TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2016

Prepared for	
	Junior Achievement of New Jersey 360 Pear Blossom Drive Edison, NJ 08837
Prepared by	Spire Group PC 100 Walnut Ave, Suite 103 Clark, NJ 07066
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

			** PUBLIC DISCLOSURE COPY	* *		
	Ω		Return of Organization Exempt Fror	n Incor	ne Tax	OMB No. 1545-0047
For	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			s 2015
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it n	-	-	Open to Public
		enue Service	Information about Form 990 and its instructions is at www.			Inspection
		- î			0, 2016	
B c	heck if	f C Name of	organization	D Emp	oloyer identifica	ation number
V	Addr		OR ACHIEVEMENT OF NEW JERSEY			
	Nam Chan	e			22-17	74147
	Initia		usiness as and street (or P.O. box if mail is not delivered to street address) Room/s	uite F Tele	phone number	,,
	Final	360	PEAR BLOSSOM DRIVE			19-0404
	termi	n-	own, state or province, country, and ZIP or foreign postal code	G Gross	s receipts \$	2,314,658.
	Amer	nded EDIS	ON, NJ 08837	H(a) Is	this a group ret	urn
	Appli dtion	F Name a	nd address of principal officer: CATHERINE MILONE-RICHA	RD fo	r subordinates?	
	pend	SAME	AS C ABOVE	H(b) Are	e all subordinates incl	uded? Yes No
		kempt status:				st. (see instructions)
			JANJ.ORG		roup exemption	
		of organization:	X Corporation Trust Association Other ► L	Year of formati	ion: 1965 M	State of legal domicile: NJ
Pa		Summary				VOIINO
e	1		e the organization's mission or most significant activities: TO INSPI TO SUCCEED IN A GLOBAL ECONOMY •		FREFARE	TOONG
nan	2		x ► if the organization discontinued its operations or disposed of it	moro than 25	ing of its not ass	ote
ver	3		ing members of the governing body (Part VI, line 1a)		- I I	43
ဗီ	4	Number of ind	43			
8 8	5		31			
Activities & Governance	6		of individuals employed in calendar year 2015 (Part V, line 2a) of volunteers (estimate if necessary)			4995
Activ	7 a		d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34		7b	0.
					r Year	Current Year
ne	8		and grants (Part VIII, line 1h)	2,0	20,825.	2,001,056.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	
Rey			come (Part VIII, column (A), lines 3, 4, and 7d)		8,769.	26,769.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2 0	29,594.	2,027,825.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		13,000.	15,308.
	14		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	0.
s				1,2	63,620.	1,342,022.
Expenses	16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 708,648.		0.	0.
kpe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) > 708,648.			
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		21,108.	1,032,283.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		97,728.	2,389,613.
	19	Revenue less	expenses. Subtract line 18 from line 12		68,134.	-361,788.
Net Assets or Fund Balances					of Current Year	End of Year
Sset Bala	20	Total assets (F			31,839.	1,220,134.
let A Ind	21		(Part X, line 26)		18,788. 13,051.	94,505. 1,125,629.
	22 art II		fund balances. Subtract line 21 from line 20	, э	T2,02T•	1,140,049.
		•	declare that I have examined this return, including accompanying schedules and st	atements and	to the best of my l	knowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which pre		-	ano mougo and bollol, it lo
		,				

Sign Here	Signature of officer CATHERINE MILONE-RICHA	Date								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature Da	te Check PTIN							
Paid	KATHLEEN M. CLAYTON CPA	10)/14/16 ^{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.732-381-8887									
May the II	lay the IRS discuss this return with the preparer shown above? (see instructions)									
			- 000							

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Form	JUNIOR ACHIEVEMENT OF NEW JERSEY 22-1774147 Page
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes Yes Yes If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,562,644 · including grants of \$ 15,308 ·) (Revenue \$
	TO EMPOWER YOUNG PEOPLE TO OWN THEIR ECONOMIC SUCCESS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,562,644.
	Form 990 (201
53200 12-16-	15
491	2 014 138372 J0073.0 2015.04020 JUNIOR ACHIEVEMENT OF NEW J J0073 02

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⊢orm	990	(2015)	

JUNIOR ACHIEVEMENT OF NEW JERSEY

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

Form **990** (2015)

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Form 990 (2015)	JUNIOR	ACHIEVEMENT
Part IV	Checklist of	Required Sc	hedules (continued)

JUNIOR ACHIEVEMENT OF NEW JERSEY

			Yes	No
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		
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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	250		
20	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		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
~~	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

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Form	990 (2015) JUNIOR ACHIEVEMENT OF NEW JERSEY		22-1774	147	P	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	10					
	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	reporta	ble aamina					
	(gambling) winnings to prize winners?		5 5	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	31					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction							
3a				3a		х		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x		
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (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 trans			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 t							
	any contributions that were not tax deductible as charitable contributions?			6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu							
	were not tax deductible?		-	6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas req	uired					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e					
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	י 1041'	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
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				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b				

Form **990** (2015)

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Form 990	(2015))
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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.

	<u></u>
Yes	
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<u> </u>	<u> </u>
	_
├───	7a
 	7b
X	8a
Х	8b
L	9
Yes	
<u> </u>	10a
	10b
Х	11a
Х	12a
Х	12b
ĺ	
Х	12c
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х	15b
	16a
	10a
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Part VII	Comp	pensation	ו of	Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compen	sated
	Empl	oyees, ai	nd Ir	ndepende	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.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		er an	laad	recio	or/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	trust		ee	npen		(00-2/1099-00130)		and related
	below	d ual ti	itiona	_	nploy	st cor	5			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DINO ROBUSTO	1.00			_						
CHAIR		X		Х				0.	0.	0.
(2) CHRISTINE P LACROIX	1.00									
VICE CHAIR		X		Х				0.	0.	0.
(3) JOHN M CUSANO, JR	1.00									
TREASURER		X		Х				0.	0.	0.
(4) THOMAS G EARP, ESQ	1.00									
SECRETARY		X		Х				0.	0.	0.
(5) PATRICK A COZZA	1.00									
DIRECTOR		X						0.	0.	0.
(6) DAVID J WEAVING	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DAVID W BUDD, SR	1.00									
DIRECTOR		X						0.	0.	0.
(8) JOHN A BEATRICE	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) PAMELA J CRAIG	1.00									
DIRECTOR		Х						0.	0.	0.
(10) YVETTE DONADO	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JAMES V COCITO	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(12) LARRY COSTELLO	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(13) WILLIAM E FOSHAY	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(14) MICHAEL FOSSACECA	1.00	v						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(15) ROBERT GARCIA	1.00	x						0.	0.	0
DIRECTOR	1 00	^						0.	0.	0.
(16) MICHAEL GLICKMAN	1.00	x						0	0.	0
DIRECTOR	1.00	<u>^</u>					┣──	0.	0.	0.
(17) RICHARD C CRIST JR.	1.00	x						0.	0.	0.
DIRECTOR								. 0.	0.	Form 990 (2015)
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Dort VII	-

