** PUBLIC DISCLOSURE COPY **											
	Ω		Return of Organization Exempt From	om l	ncome Tax	OMB No. 1545-0047					
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ept private foundation	^{ns)} 2014						
		of the Treasury	Do not enter social security numbers on this form as it r	-		Open to Public					
		enue Service	▶ Information about Form 990 and its instructions is at		. <i>gov/form990.</i> UN 30, 2015	Inspection					
-				aing U	,						
B	Check if pplicab	ble: C Name of	organization		D Employer identific	cation number					
	Addre		OR ACHIEVEMENT OF NEW JERSEY								
	Name	ge Doing bu	isiness as		22-1'	774147					
	Initial returr	Number		om/suite	E Telephone number						
	Final returr termii	V .	ROUTE 1 SOUTH		609-4	419-0404					
	ated Amer	City or to	wn, state or province, country, and ZIP or foreign postal code CETON, $NJ 08540$		G Gross receipts \$	2,246,710.					
	_lreturr]Appli		address of principal officer:CATHERINE MILONE-RIC	HARD	H(a) Is this a group re for subordinates						
	tiòn pendi		AS C ABOVE		H(b) Are all subordinates in						
	Гах-ех	empt status:		527		list. (see instructions)					
			JANJ.ORG		H(c) Group exemption						
		of organization:		L Year o		State of legal domicile: NJ					
		Summary			[
e	1	Briefly describ	e the organization's mission or most significant activities: ${{ m TO}}$ INS	PIRE	AND PREPARI	E YOUNG					
Activities & Governance		PEOPLE	PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.								
erna	2	Check this box									
Š	3	Number of vot	41								
∞ ∞	4		ependent voting members of the governing body (Part VI, line 1b) \ldots		41						
ies			of individuals employed in calendar year 2014 (Part V, line 2a)		20						
ivit			of volunteers (estimate if necessary)		2300						
Act			I business revenue from Part VIII, column (C), line 12		0.						
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	1						
					Prior Year 2,798,734.	Current Year 2,020,825.					
ani	8		and grants (Part VIII, line 1h)		2,790,754.	2,020,025.					
Revenue	9		ce revenue (Part VIII, line 2g)		3,997.	8,769.					
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0,709.					
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,802,731.	2,029,594.					
					0.	13,000.					
					0.	0.					
w		-			1,181,459.	1,263,620.					
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) • 686, 436		0.	0.					
per	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 686, 436		-	-					
ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		820,186.	921,108.					
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,001,645.	2,197,728.					
	19		expenses. Subtract line 18 from line 12		801,086.	-168,134.					
or			· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		1,805,630.	1,631,839.					
t AS d B	21		(Part X, line 26)		129,297.	118,788.					
Fun	22		und balances. Subtract line 21 from line 20		1,676,333.	1,513,051.					
Pa	art II	_									
Und	er pen	alties of perjury, I	declare that I have examined this return, including accompanying schedules and	nd stateme	ents, and to the best of my	/ knowledge and belief, it is					

ie, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kn	nowledge.

Sign Here	Signature of officer CATHERINE MILONE-RICHA Type or print name and title	RDS, PRESIDENT	Date								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	KATHLEEN M. CLAYTON CPA		09/16/15 if self-employed P01448135								
Preparer	Firm's name SPIRE GROUP PC		Firm's EIN 45-5221053								
Use Only	Firm's address 100 WALNUT AVE,	SUITE 103									
CLARK, NJ 07066 Phone no.732-38											
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)										
432001 11-0	432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)										

	2	- (-0
4e	Total program service expenses ► 1,396,675.	0 (20 ⁻
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4a	(Code:) (Expenses \$ 1,396,675. including grants of \$ 13,000.) (Revenue \$	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar revenue, if any, for each program service reported.	۱d
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	A N
	the prior Form 990 or 990-EZ? Yes." describe these new services on Schedule O.	
2	Did the organization undertake any significant program services during the year which were not listed on	
-	TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.	
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>

Form 990 (2014)	JUNIOR	ACHIE
Part IV	Checklist o	of Required Sc	hedules

JUNIOR ACHIEVEMENT OF NEW JERSEY

			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	Х		
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? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect				
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? <i>If "Yes," complete Schedule C, Part III</i>	5		x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				
Ŭ	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,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete				
	Schedule D, Part III	8		Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV	9		X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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,				
u	Part VI	11a	х		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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		
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12d		<u> </u>	
D	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		X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any				
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- 23	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>	
	complete Schedule G, Part III	19		х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			

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Form 990 (2014) JUNIOR ACHIEVEMENT OF NEW JERSEY

га				
			Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ		24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
		24u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
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			
	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			
54		34		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		35a		- 23
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of pacting 512(b)(12)2 if "Yea" complete Schedule P. Part V. line 2	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	X
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	38	X	

Form **990** (2014)

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Form	990 (2014)JUNIOR ACHIEVEMENT OF NEW JERSEY22-1774	147	Р	age 5					
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 20								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	X						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
. Ca	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country:	14							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
ou	any contributions that were not tax deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00							
D	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
	 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 								
C	to file Form 8282?	7c		x					
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	If the organization received a contribution of qualined intellectual property, did the organization neer of organization file a Form 1098-C?	79 7h							
8	Sponsoring organization metanological sports, boards, and finances, or other venicles, and the organization metanological sports of the sports	711							
0		8							
9	sponsoring organization have excess business holdings at any time during the year?	-							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:	55							
a	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
D	amounts due or received from them.)								
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12d							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
L.	Note. See the instructions for additional information the organization must report on Schedule O.								
a	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand 13c	44-		X					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L						

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Form 990	(2014)
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JUNIOR ACHIEVEMENT OF NEW JERSEY

