Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

Form 990 (2016)

DMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

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

For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17C Name of organization JUNIOR ACHIEVEMENT OF Check if applicable: D Employer identification number MIDDLE TENNESSEE Address change Doing business as 62-0582571 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 POWELL PLACE Initial return 615-383-9500 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated NASHVILLE TN 37204 2,141,340 G Gross receipts\$ Amended return Name and address of principal officer Application pending H(a) Is this a group return for subordinates' Yes TRENT KLINGENSMITH 120 POWELL PLACE H(b) Are all subordinates included? NASHVILLE 37204 If "No," attach a list. (see instructions) **X** 501(c)(3) 501(c) (insert no.) Tax-exempt status: 4947(a)(1) or 527 WWW.JANASH.COM Website: H(c) Group exemption number Form of organization: X Corporation Trust Other > Year of formation: 1957 Part I Summary 1 Briefly describe the organization's mission or most significant activities: Activities & Governance SEE SCHEDULE O 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 60 4 Number of independent voting members of the governing body (Part VI, line 1b) 60 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 23 5 6 Total number of volunteers (estimate if necessary) 6 2506 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Prior Year 8 Contributions and grants (Part VIII, line 1h) 1,041,146 1,779,718 9 Program service revenue (Part VIII, line 2g) 195,333 196,174 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,400 6,104 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,283 7,068 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,250,162 1,989,064 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), fines 5-10) 626,671 627,493 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 781,438 617,095 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,243,766 ,408,931 19 Revenue less expenses. Subtract fine 18 from line 12 6,396 580,133 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 907,870 1,712,152 21 Total liabilities (Part X, line 26) 195,158 419,307 22 Net assets or fund balances. Subtract line 21 from line 20 712,712 292,845 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KLINGENSMITH TRENT PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid JEFFERY A. BETZLER 11/16/17 self-employed P00156471 Preparer EDMONDSON BETZLER & DAME, Firm's name 26-2451997 Firm's EIN Use Only 12 CADILLAC DR STE 210 BRENTWOOD, TN 37027 Firm's address 615-916-3100 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	16) JUNIOR ACHIEV		62-0582571	Page
Part III		Service Accomplishm		
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	describe the organization's mis-	sion:		
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2 Did the	organization undertake any sig	nificant program conject durin	g the year which were not listed on	tho
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	" describe these new services of			
			n how it conducts, any program	
service	-0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes X No
If "Yes,	" describe these changes on So			
4 Describ	e the organization's program se	ervice accomplishments for ea-	ch of its three largest program servi	ces, as measured by
expens	es. Section 501(c)(3) and 501(c	c)(4) organizations are required	to report the amount of grants and	allocations to others,
the tota	l expenses, and revenue, if any	, for each program service rep	orted.	
4a (Code:		,010,812 including g		) (Revenue \$
*		ROGRAMS BENEFIT	TING STUDENTS IN	
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4d Other p	rogram services (Describe in So	chedule O.)		
(Expens		including grants of\$	) (Revenue \$	)
	noram service expenses	1 010 012		

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 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 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 X 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, X 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 X 6 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X 8 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 X 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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 X 11b 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 X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b 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 X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 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 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

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 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 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 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 X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II 26 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Xr. Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, III, X or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O.

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) #### 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ALC: N SAMEN 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Νo 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 60 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: R The governing body? X X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No **10a** Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > RACHEL DYER, DIRECTOR OF OPERATIONS120 POWELL PLACE

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Form 990 (2016)