JUNIOR ACHIEVEMENT OF NEW JERSEY

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	nd H	ighe	st C	Compensated Employee	es (continued)				
(A)	(B)			-	C)			(D)	(E)			(F)	
Name and title	Average	(do				n e than	one	Reportable	Reportable		Est	imate	ed
	hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation		am	ount	of
	week	<u> </u>	cer an	10 a 0	direct	or/trus	stee)	from	from related			other	
	(list any	recto						the	organizations		comp		
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC	<i>i</i>)		om the	
	organizations	ustee	trust		e	suadu		(W-2/1099-MISC)			•	nizati relat	
	below	ual tr	tional		ploye	st con						nizatio	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgu	nzati	0110
(18) CLYDE D KEATON	1.00		-	0	<u> </u>	1 0	<u> </u>			-+			
DIRECTOR		x						0.		0.			Ο.
(19) CRAIG L. MONTANARO	1.00				+								
DIRECTOR		x						0.		0.			Ο.
(20) LAURIE SIEGEL	1.00				+		-			<u> </u>			<u> </u>
DIRECTOR	1.00	x						0.		0.			0.
(21) MICHAEL T STEFANSKI	1.00				-					<u> </u>			••
DIRECTOR	1.00	x						0.		0.			Ο.
(22) CORY THACKERAY	1.00				+		-	0.					0.
· , · · · · · · · · · · · · · · · ·	1.00	x						0.		0.			0.
DIRECTOR	1.00	^			+			0.		••			0.
(23) LAWRENCE S.FEINSOD	1.00												0
DIRECTOR	1 00	X			-	-	<u> </u>	0.		0.			0.
(24) EDWARD J WATERFIELD	1.00												0
DIRECTOR	1 00	X			_			0.		0.			0.
(25) PETER WALLBURG	1.00												•
DIRECTOR	1	X						0.		0.			0.
(26) KRISTEN HACKETT	1.00												•
DIRECTOR		X						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI								294,667.		0.			51.
d Total (add lines 1b and 1c)								294,667.		0.	86	5 ,3	51.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	lbov	ve) wl	ho r	eceived more than \$100	,000 of reportable				
compensation from the organization													1
										E		Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	ey e	mplo	oyee	, or	highest compensated er	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ens	atio	n and	d ot	her compensation from t	the organization				
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete	Sch	edul	e J i	for such individual		L	4	х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	n ang	y uni	relat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	per	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent d	cont	racto	ors 1	that received more than	\$100,000 of comp	ensa	tion fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ing v	with	or w	/ithi	n the organization's tax y	/ear.				
(A)								(B)			(C))	
Name and business	address	NC	ONE	Ξ				Description of s	ervices	Co	ompen	satio	n
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	o tho	ose li	stec	d above) who received m	ore than				
\$100,000 of compensation from the organized						0							
SEE PART VII, SECTION		L I I	NUZ	AΤ	IOI	N S	SH	EETS		F	orm 9	990 (2	2015)
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						8							

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	CHIEVEM								22-177	4147
Part VII Section A. Officers, Directors, T		mplo	oyee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	, .		Posi				Reportable	Reportable	Estimated
	hours	(Cl	heck	all t	that	app	ly)	compensation	compensation	amount of other
	per week					e		from the	from related organizations	compensation
	(list any	tor				i plo ye		organization	(W-2/1099-MISC)	from the
	hours for	- direc				ed em		(W-2/1099-MISC)	(organization
	related	stee or	ustee			en sat				and related
	organizations	al trus	nal tr		lo yee	dwoc				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	pu	lns	Off	Ke	ΞΪ	ية.			
(27) KEVIN O'SULLIVAN	1.00	x						0.	0.	0
DIRECTOR (28) PAUL B ROSENBAUM	1.00	<u> </u>						0.	0.	0.
(28) PAUL B ROSENBAUM DIRECTOR	1.00	x						0.	0.	0.
(29) JEFFREY S. SHUMAN	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(30) BARBARA G. KOSTER	1.00									
DIRECTOR		x						0.	0.	0.
(31) NANCY E. GRAVES	1.00								• •	
DIRECTOR		x						0.	0.	0.
(32) DAVID R.HILL	1.00									
DIRECTOR		x						0.	Ο.	0.
(33) JOHN KANE	1.00									
DIRECTOR		X						0.	0.	0.
(34) LARISA PERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(35) MICHELE N SIEKERKA	1.00									
DIRECTOR	1 0 0	X						0.	0.	0.
(36) MATTHEW WEBER	1.00							0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(37) STEPHEN H CLARK	1.00	x						0.	0.	0.
DIRECTOR (38) JONATHAN BILLER	1.00						<u> </u>	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(39) THOMAS A. BRACKEN	1.00	11						· ·	••	
DIRECTOR	1000	x						0.	0.	0.
(40) MELANIE WILLOUGHBY	1.00									
DIRECTOR		x						0.	0.	0.
(41) CHRISTINE T.NEELY	1.00									
DIRECTOR		x						0.	Ο.	0.
(42) CHRISTOPHE PERON	1.00									
DIRECTOR		X						0.	0.	0.
(43) MIRIAM HERNANDEZ-KAKOL	1.00									
DIRECTOR		Х						0.	0.	0.
(44) CATHERINE MILONE-RICHARDS	60.00							100 -0-		
PRESIDENT				X			<u> </u>	179,537.	0.	46,502.
(45) DAWN SCHWARTZ	40.00	-						115 100	<u>^</u>	20 040
SVP DEVELOP/COMM/CAPSTONE						Х		115,130.	0.	39,849.
		{								
	1	I		I		I	I			
Total to Part VII, Section A, line 1c						<u></u>		294,667.		86,351.

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Form	n 990 (2015) JUNIC	OR ACHIEV	EMENT OF	NEW JERSE	Y	22-1774	147 Page 9
Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lir				
					(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]			
ts, (Am	с	Fundraising events	1c	714,175.				
Gif ilar		Related organizations			-			
ns, Sim		Government grants (contribut			4			
utio	f	All other contributions, gifts, gran		704 700				
Otb		similar amounts not included abo	ve [1f ⊥ ,	794,722. 507,841.	4			
ou		Noncash contributions included in lines			2,001,056.			
0 0	n	Total. Add lines 1a-1f		Business Code				
e	2 a			Business Code				
Program Service Revenue	z a b							
Ser	c							
am eve	d							
ogr B	е							
Ъ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		►				
	3	Investment income (including						
		other similar amounts)			2,750.			2,750.
	4	Income from investment of ta						
	5	Royalties						
		_	(i) Real	(ii) Personal	-			
		Gross rents			4			
		Less: rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	/ a	assets other than inventory	83,409.					
	b	Less: cost or other basis						
	-	and sales expenses	59,390.					
	с	Gain or (loss)						
		Net gain or (loss)		►	24,019.			24,019.
Other Revenue		Gross income from fundraisin including \$ 714,1	g events (not					
eve		contributions reported on line						
ъ		Part IV, line 18	а	227,443.				
Othe	b	Less: direct expenses	b	227,443.				
5	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		. <u></u>				
	iu a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold			-			
		Net income or (loss) from sale						
	0	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.		►	2,027,825.	0.	0.	
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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).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	15,308.	15,308.		
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	190,806.	98,613.	13,191.	79,002
7	Other salaries and wages	783,029.	404,688.	54,134.	324,207
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	135,886.	70,229.	9,394.	56,263
9	Other employee benefits	142,966.	73,888.	9,884.	59,194
0	Payroll taxes	89,335.	46,170.	6,176.	36,989
1	Fees for services (non-employees):				
а	Management				
b					
с	Accounting	83,910.	43,367.	5,801.	34,742
	Lobbying				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	28,273.	14,612.	1,955.	11,706
2	Advertising and promotion	5,150.	5,150.		
3	Office expenses	17,056.	8,815.	1,179.	7,062
4	Information technology	53,639.	27,722.	3,708.	22,209
5	Royalties				
6	Occupancy	64,833.	33,507.	4,482.	26,844
7	Travel	20,968.	20,968.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	13,501.	6,978.	933.	5,590
0	Interest				
1	Payments to affiliates	59,617.	59,617.		
2	Depreciation, depletion, and amortization	58,825.	30,402.	4,067.	24,356
3	Insurance	7,756.	6,505.	179.	1,072
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	BIZ TOWN EXPENSE	280,479.	280,479.		
b	PROGRAM MATERIALS	242,526.	242,526.		
c	VOLUNTEER RECOGNITION	48,870.	48,870.		
d	MISCELLANEOUS	24,914.	12,878.	1,719.	10,317
e	All other expenses	21,966.	11,352.	1,519.	9,095
5	Total functional expenses. Add lines 1 through 24e	2,389,613.	1,562,644.	118,321.	708,648
6	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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1,631,839.