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			-
			Yes	ł
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 41	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 41	-		
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		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ļ
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	12.0		_
U	in Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?	13	X	_
4	Did the organization have a written document retention and destruction policy?	14	X	
		14		
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	XX	
b	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\mathbb{N}J$			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ble	
	for public inspection. Indicate how you made these available. Check all that apply.			
_	Own website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	$\frac{ORGANIZATION - 609 - 419 - 0404}{A365 POWER 1 COMPANY NE 00540}$			
	4365 ROUTE 1 SOUTH, PRINCETON, NJ 08540			_
2006	5 11-07-14 C	Form	1 990	
~ ~			<u>, , , , , , , , , , , , , , , , , , , </u>	
30	916 138372 J0073.0 2014.04010 JUNIOR ACHIEVEMENT OF NEW J	J0(173	

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and	d Independe	ent Contra	ctors			

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)			(D)	(E)	(F)			
Name and Title	Average	e Position (do not check more than one			one	Reportable	Reportable	Estimated		
	hours per	box	box, unless perso officer and a dire			is bot	h an	compensation	compensation	amount of
	week	<u> </u>				from	from related	other		
	(list any hours for	lirecto				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			rsated		(W-2/1099-MISC)	(00-271033-10100)	organization
	organizations	trust	al tru		yee	ompe				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) DINO ROBUSTO	1.00									
CHAIR		X		Х				0.	0.	0.
(2) CHRISTINE LACROIX	1.00									
VICE CHAIR		X		Х				0.	0.	0.
(3) CAROLINE DORSA	1.00									
TREASURER		X		Х				0.	0.	0.
(4) THOMAS EARP	1.00									
SECRETARY		X		Х				0.	0.	0.
(5) PATRICK COZZA	1.00									
DIRECTOR		X						0.	0.	0.
(6) DAVID WEAVING	1.00									
DIRECTOR		X						0.	0.	0.
(7) DAVID W BUDD,SR	1.00									
DIRECTOR		X						0.	0.	0.
(8) JOHN BEATRICE	1.00									
DIRECTOR		X						0.	0.	0.
(9) PAMELA CRAIG	1.00									
DIRECTOR	1 0 0	X						0.	0.	0.
(10) YVETTE DONADO	1.00									0
DIRECTOR	1 0 0	X						0.	0.	0.
(11) JAMES COCITO	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(12) LARRY COSTELLO	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(13) WILLIAM FOSHAY	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(14) MICHAEL FOSSACECA	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(15) ROBERT GARCIA	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(16) MICHAEL GLICKMAN	1.00								^	•
DIRECTOR	1 00	X					<u> </u>	0.	0.	0.
(17) RICHARD C CRIST JR.	1.00								^	•
DIRECTOR		Х						0.	0.	0.
432007 11-07-14 Form 990 (20										

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Form 990 (2014)
Dort VII	-

JUNIOR ACHIEVEMENT OF NEW JERSEY

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Part VII Section A. Officers, Directors, Trus	1	ploy I	ees			ighe	st C						
(A)	(B)				C) sitior	•		(D)	(E)			(F)	
Name and title	Average hours per		not c	heck	more	e than		Reportable	Reportable			stimate	
	week					is bot or/trus		compensation from	compensatio from related			nount other	OŤ
	(list any	ю.						the	organization			pensa	ation
	hours for	direc				p		organization	(W-2/1099-MIS			om th	
	related	tee or	Istee			en sate		(W-2/1099-MISC)	,	Í		anizat	
	organizations	l trus	nal tru		oyee	ompe					and	d relat	ed
	below line)	Individual trustee or director	Institutional trustee	Offlicer	key employee	Highest compensated employee	Former				orga	anizati	ons
(10)	,	- Pu	lns	£	Key	Em Hig	ē						
(18) CLYDE KEATON	1.00	x						0		Ο.			0
DIRECTOR	1.00	<u> </u>			+		├	0.		0.			0.
(19) CRAIG L. MONTANARO DIRECTOR	1.00	x						0.		0.			0.
(20) KIMBERLY RAMALHO	1.00			\vdash	+	-				••			••
DIRECTOR	1.00	x						0.		0.			0.
(21) LAURIE SIEGEL	1.00				+		\vdash						
DIRECTOR		x						0.		0.			0.
(22) MICHAEL STEFANSKI	1.00				+								
DIRECTOR		x						0.		0.			0.
(23) CORY THACKERAY	1.00												
DIRECTOR		x						0.		0.			0.
(24) LAWRENCE S.FEINSOD	1.00												
DIRECTOR		X						0.		0.			0.
(25) MIRIAM HERNANDEZ-KAKOL	1.00												
DIRECTOR		Х						0.		0.			0.
(26) EDWARD WATERFIELD	1.00												
DIRECTOR		Х						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V								177,268.		0.		5,4	
d Total (add lines 1b and 1c)								177,268.		0.	4	5,4	64.
2 Total number of individuals (including but n	ot limited to th	lose	liste	ed a	abov	e) wl	no r	eceived more than \$100	,000 of reportab	е			1
compensation from the organization												Yes	1 No
2 Did the exception list any former officer	director or tr	oto			mal		~	highest someonsated a		ſ		165	NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								•			3		x
4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150	-		-						ine organization		4	х	
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent (cont	racto	ors	that received more than	\$100,000 of com	pens	ation f	from	
the organization. Report compensation for	the calendar y	ear	endi	ng	with	or w	vithi	n the organization's tax y	/ear.				
(A)				_				(B)		-	(C		
Name and business	address	N	ONE	3			_	Description of s	ervices	С	ompe	nsatio	n
							_						
							_						
							-						
2 Total number of independent contractors (i	ncluding but r	ot li	mito	d to	- the		stor	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨					0							
SEE PART VII, SECTIO	A CON	ΓII	NUZ	AT	IOI	N	SH	EETS			Form	990 (2014)
432008 11-07-14						0							

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JUNIOR ACHIEVEMENT OF NEW JERSEY

