <u>370,9</u>02. 1 Gross receipts 296,605. 9,175. 12,837. 2 Less: Contributions 318,617. 48,565. 3,720. 52,285. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 48,565. 3,720. 52,285. Other direct expenses 52,285. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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 (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 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: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Schedule G	(Form 990 or 990-EZ)	JUNIOR	ACHIEVEMENT	OF	NEW	JERSEY	22-1774147 p	age 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation _{(con:}	tinued)					
		•	•					
_								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

· ·	JUNIOR AC	HIEVEMENT	OF NEW JER	SEY				22-1774	147
Part I General	Information on Grants a	and Assistance							
1 Does the organ	nization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectio		
criteria used to	award the grants or assis	stance?						Yes	X No
2 Describe in Pa	rt IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.				
Part II Grants a	and Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part l	V, line 21, for any	
recipient	that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(0.14.11.1.1			
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	ıt
		<u> </u>		<u> </u>					
	nber of section 501(c)(3) a	-	•	e line 1 table				······ }	
	nber of other organization							Schodule I /Form 200) 2020
	rk Reduction Act Notice							Schedule I (Form 990) 2020

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LAR AWARDS	6	20,000.	0.	FMV	
IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	

SCHEDULE J (Form 990)

Department of the Treasury

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

JUNIOR ACHIEVEMENT OF NEW JERSEY

 $\begin{array}{c} \text{Employer identification number} \\ 22 - 1774147 \end{array}$

Pa	art I Questions Regarding Compensation							
			Yes	No				
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use			l				
	Travel for companions Payments for business use of personal residence			l				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l				
				l				
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	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 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 Written employment contract							
	X Independent compensation consultant X Compensation survey or study							
	Form 990 of other organizations X Approval by the board or compensation committee			l				
	Decided the control of the control of the dear France 200 Best VIII. On the A. Pere describe control of the City			l				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l				
	organization or a related organization:	4a		Х				
a h	Receive a severance payment or change-of-control payment?							
C	b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement?							
·	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.							
ii Tes to any ornines 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			l				
	contingent on the revenues of:			l				
а	The organization?	5a		X				
b	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:							
а	The organization?	6a		X				
	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.			l				
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		X				
8								
	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)?	9						

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		compensation incentive reportate		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CATHERINE MILONE	(i)	193,250.	0.	0.	1,400.	8,780.	203,430.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							_
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	

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

SCHEDULE 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.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

JUNIOR ACHIEVEMENT OF NEW JERSEY

Employer identification number 22-1774147

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

A COMPLETE COPY OF FORM 990 IS PRESENTED TO THE BOARD BEFORE FILING.

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

THE PRESIDENT COLLECTS THE SIGNED CONFLICT OF INTEREST FORMS AND REVIEWS

THE CONFLICT OF INTEREST POLICY WITH THE BOARD SECRETARY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR TOP OFFICIAL:

JA USA PROVIDES EQUICOMP INFORMATION THAT IS PROVIDED TO THE BOARD CHAIR AS WELL AS THE AREA PRESIDENT. BASED ON THE RECOMMENDED EQUI-COMP INFORMATION FOR OUR JA AREA, THE PRESIDENT'S CURRENT BASE PAY OF \$193,250 TAKEN FROM THE WORKDAY SYSTEM, IS BELOW THE MINIMUM OF THE EQUI-COMP BASE PAY RANGE. PLACEMENT WITHIN AN ESTABLISHED SALARY RANGE IS DICTATED BY MANY FACTORS SUCH AS, PERFORMANCE, EXPERIENCE, QUALIFICATIONS, AND MARKET FACTORS. GENERALLY, ORGANIZATIONS TARGET COMPENSATING EMPLOYEES NEAR THE MIDPOINT OF THE FACTORS ABOVE SHOULD BE CONSIDERED WHEN DECIDING ON THE RANGE, HOWEVER, THE PLACEMENT. THE ORGANIZATION RELIES ON JA TO PROVIDE INFORMATION ON 'PAY FOR PERFORMANCE' INCENTIVES

THE ORGANIZATION IS AWARE OF THE IRS FORM 990 REQUIREMENTS AROUND

COMPENSATION DECISION POLICIES FOR THE ORGANIZATION'S CEO/EXECUTIVE

DIRECTOR, OTHER OFFICERS/DIRECTORS, AND KEY AND NON-KEY EMPLOYEES INCLUDING

INFORMATION ON 'REASONABLE COMPENSATION'.

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

Schedule O (Form 990 or 990-EZ) 2020

JUNIOR ACHIEVEMENT OF NEW JERSEY	22-1774147
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES INFORMATION AVAILABLE FOR PUBLIC IN	SPECTION UPON
WRITTEN REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES INFORMATION AVAILABLE FOR PUBLIC IN	SPECTION UPON
WRITTEN REQUEST.	
FORM 990 PART X!!	
THE BOARD HAS AN ESTABLISHED AUDIT COMMITTEE TO OVERSEE TH	E SELECTION
AND AUDIT PROCESS.	