34

JUNIOR ACHIEVEMENT OF NEW JERSEY

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

Total liabilities and net assets/fund balances_____

746,607. 535,809. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 65,900. 59,690. Pledges and grants receivable, net 3 3 168,240. 175,050. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 154,683. 40,836. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 325,007. basis. Complete Part VI of Schedule D _____ 10a 249,010. 134,821. 75,997. b Less: accumulated depreciation 10b 10c 287,762. 266,724. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 67,016. 72,838. 15 Other assets. See Part IV, line 11 15 1,631,839. 1,220,134. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 118,788. 17 94,505. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 118,788. 94,505. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 530,087. 560,657. 27 Unrestricted net assets 27 982,964. 564,972. Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,125,629. 1,513,051. Total net assets or fund balances 33 33

(A)

Beginning of year

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(B)

End of year

1,220,134.

Form **990** (2015)

Form 990 (2015)

Assets

_iabilities

Vet Assets or Fund Balances

Part X Balance Sheet

	1990 (2015) JUNIOR ACHIEVEMENT OF NEW JERSEY	22-17	74147	Pag	_{le} 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	2,027	/,82	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,389),6	13.
3	Revenue less expenses. Subtract line 2 from line 1	3	-361		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,513		
5	Net unrealized gains (losses) on investments	5	-25	5,63	34.
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	1,125	5,62	29.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form \$	990 (2	2015)

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SCHEDULE A	
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(Form	990 or	990-	EΖ
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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

15

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fc	orm990.
	Employe

Name of the	organization
-------------	--------------

Name of t	he organization		·					identification number
			MENT OF NEW					2-1774147
Part I	Reason for Public (Charity Status (All organizations must c	omplete th	is part.) Se	ee instruction	S.	
The organ	ization is not a private found				,			
1	A church, convention of ch					1)(A)(i).		
2	A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3	A hospital or a cooperative					-		
4	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (C		ollege or university owne	d or opera	ted by a g	overnmental (unit describ	bed in
6	A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	-					he general	public described in
	section 170(b)(1)(A)(vi). (C	•		0			U	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9 X	An organization that norma				contributi	ons, members	ship fees, a	nd gross receipts from
	activities related to its exen							
	income and unrelated busir							-
	See section 509(a)(2). (Cor	nplete Part III.)				-	-	
10	An organization organized a		sively to test for public sa	afety. See	section 50	09(a)(4).		
11	An organization organized a	and operated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
	more publicly supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). C	Check the box in
	lines 11a through 11d that	describes the type o	of supporting organization	on and con	nplete lines	s 11e, 11f, an	d 11g.	
a 🗌	Type I. A supporting orga	nization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
	the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	upporting
	organization. You must o	omplete Part IV, S	ections A and B.					
b 🗌	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving
	control or management o	f the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III functionally inte	grated. A supportir	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
	its supported organization	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
d 🗌	Type III non-functionally	integrated. A supp	oorting organization ope	rated in co	nnection v	with its suppo	rted organi	zation(s)
	that is not functionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attenti	iveness
	requirement (see instruct	ions). You must co i	nplete Part IV, Section	s A and D,	, and Part	۷.		
e	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
	functionally integrated, or	Type III non-function	onally integrated support	ting organi	zation.			
f Ente	er the number of supported o	organizations						
	vide the following information			A N A				
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of	-	(vi) Amount of
	organization		above (see instructions))	governing	document?	support instruct		other support (see instructions)
				Yes	No	instruct	10113)	mandenonay
Total								
	aperwork Reduction Act N	lotice, see the Inst	ructions for	1		Sche	dule A (For	m 990 or 990-EZ) 2015
						0010		

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 JUNIOR ACHIEVEMENT OF NEW JERSEY Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and sto	here					>
-	ction C. Computation of Publ						
	Public support percentage for 2015 (14	%
	Public support percentage from 2014						%
1 6a	33 1/3% support test - 2015. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						e 🚬 🗔
	organization meets the "facts-and-cire		•	•	,		▶⊣
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17			
					Sch	eaule A (Form 990	0 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,756,177.	1,506,079.	2,798,734.	2,658,058.	2,508,897.	11,227,945.
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	1,045.					1,045.
3	Gross receipts from activities that						,
U	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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,757,222.	1,506,079.	2,798,734.	2,658,058.	2,508,897.	11,228,990.
7a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						11,228,990.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	1,757,222.	1,506,079.	2,798,734.	2,658,058.	2,508,897.	11,228,990.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-231.	10,215.	3,997.	8,769.	26,769.	49,519.
b	Unrelated business taxable income						- ,
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	-231.	10,215.	3,997.	8,769.	26,769.	49,519.
	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.)	1,756,991.	1,516,294.	2,802,731.	2,666,827.	2,535,666.	11,278,509.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k 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	centage				
15	Public support percentage for 2015 (I	ine 8, column (f) div	vided by line 13, co	olumn (f))		15	99.56 %
	Public support percentage from 2014					16	99.69 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	15 (line 10c, colum	n (f) divided by line	e 13, column (f))		17	.44 %
	Investment income percentage from					18	.31 %
19a	133 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						► X
b	33 1/3% support tests - 2014. If the	•					
_	line 18 is not more than 33 1/3%, che		•	-			
	Private foundation. If the organizatio	n did not check a b	box on line 14, 19a	, or 19b, check thi			
53202	23 09-23-15			16	Sche	edule A (Form 990	or 990-EZ) 2015

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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 in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 JUNIOR ACHIEVEMENT OF NEW JERSEY