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ass pe	erson	than o	an	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	individual trustee or director		Officer	Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CHRIS CLAYBROOK	0.00									
CHAIR	0.00	X		X		1_1		0	0	0
(2) GRANT CLARKE	0.00									
BOARD DEV. CHAIR	0.00	X		X				0	0	0
(3) DAVID SMITH	0.00									
BOARD DEV. CHAIR	0.00	X		X				0	0	0
(4) SAM DEVANE		T	<b> </b>		<b> </b>					
, ,	0.00									
TREASURER	0.00	X		X				0	0	0
(5) DAVID GARFINKLE										
	0.00									
FINANCE VICE CHAIR	0.00	X		X				0	0	0
(6) LUCY CARTER										
	0.00									
FUNDING CO-CHAIR	0.00	X		X				0	0	0
(7) DAVE BRIGGS										
	0.00									
FUNDING CO-CHAIR	0.00	X		X				0	0	0
(8) SARAH SANDERS T	EAGUE									
	0.00									•
PROGRAMS VICE CHAIR	0.00	X		X		_	_	0	0	0
(9) W. DAVID JONES										
CDEATAL DOOTEGES AND	0.00	х		x				o	o	0
SPECIAL PROJECTS CHA (10) LARRY WHISENANT	0.00	Α.		^			$\dashv$	U	U	U
(10)DARKI WHISENANI	0.00									
SPECIAL PROJ. VICE	0.00	x		x				ol	o	0
(11) PAUL ANDERSON	0.00	A								
, z zzoli Pateberrout	0.00		[							
MEMBER	0.00	x						0	o	0
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Part VII Section A. Officer	s, Directors, T	rust	ees,	Ke	/ En	plo	yees	s, and Highest Compens	sated Employees (contin	nued)
(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable	(F) Estimated
, ta-1,2 and the	hours per			check	more	than		compensation	compensation from	amount of
	week (list any					is bot or/trus		from the	related organizations	other compensation
	hours for related	९ 5	5	0	\ \tilde{x}	g I	Ţ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	dire	Sit u	Officer	y en	ples	Former	(VV-2/1099-WIGC)		organization and related
	below dotted line)	ctor	Institutional		Key employee	ee con	"			organizations
	iaie)	or director	trustee		yee	Highest compensated employee				
		<u> </u>	ď	<u> </u>		a ee				
(12) GEORGE H. AR	MISTEAD 0.00	I:	I						:	
MEMBER	0.00	x						0	o	0
(13) MICHAEL BASH		1	<b>†</b>							
	0.00							_		
MEMBER (14) KYLE BAZEMOR	0.00	X	-	<del> </del>	ļ	ļ	ļ	0	0	0
(14) KILE BAZEMUR	0.00									- APPRILITATION AND AND AND AND AND AND AND AND AND AN
MEMBER	0.00	x						0	o	lo
(15) <b>JENNIFER BER</b>			İ							
	0.00							_	_	
MEMBER (16) MERRILL BOHR	0.00	X						0	0	0
(10) MERRILL BOHR	0.00									
MEMBER	0.00	х						0	0	0
(17) JENNIFER BRA										
	0.00								_	_
MEMBER (18) JENN BRACKEN	0.00	X						0	0	0
(10) CENN BRACKEN	0.00									
MEMBER	0.00	x						0	0	0
(19) ROSS BURDEN										
MEMBER	0.00	х							0	
1b Sub-total	0.00		لــــا			1	•	0	0	0
c Total from continuation she		Sec	ction	ι <b>Α</b> ,			•	132,387		23,961
d Total (add lines 1b and 1c)							<b>&gt;</b>	132,387		23,961
2 Total number of individuals (in reportable compensation from				o the	ose	listed	d abo	ove) who received more t	han \$100,000 of	
reportable compensation non	r are organization	JI:	***-	<del></del>						Yes No
3 Did the organization list any for employee on line 1a? If "Yes,									ensated	3 X
4 For any individual listed on lin									tion from the	
organization and related orga	nizations greate	er th	an \$	150,	000	? If "	Yes,	" complete Schedule J fo	r such	
individual 5 Did any person listed on line	1a receive or ac			nper	 Isati	on fr	om:	any unrelated organizatio	or individual	4 X
for services rendered to the o										5 X
Section B. Independent Contracto										
<ol> <li>Complete this table for your fi compensation from the organ</li> </ol>										tax year.
Name and	(A) business address							Descript	(B) lion of services	(C) Compensation
	,									
	· · · · · · · · · · · · · · · · · · ·	<del>,</del>			•••					
2 Total number of independent										
received more than \$100,000	of compensation	n fro	om ti	ne o	gan	izati	on 🕨	<u> </u>	0	CA CA