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Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average hours	(cl	neck	Posi all t			ly)	Reportable compensation	Reportable compensation	Estimated 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
(27) PETER WALLBURG DIRECTOR	1.00	x						0.	0.	0.
(28) KRISTEN HACKETT	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(29) SARAH HALL DIRECTOR	1.00	x						0.	0.	0.
(30) KEVIN O'SULLIVAN	1.00	v						0	0	0
DIRECTOR (31) PAUL ROSENBAUM	1.00	X						0.	0.	0.
DIRECTOR		х						0.	0.	0.
(32) JEFFREY S. SHUMAN	1.00									
DIRECTOR	1	X						0.	0.	0.
(33) BARBARA G. KOSTER DIRECTOR	1.00	x						0.	0.	0.
(34) NANCY E. GRAVES	1.00							•	0.	0.
DIRECTOR	1000	x						0.	0.	0.
(35) JOHN CUSANO	1.00									
DIRECTOR		Х						0.	0.	0.
(36) DAVID HILL	1.00	v						0	0	٥
DIRECTOR	1.00	Х						0.	0.	0.
(37) JOHN KANE DIRECTOR	1.00	x						0.	0.	0.
(38) LARISA PERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(39) MICHELE N SIEKERKA	1.00							0	0	0
DIRECTOR (40) MATTHEW WEBER	1.00	X						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(41) STEPHEN CLARK	1.00									
DIRECTOR		х						0.	Ο.	0.
(42) CATHERINE MILONE-RICHARDS	60.00								_	
PRESIDENT				Χ				177,268.	0.	45,464.
Total to Part VII, Section A, line 1c								177,268.		45,464.

432201 05-01-14

Form	990 ((2014) JUNIC	OR ACHIEV	EMENT OF	NEW JERSE	Y	22-177	4147 Page 9
Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
Am (с	Fundraising events	1c	712,941.				
Gif	d	Related organizations	1d					
ns, Sim		Government grants (contribut						
er S	f	All other contributions, gifts, gran		045 115				
Oth		similar amounts not included abo	ve 1f ⊥ ,	945,117.				
pu		Noncash contributions included in lines	s 1a-1f: \$	637,233.	2 0 2 0 8 2 5			
<u>a O</u>	h	Total. Add lines 1a-1f			2,020,825.			
đ	0.0			Business Code				
vic	2 a b							
Ser	c							
am	d							
Program Service Revenue	e							
Ā	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			2,861.			2,861.
	4	Income from investment of tax						
	5	Royalties						
		_	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 a	assets other than inventory	31,277.					
	b	Less: cost or other basis						
		and sales expenses	25,369.					
	с	Gain or (loss)						
		Net gain or (loss)		►	5,908.			5,908.
Other Revenue	8 a	Gross income from fundraisin including \$ 712,9						
eve		contributions reported on line						
r B		Part IV, line 18	аа	191,747.				
Ę	b	Less: direct expenses	b	191,747.				
<u> </u>	с	Net income or (loss) from fund	draising events		0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		·				
		Net income or (loss) from gam		>				
	то а	Gross sales of inventory, less						
	F	and allowances						
		Less: cost of goods sold Net income or (loss) from sale						
	U	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		►				
40000	12	Total revenue. See instructions.		►	2,029,594.	0.	0	,
43200								Form 990 (2014)

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Part IX Statement of Functional Expenses

JUNIOR ACHIEVEMENT OF NEW JERSEY

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

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
0	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	13,000.	13,000.		
3	individuals. See Part IV, line 22	15,000.	15,000.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
0	trustees, and key employees				
6	Compensation not included above, to disqualified				
Č	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	177,267.	91,616.	12,255.	73,396
7	Other salaries and wages	716,117.	370,106.	49,508.	296,503
8	Pension plan accruals and contributions (include	.,	. ,	_ , /	
-	section 401(k) and 403(b) employer contributions)	130,678.	67,537.	9,035.	54,106
9	Other employee benefits	141,413.	73,086.	9,776.	54,106 58,551
0	Payroll taxes	98,145.	50,724.	6,785.	40,636
1	Fees for services (non-employees):		,	,	
а	Management				
	Legal				
	Accounting	83,600.	43,206.	5,780.	34,614
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	ľ			
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	79,498.	41,086.	5,496.	32,916
2	Advertising and promotion	16,178.	16,178.		
13	Office expenses	18,229.	9,421.	1,260.	7,548
4	Information technology	49,229.	25,443.	3,403.	20,383
15	Royalties				
6	Occupancy	60,901.	31,475.	4,210.	25,216
7	Travel	39,231.	39,231.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	13,863.	7,165.	958.	5,740
20	Interest				
21	Payments to affiliates	49,713.	49,713.		
22	Depreciation, depletion, and amortization	56,190.	29,040.	3,885.	23,265
23	Insurance	16,172.	14,817.	194.	1,161
.4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM MATERIALS	268,194.	268,194.		
b	VOLUNTEER RECOGNITION	78,526.	78,526.		
с	BIZ TOWN EXPENSE	61,632.	61,632.		
d	MERCHANT FEES	9,026.	4,665.	624.	3,737
е	All other expenses	20,926.	10,814.	1,448.	8,664
.5	Total functional expenses. Add lines 1 through 24e	2,197,728.	1,396,675.	114,617.	686,436
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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	JUNIOR	ACHIEVEMENT	OF	NEW	JERSEY	
Sheet						

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			918,173.	1	746,607.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			25,900.	3	65,900.
	4	Accounts receivable, net			147,960.	4	175,050.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ţ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		E E E E E E E E E E E E E E E E E E E		7	
Ř	8	Inventories for sale or use				8	
	9				236,024.	9	154,683.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	325,007.			
	b	Less: accumulated depreciation	10b	190,186.	191,011.	10c	134,821.
	11	Investments - publicly traded securities			283,206.	11	287,762.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,356.	15	67,016.
	16	Total assets. Add lines 1 through 15 (must equ			1,805,630.	16	1,631,839.
	17	Accounts payable and accrued expenses		129,297.	17	118,788.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
-iat		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines				05	
		Schedule D			129,297.	25	118,788.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			127,277.	26	110,700.
G		complete lines 27 through 29, and lines 33 and					
Ce	27	Unrestricted net assets			513,637.	27	530,087.
alar	28	Temporarily restricted net assets			1,162,696.	28	982,964.
Ä	29				29		
nno	20	Organizations that do not follow SFAS 117 (A				20	
г Т		and complete lines 30 through 34.					
ets e	30	Capital stock or trust principal, or current funds				30	
SSG	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances		E	1,676,333.	33	1,513,051.
	34	Total liabilities and net assets/fund balances			1,805,630.	34	1,631,839.
							Form 990 (2014)