	Continued)		Vac	Ne
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	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		
	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. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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 yea(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second day is a second day in the second day is a second day is a second day in the second day is a second day is a second day in the second day is a second day is a second day is a second day in the second day is a second day is a second day in the second day is a second day is a second day in the second day is a second day is a second day in the second day is a second day is a second day in the second day is a se	ructions		N
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	0-		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b				
	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		
2	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
h	trustees of each of the supported organizations? Provide details in <i>Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9		0-F7	2015
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Schedule A (Form 990 or 990-EZ) 2015 JUNIOR ACHIEVEMENT OF NEW JERSEY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ot 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.

on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
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	(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			
	Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) ion B - Minimum Asset Amount 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 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) ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 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 ion B - Minimum Asset Amount 7 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 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): 3 Aceash 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	Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 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 ion B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly value of securities 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 3 factors (explain in detail in Part VI): 4 Acquisition indebtedmess 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

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 JUNIOR ACHIEVEMENT OF NEW JERSEY

Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		, , , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses 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	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
C				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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Part VI	(Form 990 or 990-EZ) 2015 JUNI	Provide the evolution			22-1774147 Pa
	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	4b, 4c, 5a, 6, 9a, 9b, 9c	, 11a, 11b, and 11	c; Part IV, Section B, line c; Part IV, Section B, lin	a or 170; Part III, Ine 12; es 1 and 2; Part IV, Section C,
	Section D, lines 5, 6, and 8; and Pa	a 3; Part IV, Section E, IIn Irt V, Section E, lines 2, 5,	and 6. Also comp	lete this part for any add	it v, Section B, line Te; Part v, ditional information.
	(See instructions.)				
32028 09-23- ⁻	5			Sche	dule A (Form 990 or 990-EZ)
			21		
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

JUN.

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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

2015

Employer identification number

OR	ACHIEVEMENT	OF	NEW	JERSEY	

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) (2015)

JUNIOR ACHIEVEMENT OF NEW JERSEY

22 - 1774147

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$82,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$112,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	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
4		\$ <u>32,410.</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
5		\$18,000.	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
<u>6</u> 523452 10-26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015

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Person Payroll

Noncash

(d)

Type of contribution

(d)

Type of contribution

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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) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 7 15,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4

8		\$ <u>7,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>132,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>		\$ <u>26,650.</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
		\$10,000.	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
		\$23,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-26-	24		990, 990-EZ, or 990-PF) (2015)
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Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number JUNIOR ACHIEVEMENT OF NEW JERSEY Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 Person Payroll 20,242. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 Person Payroll 46,375. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 15 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 16 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 17 Person Payroll 5,000. Noncash

			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization 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) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 Person Payroll 11,900. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 20 Person Payroll 45,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 21 Person Payroll 9,900. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 22 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 1-1 (h) 1-1

(a)	(B)	(C)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23		\$60,000.	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
24		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Type of contribution

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Person

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** 25

		\$20,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ <u>17,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$20,000.	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
28		\$9,331.	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
29		\$13,000.	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
<u>30</u> 523452 10-2		\$ 82,615. Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
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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) Name address and 7IP + 4No Total contributions

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$14,687.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$14,250.	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
34		\$60,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u>5,000.</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
<u>36</u> 523452 10-20	6-15	\$\$\$\$\$\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

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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 37 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 38 Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 X Person Payroll 70,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 40 Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 41 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 X Person Pavroll 8,500. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

noncash contributions.)

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JUNIOR ACHIEVEMENT OF NEW JERSEY

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$ <u> </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
<u> 44</u>		\$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		\$30,000.	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
46		\$12,249.	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		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

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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) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 50 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 51

51		- \$\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution Person X
		\$10,000. 	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		- \$\$8,000.	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
54		\$300,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
523452 10-26	⁶⁻¹⁵ 31	Schedule B (Form	990, 990-EZ, or 990-PF) (2015)

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Name of organization 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) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 55 Person Payroll 13,240. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 56 Person Payroll 5,400. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 57 Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 58 Person

		\$\$,000 .	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 59 </u>		\$7,000.	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
<u> 60 </u>		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization 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) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 Person Payroll 15,185. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 62 Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 63 Person Payroll 64,160. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 64 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 Person Payroll 10,000. Noncash

			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
66		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Type of contribution

X

22-1774147

Person Payroll

JUNIOR ACHIEVEMENT OF NEW JERSEY

		\$5,000.	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
68		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$5,000.	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
70		\$8,000.	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
71		\$5,000.	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
72		\$8,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-2		Schedule B (Form	990, 990-EZ, or 990-PF) (2015)
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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**

73		\$20,341.	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
74		\$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
		\$ <u>6,606.</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
76		\$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
77		\$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
<u>78</u> 523452 10-2	6-15	\$ <u>15,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
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2015.04020 JUNIOR ACHIEVEMENT OF NEW J J0073_02

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 79 X Person Payroll 5,625. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 80 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 81 X Person Payroll 70,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 82 Х 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** 83 X Person Payroll 5,700. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 84 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Employer identification number

(d)

Type of contribution

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22-1774147

Person

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** 85

(a) Name, address, and ZIP + 4 Total contributions Type of contribution 86		 \$5,000.	Payroll Noncash (Complete Part II for noncash contributions.)
a s 5,000. Payroll and Compared the part II for noncash contributions.) (a) (b) (c) (d) 87 (a) (b) (c) (d) 87 (c) (c) (d) (c) (c) (a) Name, address, and ZIP + 4 s 11,600. Person and Payroll Noncash and Compared contributions (a) (b) (c) (c) (c) (c) (c) (a) Name, address, and ZIP + 4 Total contributions Type of contributions.) (c) (a) Name, address, and ZIP + 4 Total contributions Type of contributions.) (c) (a) Name, address, and ZIP + 4 Total contributions Person and payroll payroll payroll payroll Noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Person and payroll payroll payroll payroll payroll payroll Noncash and contributions.) (a) Name, address, and ZIP + 4 Total contributions Person payroll pa			
No. Name, address, and ZIP + 4 Total contributions Type of contribution 87	86	\$5,000.	Payroll Noncash (Complete Part II for
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No. Name, address, and ZIP + 4 Total contributions Type of contribution 88	87	\$11,600.	Payroll Noncash (Complete Part II for
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Payroll 89 (c) (d) Type of contribution 89 (c) (d) Person X (a) (b) (c) (d) Noncash (c) (a) (b) (c) (d) Noncash (c) (d) (a) (b) (c) (c) (c) (c) (d) Noncash (c) (c) (d) Noncash (c) (c) (d) Noncash contributions.) (c) (d) Noncash (c) (d) Noncash contributions.) (d) Type of contribution (d) Type			
No. Name, address, and ZIP + 4 Total contributions Type of contribution 89	88	\$11,000.	Payroll Noncash (Complete Part II for
Image: second system Image: second system Payroll Noncash Noncash Image: complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Image: complete Part II for noncash contributions 90 Image: complete Part II for noncash contribution Person Image: complete Part II for noncash 90 Image: complete Part II for noncash Image: complete Part II for noncash contributions Person Image: complete Part II for noncash contributions.)			
No. Name, address, and ZIP + 4 Total contributions Type of contribution 90	89	\$25,000.	Payroll Noncash (Complete Part II for
\$ 5,400. Payroll (Complete Part II for noncash contributions.)			
			Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 91 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 92 Person Payroll 9,050. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution

93		\$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
94		\$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
95		\$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
96		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-2	26-15 2 0	Schedule B (Form	990, 990-EZ, or 990-PF) (2015)

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Page 2

X

X

X

X

X

X

noncash contributions.)