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII and the control of th (C) Unrelated (A) (D) Revenue Total revenue A TOTAL MARK TAKES THE MITTER TOTAL STORY exempt function business excluded from tax under sections TO THE STATE OF STATES AND SECOND COURT OF STATES AND ADDRESS OF S revenue revenue 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a AN KASAN MANGO M eveni akada edi ae : agyda : agene **b** Membership dues 9,750 MORE SEED SEED SEEDS ASSESS TO SEE er ledek elem 1b c Fundraising events 469,106 1c d Related organizations 1d AND INVESTOR PROSPECTOR Service Revenue Contributions, and Other Sim ing thereof recent and me section recent e Government grants (contributions) 1e BREEL STREET STREET f All other contributions, gifts, grants, entropie reporte intropie Committee of the committee of and similar amounts not included above 1,300,862 1f g Noncash contributions included in lines 1a-1f: 109,508 AMERIKA SEKORA sii sururi riinti lar h Total. Add lines 1a-1f Appropries consiste perbane Busn. Code JA BIZTOWN PROGRAM 611710 196,174 196,174 Program f All other program service revenue ...... g Total. Add lines 2a-2f 196,174 Investment income (including dividends, interest, and other similar amounts) 6,104 6,104 Income from investment of tax-exempt bond proceed 5 Royalties ... (i) Real (ii) Personal discover denominate and water STATEMENT VICTORIA 6a Gross rents b Less: rental exps. esta energia della AND CARDON DE COSSI GISTO I c Rental inc. or (loss d Net rental income or (loss) ▶ 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventor tenti mana anat oda aren ener DISC STATES THE SET OF THE b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) ..... Þ 8a Gross income from fundraising events (not including \$ 469,106 aba ana ana de este dele GA GALLIOLA ea gage: «Soge ised of contributions reported on line 1c). en isologi prema de die Address designe die Approved throughout by the melowy konejwi spretuje See Part IV, line 18 152,276 b Less: direct expenses 152,276 h c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 in ababa b Less: direct expenses b c Net income or (loss) from gaming activities > 10a Gross sales of inventory, less returns and allowances Security Section 18 b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code ide distant supplies dist 11a MISCELLANEOUS 900099 7,068 7,068 b c d All other revenue e Total. Add lines 11a~11d 7,068 12 Total revenue. See instructions. 1,989,064 203,242 0 6,104

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. (B) Program service (C) (D) Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses an december of the contract Grants and other assistance to domestic organizations recent dender verere vere and domestic governments. See Part IV, line 21 Grants and other assistance to domestic BOOK AND SE SALAR BANK AND AND SAND individuals. See Part IV, line 22 **M** Sesso side Grants and other assistance to foreign operation operation expressed beautiful organizations, foreign governments, and foreign Maria de la composición del composición de la composición de la composición de la composición del la composición del composición del composición de la composición del composición individuals. See Part IV, lines 15 and 16 Benefits paid to or for members BOURLA CHLORA ABOURA MA **MANGE WARRING STATE** Compensation of current officers, directors, trustees, and key employees 156,348 125,078 15,635 15,635 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 360,661 288,529 36,066 36,066 Other salaries and wages Pension plan accruals and contributions (include 27,921 34,901 3,490 3,490 section 401(k) and 403(b) employer contributions) 38,672 30,938 3,867 3,867 Other employee benefits 9 29,529 36,911 3,691 3,691 10 Payroll taxes Fees for services (non-employees): Management Legal 7,650 7,650 Accounting Lobbying Professional fundraising services. See Part IV, line Investment management fees f g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 Office expenses 3,463 2,771 346 346 Information technology 14 15 Royalties 173,969 139,175 17,397 17,397 Occupancy 1,452 1,162 145 145 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 270 216 27 27 20 Interest 49,228 49,228 21 Payments to affiliates 13,941 13,941 22 Depreciation, depletion, and amortization 12,701 645 645 13,991 Insurance 23 Other expenses. Itemize expenses not covered laka mada mada M osas diene elem de on choose and so were en above (List miscellaneous expenses in line 24e. If ing magan angan angan POR HUG HUNG Allege species in the second line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PROGRAM MATERIALS 128,629 128,629 REPAIR & MAINTENANCE 92,607 74,085 9,261 9,261 b 88,341 747 87,594 IN KIND c 75,836 75,836 CAPITAL CAMPAIGN d e All other expenses 132,061 86,162 28,522 17,377 1,010,812 290,172 107,947 1,408,931 Total functional expenses. Add lines 1 through 24e 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) Form 990 (2016)