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Form 990 (2014)
Part X Balance S

Form	JUNIOR ACHIEVEMENT OF NEW JERSEY	22-17	74147	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,029		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,19		
3	Revenue less expenses. Subtract line 2 from line 1	3	-168		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,670		
5	Net unrealized gains (losses) on investments	5	4	1,8	52.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,51	3,0	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0	-	Yes	No
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Za		
	separate basis, consolidated basis, or both:	aona			
	Separate basis, consolidated basis, or both.				
h	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 separat				
	consolidated basis, or both:	<i>b b a <i>b a <i>b a b a b a <i>b a b a b a b b a <i>b b a b b a b b a b b b b b b b b b b</i></i></i></i></i>			
	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 th	e audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	0	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990 ((2014)

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SC	HE	DUL	ΕA

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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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.

Open to Public
Inspection

20

OMB No. 1545-0047

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Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>.
Inspection
Employer identification number

		and of guinzation	JUNI	OR ACHIE	VEMENT OF N	W JERSE	Y		22-1774147		
Pa	rt I	Reason for			S (All organizations m			ee instructions.			
The	oraar	nization is not a priv	vate founda	ation because it	is: (For lines 1 through	11. check only	/ one box.)				
1	Ľ	-					-				
2		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.)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4					-				er the hospital's name,		
		city, and state:									
5		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				-	ernmental unit describe	ed in section 1	70(b)(1)(A)	(v).			
7			-	-	ostantial part of its sup				ral public described in		
		section 170(b)(1		-				Ũ	•		
8					(b)(1)(A)(vi). (Complete	e Part II.)					
9	X						contributi	ons, membership fees	, and gross receipts from		
									ort from gross investment		
									on after June 30, 1975.		
		See section 509				-	-				
10					clusively to test for pub	lic safety. See	section 5	09(a)(4).			
11		An organization of	organized a	nd operated exc	clusively for the benefit	of, to perform	the function	ons of, or to carry out	the purposes of one or		
		more publicly sup	oported org	anizations desc	ribed in section 509(a)(1) or section	509(a)(2).	See section 509(a)(3)	. Check the box in		
		lines 11a through	n 11d that d	lescribes the typ	be of supporting organ	ization and cor	nplete line	s 11e, 11f, and 11g.			
а		Type I. A supp	orting orga	nization operate	d, supervised, or contr	olled by its sup	oported or	ganization(s), typically	by giving		
		the supported	organizatio	n(s) the power to	o regularly appoint or e	elect a majority	of the dire	ctors or trustees of th	e supporting		
	_	organization. Y	ou must c	omplete Part IV	, Sections A and B.						
b		Type II. A supp	porting orga	anization supervi	sed or controlled in co	nnection with i	ts support	ed organization(s), by	having		
		control or mana	agement of	the supporting	organization vested in	the same pers	ons that co	ontrol or manage the s	upported		
		organization(s).	. You must	complete Part	IV, Sections A and C						
С		Type III function	onally integ	grated. A suppo	rting organization ope	ated in connec	ction with,	and functionally integr	ated with,		
		its supported o	organizatior	n(s) (see instructi	ions). You must comp	lete Part IV, S	ections A,	D, and E.			
d		Type III non-fu	inctionally	integrated. A si	upporting organization	operated in co	onnection	with its supported orga	anization(s)		
		that is not func	tionally inte	egrated. The org	anization generally mu	st satisfy a dist	tribution re	quirement and an atte	entiveness		
	_			-	complete Part IV, Sec						
е			-		d a written determinati			а Туре I, Туре II, Туре			
		-	-		ctionally integrated su	oporting organi	ization.				
		er the number of s		-							
g		vide the following i (i) Name of supported		about the supp (ii) EIN	orted organization(s). (iii) Type of organiza	tion (iv) Is the c	organization	(v) Amount of monetar	y (vi) Amount of		
		organization	4		(described on lines	1-9 listed	in your	support (see	other support (see		
		0			above or IRC secti	Vee	document?	Instructions)	Instructions)		
					(see instructions)) 103			+		
Tat	-1										
Tota	41							l	<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

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Schedule A (Form 990 or 990-EZ) 2014

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.)

000	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 \dots						
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)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support					_	_
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 \dots						
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 instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (I			(//		14	%
	Public support percentage from 2013					15	%
16a	a 33 1/3% support test - 2014. If the c						
	stop here. The organization qualifies						
k	33 1/3% support test - 2013. If the c	-					
	and stop here. The organization qual						
17 a	a 10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
k	o 10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			ons