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 97 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 98 Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 99 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 100 Person Payroll 143,123. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 101 Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 102 Person Pavroll 14,717. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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523452 10-26-15

Employer identification number

22-1774147

JUNIOR ACHIEVEMENT OF NEW JERSEY

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PROGRAM FACILITIES		
54			
		\$\$	12/31/15
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of holicash property given	(see instructions)	Datereceived
	PROGRAM FACILITIES		
100			
			12/31/15
		· · · · · · · · · · · · · · · · · · ·	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Beschption of holicash property given	(see instructions)	Batereceiveu
1.0.1	PROGRAM FACILITIES		
101			
		\$ 50,000.	12/31/15
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honousit property given	(see instructions)	Batereceived
100	PROGRAM FACILITIES		
102			
			12/31/15
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		\$	
(a)	<i>4</i> .	(c)	<i>.</i>
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	2.110 1 0001100
3453 10-20	2.15		90, 990-EZ, or 990-PF) (

08491014 138372 J0073.0

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
Schodulo B (Form 000, 000 E7, or 000 DE) (2015)

Page	4
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Name of orga	anization		Employer identification number
	ACHIEVEMENT OF NEW JE		$\frac{22 - 1774147}{1 \text{ section 501(c)(7), (8), or (10) that total more than $1,000 for}}$
Part III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the follow is, charitable, etc., contributions of \$1,000 or I	ring line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
523454 10-26-	15		Schedule B (Form 990, 990-EZ, or 990-PF) (2015

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Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

Employer identification number

	JUNIOR ACHIEVEMENT OF NEW JERSEY	22-1774147
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	lds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
-	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
u	listed in the National Register	2d
2		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	lization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
-	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganization's accounting for
De	conservation easements.	Similar Acceta
Pa	T III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public set	rvice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	. ▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	_ ▶ \$
b	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2015
53205 11-02-	15	
	42	

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Part III Organization's maintaining Collections of Art, Historical Treasures, or Other Similar Assets a Using the organization's accession, and other records, check any of the following that are a significant use of its collection items a Pable solubility d Loan or exchange programs b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uming the year, did the organization sollection? Yes No Part V Escholarity research e Other Other Yes No Part V Escholarity research f Other Yes No No Part V Escholarity research f Generalization in collection? Yes No b If *Yes, * explain the arrangement in Part XIII and complete the following table: Yes No No c Beginning balance 1d	Sche		ACHIEVEMEN	-							Page 2
charter apply: a Delate solubition d Loan or exchange programs b Brokes exclution of thurus generations e Other c Provide a description of the organization is collections and explain how they further the organization is excerpt purpose in Part XIII. 5 Using the year, did the organization is collection? Yes No Fart. IV Escrow and Cutstodial Arrangements. Complete if the organization collection? Yes No Fart. IV Escrow and Cutstodial Arrangements. Complete if the organization collection? Yes No b If ''ss, ''sopian the arrangement in Part XIII and complete the following table: Amount 1 a Is the organization collection? Yes No No b If ''ss, ''sopian the arrangement in Part XIII and complete the following table: Amount 1 1 c Beginning balance 1 Amount 1 <	Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical T	reasures,	or Othe	r Simila	r Asse	ts(continu	ued)
a Public exhibition d □ can or exchange programs b Goldbary research e □ Other	3	Using the organization's acquisition, access	ion, and other record	ds, checł	k any of the	following that	at are a się	gnificant u	se of its	collection	items
b Scholarly research e Other											
c Previde a description of vfuture generations 4 Provide a description of the organization's collections and explain how they futher 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 to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part KI, line 94, solicit or receive donations or other assets not included 1a Is the organization an agent, trustele, custocian or other intermediary for contributions or other assets not included 1a Is the organization an agent, trustele, custocian or other intermediary for contributions or other assets not included 1b Thos, "explain the arrangement in Part XIII and complete the following table: 1c Additions during the year 1d Is the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 10, l	а	Public exhibition	c								
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	b	Scholarly research	e		Other						
Solving the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds raise that share the mode maintained as part of the organization is collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X ine 21. Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization angent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Id Additions during the year Id Contributions include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If "res," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. If a Gart or scholarships Orthr buttors Gorthobuttons Gorthobutton	С	-									
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance 1c Amount Id	4								se in Par	t XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table:	5									-	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Id c Beginning balance 1d Id Id d Additions during the year 1d Id Id Id 2 Dotter organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization naswered 'Yes' on Form 990, Part IV, line 10. Id Id Id 1a Beginning of year balance Id Id <th></th> <th>└── No</th>											└── No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1d Amount Id d Additions during the year 1d Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check there if the explanation has been provided on Part XIII. Pert V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (e) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions	Par			ete if the	organizatio	on answered	"Yes" on	Form 990,	Part IV,	line 9, or	
or Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Didt monitor of the year 1d e Int dreganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back (e) Four years back if a grants or scholarships. a Contributions (e) Corrent year (b) Prior year (c) Two years back if (c) Three years back if (c) Four years back if a drants or scholarships. (e) Corrent year of a call the schoad addres if the organization answered 'Yes' on Form 990, Part IV, line 10. Permanent endowment > % % % % Permanent endowment > % % % % Permanet endowment > % <t< th=""><th>10</th><th></th><th></th><th>diany for</th><th>contributio</th><th>ns or other a</th><th>scote not i</th><th>included</th><th></th><th></th><th></th></t<>	10			diany for	contributio	ns or other a	scote not i	included			
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year d Id Distributions during the year f Ending balance If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. 1a Beginning of year balance a Id b Contributions a Contributions (a) Four years back (a) Current year (b) Prior year (b) Administrative expenses a Id (c) There expenditures for facilities and programs f Administrative expenses g End of year balance 9 % b Permanent endowment > 96 % b Permanent funds ont in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations Sa(i) (ii) related organizations Sa(i) (iii) related organizations Sa(i) (iii) related organizations Sa(i) (iii) related organizatio	Ia									Ves	
c Beginning balance Ic Amount d Additions during the year Id Id e Distributions during the year Id Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State	h								·····		
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'yes'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: State of the explanation has been provided on Part XIII. Image: State of the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part IV, line 10. Image: State of the explanation has been provided on Part XIII. a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (e) Four years back b Contributions [a] Current year (b) Prior year (c) Two years back (e) Four years back b Contributions [a] Current year (b) Prior year (c) Two years back (e) Four years back b Contributions [a] Current year (b) Prior year (c) Two years back (e) Four years back c Other expenditures for facilities [a] Current year (b) Current year (b) Two years back (c) Two years back (e) Four	5		and complete the it	nowing t	lable.					Amount	
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment (b)	c	Reginning balance						10		/ mount	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (c) Ture year (c) Two years back (d) Three years back (e) Four years back do and programs for scholarships (c) Two years back (d) Three years back (e) Four years back do and programs d Grants or scholarships (c) Two years back do and programs (d) Three years back do and programs f Administrative expenses (d) Three years back do and programs (d) Three years back do and programs f Administrative expenses (d) Three years back do and programs (d) Three years back do and programs f Administrative expenses (d) Grants or scholarships (e) Two years back do and programs f Administrative expenses (f) Administrative expenses (f) Administrative expenses g End of year balance (f) Administrative expenses (f) Administrative expenses											
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: the sequence of the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a drants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2 Forwide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment (b) (% (f) The percentages on lines 2a, 2b, and 2c should equal 100%. (f) Two years back											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back e Other expenditures for facilities (a) Current year (c) Two years back (c) Two ye	2a									Yes	No
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (a) Three years back (a) Four years back Ia Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (a) Eour years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (f) Three years back (f) Three years back (f) Three years back Ia Land (f) Controperation (f) Three years back (f) Three years back (f) Three years back Ia Land (f) Year balance (f) Three years back (f) Three years back (f) Three years	b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatic	on has beer	n provided or	Part XIII		<u></u>		
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on F	orm 990, Par	t IV, line 1	0.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs			(a) Current year	(b) P	rior year	(c) Two yea	rs back 🛛 🌔	d) Three ye	ars back	(e) Four y	/ears back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 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 ▶ % f d g in unrelated organizations b if 'Yes' on line 3a(ii), are the related organization isted as required on Schedule R? d d d d d ii) related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b b b b b b b b b b c Leadehold improvements											
d Grants or scholarships	b	Contributions									
e Other expenditures for facilities and programs	С										
and programs	d	Grants or scholarships									
f Administrative expenses	е	-									
g End of year balance											
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 on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment Indus not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations listed as required on Schedule R? 2 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 2 Description of property (a) Cost or other basis (investment) basis (other) depreciation a Land											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on 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	-					<u> </u>					
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on 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:			rent year end baland		g, column (a)) held as:					
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:				_%							
The percentages on 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 b If "Yes" on line 3a(ii), are the 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment c Other (b) Cost or 0, 249, 010, 75, 997.		· · · · · · · · · · · · · · · · · · ·									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on 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 c Leasehold improvements d Equipment c Leasehold improvements d Equipment	С										
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1 Land b Buildings c Leasehold improvements d Equipment e Other (c) Accumulated (c) Accumulated	20			ation the	t are hold i	and administ	orad for th		otion		
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 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" on 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 b Buildings	Ja		ession of the organiz	allon lina	at are neiu a			le organiza	ation	Г	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c		-									
b If "Yes" on line 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" on 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											
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" on 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	b	If "Yes" on line 3a(ii), are the related organize	ations listed as requi	red on S	chedule R	>				3b	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on 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 Image: Colspan="4">Image: Colspan="4">Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings Image: Colspan="4">Image: Colspan="4">Image: Colspan="4">Image: Colspan="4">Image: Colspan="4">Colspan="4">Image: Colspan="4">Colspan="4">Image: Colspan="4">Colspan="4"Colspan="4">Colspan="4"C											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par										
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a.	See Form 99	0, Part X, I	line 10.			
b Buildings		Description of property							d I	(d) Book	value
b Buildings	1a	Land									
c Leasehold improvements 325,007.249,010.75,997. d Equipment 325,007.249,010.75,997. e Other 5000000000000000000000000000000000000											
d Equipment 325,007. 249,010. 75,997. e Other											
e Other	d	Equipment			32	25,007.	2	49,01	.0.	75	,997.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line	10c.)				75	,997.