Form 990 (2016) JUNIOR ACHIEVEMENT OF Part X Balance Sheet

Par			**************************************			
	Check if Schedule O contains a response or n	ote to any	line in this Part X		سادات استعمارا	
				<b>(A)</b> Beginning of year		(B) End of year
1	Cash—non-interest bearing			349,606	1	821,981
2					2	
3	Pledges and grants receivable, net			502,982	3	682,810
4					4	
5	_					
	trustees, key employees, and highest compensated	employee	s.	u arous reservation design and		risen semin alah ememb
	Complete Part II of Schedule L				5	
6	Loans and other receivables from other disqualified [	persons (a	as defined under section			APPAR, ASSOCIATE AND ASSOCIATION CONT.
	4958(f)(1)), persons described in section 4958(c)(3)(			ndae amerika sale gelebik	this:	a (nemera grado) e popular
	sponsoring organizations of section 501(c)(9) volunta	ary emplo	yees' beneficiary	nt escale escale about na		0.000 (50.000) 10.000
3ts	organizations (see instructions). Complete Part II of	Schedule	L ,		6	
Assets					7	
₹ 8	Inventorias for esta as a se				8	
9				10,218	9	17,010
10	a Land, buildings, and equipment; cost or			ander speciale special division		vect sets and
	other basis. Complete Part VI of Schedule D	10a	1,994,801			ene production appeal
	b Less: accumulated depreciation	10b	1,804,450	44,094	10c	190,351
11	investments—publicly traded securities			······································	11	
12	The state of the s			·	12	:
13	programme programme				13	
14					14	
15				970	15	
16		e 34)		907,870	16	1,712,152
17	Accounts payable and accrued expenses			27,034	17	228,038
18	Grants payable				18	
19	Deferred revenue			159,950	19	187,100
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part I'			Water Company of the	21	
S 22			B55	ande perse deren eren	NEWS	Sectio Terres repets sect
Liabilities 22	trustees, key employees, highest compensated employees	oyees, an	d	n in the contract of the contr		namina manakaman ing panganan ang manakan
E	disqualified persons. Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated the		s	8,174	23	4,169
24	Unsecured notes and loans payable to unrelated third				24	
25	Other liabilities (including federal income tax, payable					
	parties, and other liabilities not included on lines 17-2					
26				105 150	25	410 207
	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), ch		NY and	195,158	26	419,307
Ses	complete lines 27 through 29, and lines 33 and 34		A and		# G	agus nacasais earsant san éar.
E 27			ļā.	212 000		EEA DET
e 28				312,888 399,824	27	664,967
29	Temporarily restricted net assets  Permanently restricted net assets		1	333,024	28 29	627,878
2	Organizations that do not follow SFAS 117 (ASC 9	158) chec	k here ▶ and	accini control majoje su i	49	SEN ALEXES SIZES OF THE
٥	complete lines 30 through 34.	ooj, ciiet	A Hele P alsu	nek neok sowe eos	a ricomera	ercent en en versen
Net Assets or Fund Balances 25 28 30 31 32	Capital stock or trust principal, or current funds			10 mm (	30	Billion of A SENSON CONTRACTOR OF STATE
SS 31	Paid-in or capital surplus, or land, building, or equipme	ent fund			31	
32	Retained earnings, endowment, accumulated income.		funds		32	
Z 33	Total and accode as found belowers		idilo3	712,712	33	1,292,845
34	Total liabilities and net assets/fund balances			907,870	34	1,712,152
· · · · · · · · · · · · · · · · · · ·				20,,0,0	<u> </u>	-,,+4,+36

orr	n 990 (2016) JUNIOR ACHIEVEMENT OF 62-	0582571		Pa	ge <b>12</b>
P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Par	t XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,9	89,	064
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4	08,	931
3	Revenue less expenses. Subtract line 2 from line 1	^	5	80,	133
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	12,	712
5	Net unrealized gains (losses) on investments	5			***************************************
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in not assets or fund haloness (evitain in Schodule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X				
	33, column (B))		1,2	92,	845
Pε	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part	XII			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Ot	her	MD/Es wo		Well
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain in			
	Schedule O.		86346		
2a	Were the organization's financial statements compiled or reviewed by an independent acc	ountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	compiled or			
	reviewed on a separate basis, consolidated basis, or both:		100	MENNE	
	Separate basis Consolidated basis Both consolidated and separate basis	sis	845958		1 (V. 1994) V (V. 1994)
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were	audited on a			
	separate basis, consolidated basis, or both:		30AF . 13FF		
	X Separate basis Consolidated basis Both consolidated and separate basis	sis	duboji se	1000	2045-240
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil	ity for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independ	dent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax	year, explain in	5000		42 70 No. 1
	Schedule O.		1000	(77.77.)	
За	As a result of a federal award, was the organization required to undergo an audit or audits	as set forth in			ĺ
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did n	ot undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to under	go such audits	3b		

Form **990** (2016)