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 JUNIOR ACHIEVEMENT OF NEW JERSEY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,822,548.	1,756,177.	1,506,079.	2,798,734.	2,658,058.	10,541,596.
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	354.	1,045.				1,399.
3	Gross receipts from activities that		_,				
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,822,902.	1,757,222.	1,506,079.	2,798,734.	2,658,058.	10,542,995.
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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.
	Public support (Subtract line 7c from line 6.)						10,542,995.
Sec	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1,822,902.	1,757,222.	1,506,079.	2,798,734.	2,658,058.	10,542,995.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,993.	-231.	10,215.	3,997.	8,769.	32,743.
h	Unrelated business taxable income	575550	2010	10,2100	575574	0,,050	5277150
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	9,993.	-231.	10,215.	3,997.	8,769.	32,743.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,832,895.	1,756,991.	1,516,294.	2,802,731.	2,666,827.	10,575,738.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here	-				-	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2014 (ine 8, column (f) div	vided by line 13, c	olumn (f))		15	99.69 %
16	Public support percentage from 2013	Schedule A, Part	III, line 15			16	99.55 %
Sec	ction D. Computation of Investion	stment Income	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colum	nn (f) divided by line	e 13, column (f))		17	.31 %
18	Investment income percentage from	2013 Schedule A, F	Part III, line 17			18	.45 %
19 a	33 1/3% support tests - 2014. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	ies as a publicly s	upported organiza	ation	X
b	33 1/3% support tests - 2013. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	orted organization	▶□]
20	Private foundation. If the organization	<u>n did not check a b</u>	oox on line 14, 19a	, or 19b, check thi			
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				1.13			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 JUNIOR ACHIEVEMENT OF NEW JERSEY Part IV Supporting Organizations (continued)

			N.	NI -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	· ·		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <i>Part VI</i> how the organization maintained a close and continuous working relationship with the supported organization(s).	0		
•		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 99	90 or 99	0-EZ)	2014
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Schedule A (Form 990 or 990-EZ) 2014 JUNIOR ACHIEVEMENT OF NEW JERSEY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Net short-term capital gain			(optional)
	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
	4		
	5		
· · ·			
	6		
	7		
	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
	Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	InstantInstantDepreciation and depletion5Portion 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)Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)8on B - Minimum Asset Amount8Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1aAverage monthly value of securities1aAverage monthly cash balances1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other 	Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 on B - Minimum Asset Amount (A) Prior Year 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other 1a factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets 6 Recoveries of prior-year distributions 7 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 M

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 JUNIOR ACHIEVEMENT OF NEW JERSEY

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		1	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
 c				
-	Excess from 2013			
-	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

 	chedule A (Form 990 or 990-EZ

Schedule B

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2014

Employer identification number

22-1774147

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For an organization described in section 501(c)(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, II, and III.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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22 - 1774147

JUNIOR ACHIEVEMENT OF NEW JERSEY

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

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$69,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$59,910.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$17,992.	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>29,150.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>53,360.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0	5-14	\$ <u>20,450.</u> Schedule B (Form)	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

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22 - 1774147

JUNIOR ACHIEVEMENT OF NEW JERSEY

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$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
7		\$ <u>15,000.</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
8		\$ <u> </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
9		\$ <u>73,013.</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
10		\$ <u>57,750.</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
423452 11-05		\$ <u>5 , 0 0 0 .</u> Schedule B (Form 5	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

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Employer identification number

Name of organization 22-1774147 JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 Person Payroll 22,720. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 Person Payroll 20,268. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 Person Payroll 54,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 Person Payroll 29,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 16 Person Payroll 5,900. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 17 Person Payroll 5,600. Noncash \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

(Complete Part II for noncash contributions.)

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2014.04010 JUNIOR ACHIEVEMENT OF NEW J J0073_01

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Employer identification number

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Type of contribution

22-1774147

JUNIOR ACHIEVEMENT OF NEW JERSEY

18 		\$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
 		\$10,400.	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
<u>20</u>		\$45,000.	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
		\$10,100.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,600.	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
423452 11-05-14		\$71,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

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Employer identification number

Name of organization 22-1774147 JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 24 Person Payroll 17,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 25 Person Payroll 25,035. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 Person Payroll 17,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 Person Payroll 24,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 28 Person Payroll 35,282. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 29 Person Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Noncash

(Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 30 Person Payroll 55,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 31 Person Payroll 21,200. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 32 Person Payroll 18,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 33 Person Payroll 7,800. Noncash \$

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$30,250.	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.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 36 X Person Payroll 11,250. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 37 Χ Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 38 X Person Payroll 11,250. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 Х Person Payroll 42,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 40 X Person Payroll 15,500. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 41 X Person Payroll 25,000. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

noncash contributions.)

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Person Payroll

Noncash

(Complete Part II for noncash contributions.)

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Type of contribution

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JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 42 10,200. \$____

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ <u>20,450.</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
44		\$35,000.	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
45		\$11,190.	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
46		\$ <u>11,250.</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
47 423452 11-0	5-14	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 48 Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 49 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 50 Person Payroll 5,830. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 51 Person Payroll 8,485. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 52 Person Payroll 8,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.

> X Person Payroll Noncash (Complete Part II for

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noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Employer identification number

22-1774147 JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 54 Person Payroll 517,833. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 55 Person Payroll 14,780. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 91 Person Payroll 24,241. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 56 Person Payroll 24,086. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 90 Person Payroll 71,073. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 57 Person Payroll 20,000. Noncash \$ (Complete Part II for

> noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Type of contribution

22-1774147

JUNIOR ACHIEVEMENT OF NEW JERSEY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions**

58		\$5,000. Person \$5,000. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
59		\$ 8,200. Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
60		\$10,000. Person X Payroll I Payroll I Noncash I Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
61		\$15,210. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
62		\$ 7,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
64		\$5,000. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
423452 11-05	5-14	Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

2014.04010 JUNIOR ACHIEVEMENT OF NEW J J0073_01

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization 22-1774147 JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 66 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 67 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 68 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 69 Person Payroll 11,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.

> X Person Payroll Noncash (Complete Part II for

noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 72 Person Payroll 31,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 73 Person Payroll 16,175. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 74 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
75		\$7,160.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 78 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 79 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 80 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8

81		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
82		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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2014.04010 JUNIOR ACHIEVEMENT OF NEW J J0073_01

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Employer identification number

Name of organization 22-1774147 JUNIOR ACHIEVEMENT OF NEW JERSEY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 84 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 85 Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 86 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 87 Person Payroll 23,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 88 Person Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Noncash

(Complete Part II for noncash contributions.)