Schedule D (Form 990) 2015

532052 09-21-15

Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990), Part X, line 15.	
(a)	Description			(b) Book value
(1)				72,838.
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)			72,838.
Part X Other Liabilities.				, 2,0000
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See For	rm 990, Part X, line 2	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)			_	
(6)			4	
			-	
(8)				
(9) Tatal (Column (b) must equal Form 000, Port V, col. (P) (in	o 25)		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line		to to the organization's	financial statements	that raparta the
 Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under 				
organization o hability for uncontain tax positions under				nedule D (Form 990) 2015

JUNIOR ACHIEVEMENT OF NEW JERSEY

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

22-1774147 Page 3

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	- 		
1 Total revenue, gains, and other support per audited financial statements 1 2,510,032. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a -25,634. 2 Donated services and use of facilities 2b 507,841. 2 Add lines 2a through 2d 2a -25,634. 3 Subtract line 2e from line 1 2d 2d 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 2,027,825. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4c 0. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,027,825. Part XII Reconciliation on Form 990, Part IX, line 25: 2 2 2,027,825. 1 Total expenses and losses per audited financial statements 2a 507,841. 2 2 Donated services and use of facilities 2 2 2 2,027,825. 2 Donated services and use of facilities 2 2,027,825. 2	 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 	2a		1	2,510,032.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a newstment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b d 4a d Other (Describe in Part XIII.) c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) c Add lines 4a and 4b d 4c orbot (Describe in Part XIII.) 4a c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) c Atd lines 3 and 4c. (This must equal Form 990, Part I, line 12.) c Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) c Atd lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) c Total expenses and losses per audited financial statements 2 Amounts included on line 1 but n	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		1	2,510,032.
a Net unrealized gains (losses) on investments 2a -25,634. b Donated services and use of facilities 2b 507,841. c Recoveries of prior year grants 2d 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2e 482,207. 3 Subtract line 2e from line 1 2a 2,027,825. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4b b Other (Describe in Part XIII.) 4a 4b 4c c Add lines 4a and 4b 4c 0. 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,027,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 507,841. 2 Other losses 2c 2c 2 507,841. 3 2,389,613. 3 2,389,613. 3 4 Add lines 2a through 2d 2e <t< th=""><th>· · ·</th><th></th><th></th><th></th><th></th></t<>	· · ·				
b Donated services and use of facilities 2b 507,841. c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 482,207. a Subtract line 2e from line 1 3 2,027,825. A mounts included on Form 990, Part VIII, line 12, but not on line 1: 3 2,027,825. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 0. b Other (Describe in Part XIII.) 4a 4c 0. c Add lines 4a and 4b 4c 0. 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,027,825. Part XII Reconciliation answered "Yes" on Form 990, Part I, line 12.) 5 2,027,4254. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Donated services and use of facilities 2a 507,841. b Prior year adjustments 2b 2c 2d c Other (Describe in Part XIII.) 2d 2e 507,841. a Subtract line 2e from line 1 3 2,389,613. 4 A	a Net unrealized gains (losses) on investments				
c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 482,207. 3 Subtract line 2e from line 1 3 2,027,825. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4a 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,027,825. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 507,841. 2 2 507,841. 2 507,841. 3 2,389,613. 4 3 2,389,613. 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: 3 2,389,613. <th></th> <th> I</th> <th></th> <th></th> <th></th>		I			
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 482,207. 3 Subtract line 2e from line 1 3 2,027,825. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4a 4b 4c c Add lines 4a and 4b 4c 0. 5 2,027,825. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,027,825. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,027,454. Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 2 507,841. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 507,841. 2 Add lines 2a through 2d 2e 507,841. 3 Subtract line 2e from line 1 3 2,389,613. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3	b Donated services and use of facilities	2b	507,841.		
e Add lines 2a through 2d 2e 482,207. 3 Subtract line 2e from line 1 3 2,027,825. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,027,825. Complete if the organization answered "Yes" on Form 990, Part I, line 12.) 5 2,027,825. 2 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 507,841. 2 2 2 2 2 507,841. 3 2,389,613. 3 2,389,613. 3 2,389,613. 4 Amounts included on Form 990, Par	c Recoveries of prior year grants	2c			
3 Subtract line 2e from line 1 3 2,027,825. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4a 4b c Add lines 4a and 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> .) 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,027,454. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 507,841. 2b 2c 2d 2d 207,841. 2d Cother losses 2c 2d 207,841. 3 Subtract line 2e from line 1 3 2,389,613. 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 2,389,613.		2d			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 507,841. 2 Donated services and use of facilities 2a 507,841. b Prior year adjustments 2c 2c c Other (Describe in Part XIII.) 2d 2e 507,841. a Subtract line 2e from line 1 3 2,389,613. 4 Amounts included on Form 990, Part IXI, line 25, but not on line 1: 4a 4a	e Add lines 2a through 2d			2e	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 2,897,454. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 507,841. 2 Donated services and use of facilities 2b 2c 2d 2 Other (Describe in Part XIII.) 2d 2d 507,841. 3 Subtract line 2e from line 1 3 2,389,613. 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 2,389,613. 4 Amounts included on Form 990, Part IXII, line 7b 4a 4a 4a	3 Subtract line 2e from line 1			3	2,027,825.
b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 507,841. b Prior year adjustments 2c 2c 2d 507,841. c Other (Describe in Part XIII.) 2d 2e 507,841. a Subtract line 2e from line 1 3 2,389,613. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 2,389,613.					
c Add lines 4a and 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 2 a 507,841. 2 Donated services and use of facilities 2b 2c 2d b Prior year adjustments 2b 2c 2d 507,841. 2 Add lines 2a through 2d 2e 507,841. 3 2,389,613. 3 Subtract line 2e from line 1 3 2,389,613. 4a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a 4a	a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