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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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 89 </u>		\$38,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
423452 11-05-14		\$ \$ Schedule B (Form	Person Payroll Occupied Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

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2014.04010 JUNIOR ACHIEVEMENT OF NEW J J0073_01

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Employer identification number

JUNIOR ACHIEVEMENT OF NEW JERSEY

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

artii	Noncash Property (see instructions). Use duplicate copies of Pr	art if 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
54	PROGRAM FACILITIES		
		\$\$	07/01/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
91	PROGRAM FACILITIES		
		\$\$24,241.	07/01/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
56	PROGRAM FACILITIES		
		\$\$24,086.	07/01/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
90	PROGRAM FACILITIES		
		\$\$	07/01/14
(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
	5-14	\$\$	990, 990-EZ, or 990-PF) (20

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22-1774147

Name of org	anization			Employer identification number
JUNIOF	R ACHIEVEMENT OF NEW J	ERSEY		22-1774147
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Comple	ontributions to organizations described te columns (a) through (e) and the follow	in section 501(c)(7), (8), or /ing line entry. For organizations	(10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively relig Use duplicate copies of Part III if additi	ious, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.	▶\$
(a) No.	· · · · ·		(1) D	de la compañía de la
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
		-		
Ļ				
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of trar	sferor to transferee
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(a) Na			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
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Γ		(e) Transfer of gift		
	Transforacia nome address	and ZID + 4	Polotionship of trar	oferer to transferee
-	Transferee's name, address,			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
		-		
		-		
-				
		(e) Transfer of gift		
	Transferee's name, address,	Relationship of trar	nsferor to transferee	
		[
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
		-		
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Γ		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of trar	nsferor to transferee
F				
		[
423454 11-05-	-14		Schedule E	6 (Form 990, 990-EZ, or 990-PF) (2014
		40		

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

 Supplemental Financial Statements

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

 ▶ Attach to Form 990.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Part II Organizations Maintaining Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 930, Part IV, Ine 6. 1 Total number at end of year (a) Donor advised lunds (b) Funds and other accounts 2 Aggregate value of oparitotions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of grants from (during year) (b) Funds and other accounts (b) Funds and other accounts 5 Dot the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the organization answered "Yes" to Form 930, Part IV, Ine 7. (b) Purpose(s) or conservation easements held by the organization (necks all that apol). (c) Preservation of a net fund for public use (e, greareation or ducation) (c) Preservation of a certified historic structure (c) Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization heid a qualified conservation canservation easements in obtified historic structure included in (a) (a) the fad at field at the fad of the Tax Year 3 Total number of conservation easements.	Nam	e of the organization JUNIOR ACHIEVEMENT OF NEW JERSEY	Employer identification number 22-1774147
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Schedule D (Form 990) 2014

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) 4 Using the organizations acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Presencition for thre organization scholar that are a significant use of its collection items (check all that apply): e Other c Presencition for thre organization collector acceler domained as part of the organization answered "Yes" to Form 300, Part X, Ine 21. Yes No Part IV Escrow and Custodial Arrangements. Complete the following table: // Yes No c Beginning balance // defined // Amount // Yes No b if "Yes," explain the arrangement in Part XIII check here if the organization accuurt tability? // Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the organization accuurt tability? // Yes No b if Yes," explain the arrangement in Part XIII. Check here if the organization accuurt tability? // Yes No b if Yes," explain the arrangement in Part XIII. Check here if the org	Sche		ACHIEVEMEN								Page 2
check all that apply: d Loan or exchange programs a Deble exhibition d Loan or exchange programs b Scholarly research e Other 7 Provide a description of the organization solections and explain how they further the organization's exempt purpose in Part XIII. 5 7 Driving the year, did the organization solections and explain how they further the organization's exempt purpose in Part XIII. 7 7 Driving the year, did the organization and collection? Yes No 7 Provide a description of the organization and collection? Yes No 7 Provide an amount on Form 909, Part X, Iine 21. Yes No 9 If Yes, "explain the arrangement in Part XIII and complete the following table: Yes No 9 If Yes, "explain the arrangement in Part XIII. Check here if the explanation in bas been provided in Part XIII Yes No 9 If Yes, "explain the arrangement in Part XIII. Check here if the explanation in bas been provided in Part XIII Yes No 9 Check organization include an amount on Form 900, Part X, Iine 21. Yes No Yes 9 Check organization include an amount on Form 900, Part X, Iine 10. Yes	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Othe	er Simila	r Asse	ts (continu	ied)
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c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' to Form 990, Part K, line 9, or 11 The score and Clustodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part K, line 9, or 12 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? 13 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Da the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4	а		c								
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d Grants or scholarships	b	Contributions									
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses									
and programs	d	Grants or scholarships									
f Administrative expenses	е	Other expenditures for facilities									
g End of year balance		and programs									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value Buildings Land Buildings C Leasehold improvements 325,007.190,186.134,821. e Other	f	Administrative expenses									
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c Temporarily restricted endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а			_%							
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(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land	3a		ession of the organiz	ation the	at are held	and administe	ered for th	ne organiza	ation	Г	
(ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment d 325,007.190,186.134,821.		-									res No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 325,007. d Equipment 325,007. e Other 0	h	(II) related organizations	- listed as used in all								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										30	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land				Jwrnent	iunas.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land) Part IV	/ line 11a	See Form 990) Part X	line 10			
basis (investment) basis (other) depreciation 1a Land					1				4	(d) Book	value
1a Land		Description of property									Jaido
b Buildings	1a	Land									
c Leasehold improvements											
d Equipment 325,007. 190,186. 134,821. e Other 101.001 101.001											
e Other					3	25,007.	1	L90,18	6.	134	,821.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line	10c.)				134	,821.