c Add lines 4a and 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 2 a 507,841. 2 Donated services and use of facilities 2b 2c 2d b Prior year adjustments 2b 2c 2d 507,841. 2 Add lines 2a through 2d 2e 507,841. 3 2,389,613. 3 Subtract line 2e from line 1 3 2,389,613. 4a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a 4a	b Other (Describe in Part XIII.)	4b			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,027,825. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,897,454. 1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 507,841. 2 Donated services and use of facilities 2 2 507,841. b Prior year adjustments 2 2 507,841. 2 Add lines 2a through 2d 2 507,841. 3 Subtract line 2e from line 1 3 2,389,613. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a				4c	0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b				5	2,027,825.
1 Total expenses and losses per audited financial statements 1 2,897,454. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 507,841. 2 b 2b 2c 2 Other losses 2c 2d 4 Other (Describe in Part XIII.) 2e 507,841. 3 Subtract line 2e from line 1 3 2,389,613. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a	Part XII Reconciliation of Expenses per Audited Financial Statemer	nts Witl	n Expenses per	Retu	rn.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	1 Total expenses and losses per audited financial statements			1	2,897,454.
b Prior year adjustments 2b 2c c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2e 507,841. 3 Subtract line 2e from line 1 3 2,389,613. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a					
b Prior year adjustments 2b 2b c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2e 507,841. 3 Subtract line 2e from line 1 3 2,389,613. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a	a Donated services and use of facilities	2a	507,841.		
c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2e 507,841. 3 Subtract line 2e from line 1 3 2,389,613. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a	b Prior year adjustments	2b			
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3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		2d			
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	e Add lines 2a through 2d			2e	
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b				3	2,389,613.
b Other (Describe in Part XIII.)	a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	b Other (Describe in Part XIII.)	4b			
				4c	0.
			<u>.</u>	5	2,389,613.
Deut VIII Cumplementel Information	Part XIII Supplemental Information.				

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

PART 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 2015.

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 532054 09-21-15

Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015 JUN Part XIII Supplemental Information	NIOR ACHIEVEMENT On (continued)	OF NEW JERSEY	22-1774147 Page 5
UNCERTAINTY OCCURS IF 7	THE RECOGNITION T	HRESHOLD IS MET.	MANAGEMENT
DETERMINED THERE WERE N	10 TAX UNCERTAINT	IES THAT MET THE	RECOGNITION
THRESHOLD IN 2015.			
			Schedule D (Form 990) 2015
532055 09-21-15		46	

anization answered "Yes" on F nization entered more than \$15 Attach to Form 990	orm § 5,000 (or Fo	990, P on Fo rm 99	art IV, lines 17, 18, or rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047
					Employer id	lentification number 4147
				line 1		
e Solicitati f Solicitati g Special al agreement with any individual II) or entity in connection with pr	ion of ion of fundra (incluo rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Y	
(ii) Activity	or con	trol of	(iv) Gross receipts from activity	tò (c	r retained by fundraiser	
	Yes	No				
		L				
registered or licensed to solicit c	contrib	▶ outions	s or has been notified	d it is	exempt from	registration
see the Instructions for Form 9	990 or	990-1	EZ. 9	Scher	jule G (Form	990 or 990-F7) 2015
	anization answered "Yes" on F ization entered more than \$15 ▶ Attach to Form 990 Schedule G (Form 990 or 990-EZ) HIEVEMENT OF NEW mplete if the organization answe unds through any of the followin e Solicitat f Solicitat g Special I agreement with any individual II) or entity in connection with pr als or entities (fundraisers) pursu- nization. (ii) Activity registered or licensed to solicit of contents of the solicit of the solicit of contents of the solicit of the solicit of the solicit of contents of the solicit of the s	anization answered "Yes" on Form S ization entered more than \$15,000 (Attach to Form 990 or Fo Schedule G (Form 990 or 990-EZ) and its HIEVEMENT OF NEW JE mplete if the organization answered "Y unds through any of the following acti e Solicitation of f Solicitation of g Special fundra all agreement with any individual (includ II) or entity in connection with profess als or entities (fundraisers) pursuant to inization. (ii) Activity Yes g Special fundra yes registered or licensed to solicit contrib	anization answered "Yes" on Form 990, P ization entered more than \$15,000 on Form 99 Schedule G (Form 990 or 990-E2) and its instru- HIEVEMENT OF NEW JERSE and the organization answered "Yes" or unds through any of the following activities. e Solicitation of non-g f Solicitation of gover g Special fundraising under il agreement with any individual (including o II) or entity in connection with professional fi als or entities (fundraisers) pursuant to agreen inization. (ii) Activity Yes No Yes No Yes No registered or licensed to solicit contributions registered or licensed to solicit contributions Here and the solici	anization answered "Yes" on Form 990, Part IV, lines 17, 18, ization entered more than \$15,000 on Form 990-EZ. line 6a. ▶ Attach to Form 990 or 900-EZ) and its instructions is at www.ins.g Schedule G (Form 990 or 900-EZ) and its instructions is at www.ins.g HEVEMENT OF NEW JERSEY nplete if the organization answered "Yes" on Form 990, Part IV, inds through any of the following activities. Check all that apply e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events I agreement with any individual (including officers, directors, true II) or entity in connection with professional fundraising services? als or entities (fundraisers) pursuant to agreements under which inization. (ii) Activity Ves No Ves	anization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19 ization entered more than \$15,000 on Form 990-EZ, line 6a. > Attach to Form 990 or Form 990-EZ. Schedule G (Form 990 or 990-EZ) and its instructions is at WWW.Irs.gov/fc HIEVEMENT OF NEW JERSEY nplete if the organization answered "Yes" on Form 990, Part IV, line 1 inds through any of the following activities. Check all that apply. e Solicitation of non-government grants g Special fundraising events il agreement with any individual (including officers, directors, trustees II) or entity in connection with professional fundraising services? als or entities (fundraisers) pursuant to agreements under which the finization. (ii) Activity Yes No Yes No Yes No Yes No I Special fundraisers) is a subject to the second of I second of I second of Special fundraisers (trust of second of I second of Second of Second of Second of Second of I second of I second of Second of Se	Attach to Form 990 or Form 990-EZ. Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer ic 22 - 177 nplete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990- ands through any of the following activities. Check all that apply. e