Schedule D (Form 990) 2014

432052 10-01-14

Schedule D	(Form 990) 2014	JUNIOR	ACHI	EVEMENT	OF	NEW	JERSEY		22-1774147	Page 3
Part VII	Investments -	Other Securi	ties.							
	Complete if the orga	anization answer	ed "Yes"	to Form 990, F	Part IV, I	line 11	b. See Form 990,	Part X, line 12.		
(a) Descript	tion of security or categ	Ory (including name o	f security)	(b) Book	value		(c) Method of v	aluation: Cost c	or end-of-year market v	alue
(1) Financia	l derivatives									
(2) Closely-	held equity interests									
(3) Other	. ,									
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
) must equal Form 990	, Part X, col. (B) lin	e 12.) 🕨							
	Investments - I									
	Complete if the orga	-		to Form 990. F	Part IV. I	line 11	c. See Form 990.	Part X. line 13.		
	(a) Description of	investment		(b) Book			(c) Method of v	aluation: Cost c	or end-of-year market v	alue
(1)									-	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
) must equal Form 990	Part X col (B) lin	e 13) 🕨							
Part IX	Other Assets.	, i ui i i, ooi. (b) iii	0 10.)							
	Complete if the orga	anization answer	ed "Yes"	to Form 990 F	Part IV I	line 11a	d See Form 990	Part X line 15		
				Description	urerv, i		a. 000 i olini 000,		(b) Book va	lue
(1)				•						
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
,	mn (b) must equal Fo	rm 000 Part X c	ol (B) lin	0 15)						
Part X	Other Liabilitie			e 15.)						
T are X	Complete if the orga		ed "Ves"	to Form 990 F	Part IV	line 114	a or 11f See Form	n 990 Part X lin	ne 25	
4		scription of liabil		10110111000,1			Book value	1000, 1 art X, 11	10 20.	
1. (1) Fed	eral income taxes		,			(10)	Boon value	-		
								-		
(2)								-		
(3)								-		
(4)								-		
(5)								-		
(6)								-		
(7)								-		
(8)								-		
(9)				- 05)				-		
	mn (b) must equal Fo							for an at the test	and all all and the state	
									ents that reports the	vv
organiza	ation's liability for und	ertain tax positio	ns unde	r FIN 48 (ASC /	40). Ch	IECK NE	ere if the text of th	ie rootnote has l	been provided in Part	
									Schedule D (Form 9	90) 2014

22-1774147 Page 3

				1//414/ Page 4
t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr	1.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
Total revenue, gains, and other support per audited financial statements			1	2,671,679.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
Net unrealized gains (losses) on investments	2a	4,852.		
Donated services and use of facilities	2b	637,233.		
Recoveries of prior year grants	2c			
Other (Describe in Part XIII.)	2d			
Add lines 2a through 2d			2e	642,085.
Subtract line 2e from line 1			3	2,029,594.
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
Other (Describe in Part XIII.)	. 4b			
			4c	0.
			5	2,029,594.
rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	rn.
Total expenses and losses per audited financial statements			1	2,834,961.
Amounts included on line 1 but not on Form 990, Part IX, line 25:				
Donated services and use of facilities	. 2a	637,233.		
Prior year adjustments	2b			
Other (Describe in Part XIII.)	. 2d			
Add lines 2a through 2d			2e	637,233.
			3	2,197,728.
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Other (Describe in Part XIII.)	4b			
				•
Add lines 4a and 4b			4c	0.
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) rt XIII Supplemental Information.			4c 5	0. 2,197,728.
	Reconciliation of Revenue per Audited Financial Statemet Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part IV, line 12.</i>) rt XII Reconciliation of Revenue per Audited Financial Statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Armounts included on Form 990, Part VIII, line 12, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Add lines 4a and 4b 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 4b Add lines 4a and 4b 2c Total revenues and losses per audited financial statements 2a Amounts included on line 1 but not on Form 990, Part IX, line 25: 2c Donated services and use of facilities 2a Prior year adjustments 2b Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 12.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: </th <th>Art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 4,852. Net unrealized gains (losses) on investments 2b 637,233. Donated services and use of facilities 2d 2e Other (Describe in Part XIII.) 2d 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4a 4b Add lines 4a and 4b 4c 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 tt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25:</th>	Art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 4,852. Net unrealized gains (losses) on investments 2b 637,233. Donated services and use of facilities 2d 2e Other (Describe in Part XIII.) 2d 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4a 4b Add lines 4a and 4b 4c 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 tt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25:

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

PART X, LINE 2:

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

DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN 2014.

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 432054 10-01-14

Schedule D (Form 990) 2014

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Schedule D (Form 990) 2014 JU	UNIOR ACHIEVEMENT	OF NEW JERSEY	22-1774147 Page 5
UNCERTAINTY OCCURS IF	THE RECOGNITION T	HRESHOLD IS MET.	MANAGEMENT
DETERMINED THERE WERE	NO TAX UNCERTAINT	IES THAT MET THE	RECOGNITION
THRESHOLD IN 2014.			
432055			Schedule D (Form 990) 2014
10-01-14		45	

12180916 138372 J0073.0 2014.04010 JUNIOR ACHIEVEMENT OF NEW J J0073_01

(Form 990 or 990-EZ) Department of the Treasury Letranel Reviews Service	ental Information Regarding e organization answered "Yes" to organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 9 5,000 () or Fo	990, P on Fo rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization	ACHIEVEMENT OF NEW			-	ov/fo		dentification number
Part I Fundraising Activities	Complete if the organization answe				ne 17		
 required to complete this pair Indicate whether the organization rai Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations Did the organization have a written or key employees listed in Form 990, F If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	sed funds through any of the followi e Solicita f Solicita g Special pr oral agreement with any individua Part VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	<u>г</u>	″ es □ No to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paio or retained b fundraiser ted in col. (i)	y) to (or retained by)
		Yes	No				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	Dutions	s or has been notified	l it is	exempt fror	n registration
LHA For Paperwork Reduction Act Not							990 or 990-EZ) 2014