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 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 990)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HALL OF FAME DINNER	BOWL-A-THONS	9	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
enue						
Revenue	1	Gross receipts	609,360.	138,968.	193,290.	941,618.
	2	Less: Contributions	458,948.	118,960.	136,268.	714,176.
	3	Gross income (line 1 minus line 2)	150,412.	20,008.	57,022.	227,442.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā		Entortoinmont				
	8 9	Entertainment Other direct expenses		20,008.	57,022.	227,442.
	10	-			-	227,442.
_		Net income summary. Subtract line 10 from I				0
2	nrt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
не	1	Gross revenue				
ses	2	Cash prizes				
=xpen	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· ►	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
0a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
53208	32 09	9-14-15			Schedule G (Fo	rm 990 or 990

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Sch	edule G (Form 990 or 990-EZ) 2015 JUNIOR ACHIEVEMENT OF NEW JERSEY 22-	<u>1774</u>	147	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	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?		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 >			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Gaming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			┌┐
	retain the state gaming license?	🗀	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	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,	lines 0	06 1	0h 15h
га	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,	9D, I	JD, 15D,
5320	33 09-14-15 Schedule G (For 49	m 990 (or 990	-EZ) 2015

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Part IV	Supplemental I	nformation (con	tinued)				
Schedule G	(Form 990 or 990-EZ	JUNIOR	ACHIEVEMENT	OF	NEW	JERSEY	

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				Schedule G (Fo	orm 990 or 990-l

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Oth Governments, an Complete if the organization	nd Individua on answered "Yes Attach to For	ls in the Ŭn i " on Form 990, Pa m 990.	ited States rt IV, line 21 or 22.	00	OMB No. 1545-0047 2015 Open to Public Inspection
Name of the organization						Employer identification number
	MENT OF NEW JEF	RSEY				22-1774147
 Part I General Information on Grants and Assist 1 Does the organization maintain records to substar criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures to a substance? 	ntiate the amount of the grants					
Part II Grants and Other Assistance to Domestic				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000. Pa 1 (a) Name and address of organization or government (b) E		tional space is nee (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) and govern 3 Enter total number of other organizations listed in LHA For Paperwork Reduction Act Notice, see the 	the line 1 table	he line 1 table			•	Schedule I (Form 990) (2015)

Part III

SCHOLARSHIPS	9	13,000.	0.	FMV	

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV

(f) Description of non-cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

Page 2

Schedule I (Form 990) (2015) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

JUNIOR ACHIEVEMENT OF NEW JERS	INTOR	ACHIEVEMENT	OF.	NEW	JERSEY
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(b) Number of

recipients

SCHEDULE J	Compensation Information	I	OMB No. 1	1545-00	47		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Ē	20	15			
	Compensated Employees		20	IJ	,		
Department of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic		
Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.							
Name of the organization			identificati		mber		
	JUNIOR ACHIEVEMENT OF NEW JERSEY	22-1	177414	7			
Part I Question	ns Regarding Compensation						
				Yes	No		
	riate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,					
	, line 1a. Complete Part III to provide any relevant information regarding these items.						
First-class or							
	cation and gross-up payments						
Discretionary	spending account Personal services (e.g., maid, chauffeur, o	net)					
b If any of the bayes	on line to are shealed, did the exercitation follow a written policy recording normant as						
	on line 1a are checked, did the organization follow a written policy regarding payment or		1b				
	provision of all of the expenses described above? If "No," complete Part III to explain		ui				
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors, ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2				
trustees, and one							
3 Indicate which, if a	any, of the following the filing organization used to establish the compensation of the organization	ation's					
,	ector. Check all that apply. Do not check any boxes for methods used by a related organization						
	sation of the CEO/Executive Director, but explain in Part III.						
X Compensatio							
	compensation consultant						
	other organizations X Approval by the board or compensation of	committee					
	5						
4 During the year, d	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a r	elated organization:						
a Receive a severar	ce payment or change-of-control payment?		4a		X X		
b Participate in, or r	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c Participate in, or r	c Participate in, or receive payment from, an equity-based compensation arrangement?						
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
contingent on the			_		v		
a The organization?			5a		X X		
	zation?		5b				
	or 5b, describe in Part III.	a n					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
contingent on the			60		x		
a The organization? b Any related ergen	-ntion?		6a 6b		X		
	zation? or 6b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	ts					
	ines 5 and 6? If "Yes," describe in Part III		7		x		
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
	lid the organization also follow the rebuttable presumption procedure described in		····· 🗸		_		
	n 53.4958-6(c)?		9				
	Reduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2015		
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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CATHERINE MILONE-RICHARDS	(i)	144,537.	35,000.	0.		17,298.		0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) DAWN SCHWARTZ	(i)	103,130.	12,000.	0.	19,053.	20,796.	154,979.	0.
SVP DEVELOP/COMM/CAPSTONE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

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SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open To Public

Inspection

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32a

Schedule M (Form 990) (2015)

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

JUNTOR ACHTEVEMENT OF NEW JERSEY

	DOMION MENTE		OI NHM 0		22		
Pa	rt I Types of Property						
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining tribution amounts	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 Ot	Х	4	507,841.			
26	Other ► ()						
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for c	contributions	-		
	for which the organization completed Form 82						
	-			····		Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rej	ported in Part I, lines 1 throu	igh 28, that it		
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which is not required to be	used for		
	exempt purposes for the entire holding period	?		·		30a	Х
b	If "Yes," describe the arrangement in Part II.						

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

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

b If "Yes," describe in Part II.

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describe in Part II.

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	Schedule M (Form 990) (
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Part II 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 this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

JUNIOR ACHIEVEMENT OF NEW JERSEY

Employer identification number 22-1774147

OMB No. 1545-0047

Open to Public

Inspection

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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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 5322 i i 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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