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

Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14

of fundraising event contributions and gross income on Form 000 F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 99		events with gross receip	ts greater than \$5,000.
Т			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HALL OF FAME		•	(add col. (a) through
			DINNER	BOWL-A-THONS	9	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	553,962	. 155,136.	195,590.	904,688.
	2	Less: Contributions	425,024	. 148,619.	139,298.	712,941.
\downarrow	3	Gross income (line 1 minus line 2)	128,938	. 6,517.	56,292.	191,747.
	4	Cash prizes				
	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	0	Entortainment				
	8 9	Entertainment Other direct expenses		. 6,517.	56,292.	191,747.
	10	Direct expense summary. Add lines 4 through		.,		191,747.
		Net income summary. Subtract line 10 from li				0.
Par	t I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Forn	n 990, Part IV, line 19, or r	eported more than	
Kevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Ulrect Expenses	3	Noncash prizes				
nirect	4	Rent/facility costs				
	5	Other direct expenses				
T		Volunteer labor	└── Yes % └── No	│	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
		Net gaming income summary. Subtract line 7				
			,,,,,,,,			
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	lf "I	No," explain:				
•						
		re any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
		· · · · · · · · · · · · · · · · · · ·				
						m 990 or 990-EZ) 2014

Sch	edule G (Form 990 or 990-EZ) 2014 JUNIOR ACHIEVEMENT OF NEW JERSEY 22-	177414	7 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No 🗌 No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	No 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Nome		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		s 🛄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year ► \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	line of the	
Fa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b,	100, 150,
	roc, ro, and rrb, as applicable. Also provide any additional information (see instructions).		
4320	33 08-28-14 Schedule G (For	m 990 or 9	90-EZ) 2014
	48		-

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Schedule G	(Form 990 or 990-EZ)	JUNIOR	ACHIEVEMENT	OF	\mathbf{NEW}	JERSEY
Part IV	Supplemental Info	rmation (cont	tinued)			

Part IV Supplemental Information (continued)		
		Schedule G (Form 990 or 990-EZ
I32084 J5-01-14	49	·

SCHEDULE I (Form 990)		Complexity Complexity	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.}	er Assistand d Individual answered "Yes"	ce to Organ s in the Uni to Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Informati	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs. pov/form990.	Attach to Form 990. Form 990) and its instru	n 990. instructions is a	t www.irs.gov/form99		Open to Public Inspection
Name of the organization	ation JUNIOR ACHIEVEMENT	I EVEMENT	OF NEW JERSEY	SEY		•		Employer identification number 22-1774147
Part I General I	General Information on Grants and Assistance	d Assistance					-	
1 Does the organi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selecti	
criteria used to	criteria used to award the grants or assistance?	ance?						Ves X No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monit	oring the use of grant 1	funds in the United	d States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	omestic Organiz	zations and Domestic	covernments. C	omplete if the orga	Inization answered "Y	es" to Form 990, Part IV	/, line 21, for any
recipient	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if addition	onal space is need	led.	(6) M (2+1) and af		
1 (a) Name and a or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(n) mennod ol valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total numl	Enter total number of section 501(c)(3) and government organizations lis	d government or	ganizations listed in the	ted in the line 1 table				
3 Enter total numl	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					
LHA For Paperworl	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2014)

10-15-14

-	IENT OF N	OF NEW JERSEY			22-1774147 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III Can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" to Form 99	30, Part IV, line 22.	
(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 non-cash assistance
SCHOLARSHIPS	σ	13,000.		0. FMV	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	le 2, Part III, column	(b), and any other ac	Iditional information.	
		, ,			
432102 10-15-14		51			Schedule I (Form 990) (2014)

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	14		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		r i	
Dena	tment of the Treasury	Attach to Form 990.		Open to			
	al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe			
Nan	e of the organizatio		Employer i			mber	
		JUNIOR ACHIEVEMENT OF NEW JERSEY	22-1	177414	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed in Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
	If any of the house						
D		on line 1a are checked, did the organization follow a written policy regarding payment or		46			
2		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, ors, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
	trustees, and onice			2			
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's				
Ŭ	,	ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		compensation consultant X Compensation survey or study					
		ther organizations X Approval by the board or compensation of	ommittee				
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	Receive a severand	e payment or change-of-control payment?		4a		X	
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X	
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r						
а	The organization?			5a		X	
b		ation?		5b		X	
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r	0				v	
a	Ine organization?			6a		X X	
b		ation?		6b			
7		r 6b, describe in Part III.	_				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		-		x	
0		es 5 and 6? If "Yes," describe in Part III		7			
8				8		x	
9		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					
IJ		a the organization also follow the rebuttable presumption procedure described in 1 53.4958-6(c)?		9			
<u> </u>		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 900	014	
			Scheu			, 2014	

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SCHE	DULE	Μ
(Form	000)	

Noncash Contributions

OMB No. 1545-0047

Open To Public

Inspection

Δ

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 22-1774147

JUNIOR ACHIEVEMENT OF NEW JERSEY

Pa	t I Types of Property	(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de		•	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition ar	nount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PGM RENTS)	Х	4	637,233.				
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organized	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property re	ported in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which is not required to be a	used for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that r	equires the review	of any non-standard contribu	itions?	31		Х
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	icit, process, or sell noncash				1.
	contributions?					32a		X

 describe in Part II.

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

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2014)

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b If "Yes," describe in Part II.

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this part for any additional information.					
432142 08-12-14		FC		Schedule	M (Form 990) (2014)
180916 138372 J0073.0	2014.04010	56 JUNIOR	ACHIEVEMENT	OF NEW	J J0073_01

Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II

22-1774147

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Δ (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. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number 22-1774147 JUNIOR ACHIEVEMENT OF NEW JERSEY FORM 990, PART VI, SECTION B, LINE 11: 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

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

THE ORGANIZATION MAKES INFORMATION AVAILABLE FOR PUBLIC INSPECTION UPON

WRITTEN REQUEST

FORM 990, PART XII, LINE 2C:

THE BOARD HAS AN ESTABLISHED AUDIT COMMITTEE TO OVERSEE THE SELECTION

AND AUDIT PROCESS

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Schedule O (Form 990 or 990-EZ) (2014)

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