Part VII Section A. Office	rs, Directors, 1	rust	ees	Ke	y En	olqr	yees	s, and Highest Compens	sated Employees (contir	nued)
(A) Name and title	(B) Average hours per week	bo	x, uni	Po: check ess p	erson	than	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	Forme	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(20) JOHN BYERS	0.00									
MEMBER (21) MILLIE CALLA	0.00	X	<u> </u>		<del> </del>			0	0	<u>C</u>
MEMBER	0.00	x						0	0	
(22) MARK CATE	0.00	1						V	U	<u> </u>
	0.00									
MEMBER	0.00	X						0	0	0
(23) ROBERT COOK	0.00									
MEMBER	0.00	x						0	0	o
(24) HIRAM COX									Y	
. ,	0.00							,		
MEMBER (25) PAUL CRAIG	0.00	X						0	0	0
(25) PAOD CRAIG	0.00									
MEMBER	0.00	X						ol	0	0
(26) MIKE CURB										
MEMBER	0.00									
(27) JOHN DOERGE	0.00	X						0	0	0
MEMBER	0.00	x						o	0	0
1b Sub-total							<b>-</b>	<u> </u>		<u> </u>
c Total from continuation she	ets to Part VII,	Sec	tion	Α		]	▶			
d Total (add lines 1b and 1c)  Total number of individuals (in	acluding but not	limit	ed to	n the	امعا	istad	<u>&gt;</u>	yo) who received more th	200 \$100 000 of	
reportable compensation from	the organization	on 🕨		J (110	736 1	isicu	abc	wito received filore (i	1a11 \$ 100,000 OI	
3 Did the organization list any fi	ormer officer, d	irecto	or, o	r trus	stee	, key	emį	ployee, or highest compe	nsated	Yes No
<ul><li>employee on line 1a? If "Yes,</li><li>For any individual listed on lin organization and related orga</li></ul>	e 1a, is the sun	n of r	epoi	table	e co	mpei	nsati	ion and other compensati	ion from the	3
<ul><li>individual</li><li>Did any person listed on line</li></ul>	1a receive or ac	crue	con	 ipen	satio	 on fro	om a	any unrelated organization	n or individual	4
for services rendered to the or	rganization? If '	Yes,	" coi	nple	te S	chec	lule	J for such person		5
Complete this table for your firecompensation from the organi	ve highest comi	ens	ated	inde	epen	dent	con	tractors that received mo	re than \$100,000 of	
Nome and it	(A) ousiness address	JUIT	6115	auoi	1 IOI	une c	arei	idai year ending with or v	within the organization's to (B) on of services	ax year.  (C)  Compensation
rvarre and t	Justiness dudiess							Description	on of services	Compensation
	<del>, , , , , , , , , , , , , , , , , , , </del>									
				···········		$\overline{}$	<del></del>			
		<del></del>				+				
						_				***************************************
Total number of independent of the control of	contractors (incl	uding	but	not	limi	ted to	the	ose listed above) who		
received more than \$100,000	ot compensation	n fror	n th	e org	ganiz	zatio	n 🟲	·		

Part VII Section A. Officer	rs, Directors, T	rust	ees	Key	/ En	iploy	yees	s, and Highest Compens	sated Employees (contin	ued)
(A) Name and title	(B) Average			Pos	C) sition	than :		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	bo	x, uni	ess pe	erson	is both	n an	compensation from	compensation from related	amount of other
	(list any hours for				·	or/trus	·	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	y div	nstitutional	Officer	Key 6	mgig	Form	(W-2/1099-MISC)		organization and related
	below dotted	ector	tion	۳	employee	st co	ę			organizations
	line)	Individual trustee or director	al trustee		oyee	Highest compensated employee				
		Ť	tee			sated				
(28) BOBBY EDWARD	s 0.00									
MEMBER	0.00	x						o	o	O
(29) CHARLES FARM	ER									
MEMBER	0.00	x						o	0	o
(30) KRISTI FIREL		^	-					V	0	
	0.00									
MEMBER	0.00	X	<u> </u>					0	0	0
(31) DOUG FRANCK	0.00									
MEMBER	0.00	X						0	0	0
(32) RYAN HARRIS										
MEMBER	0.00	x						o	0	О
(33) JOHN HAYES	0.00	^						<u> </u>		
	0.00									
MEMBER	0.00	X						0	0	0
(34) HENRY HILLEN	0.00									
MEMBER	0.00	x						0	0	0
(35) CHIP HOWORTH	i .									
MEMBER	0.00	x						o	0	0
1b Sub-total									Ü	
c Total from continuation she	ets to Part VII	, Sec	ction	Α,			▶ [			
d Total (add lines 1b and 1c)  Total number of individuals (ii						linton	l ab	aua) uuba raaaiyaad mara t	han \$100,000 of	
2 Total number of individuals (in reportable compensation from the compensation from	-			O tri	ose	istec	abo	ove) who received more (	nan \$100,000 or	
3 Did the organization list any f	ormer officer o	lirant	or r	er fri i	etac	, ka	, om	unlovee or highest compe	neated	Yes No
employee on line 1a? If "Yes,	" complete Sch	edul	e J f	or su	ich i	ndivi	dua	Í.,		3
4 For any individual listed on lir organization and related orga										100 (100 (100 (100 (100 (100 (100 (100
indivídual										4
5 Did any person listed on line for services rendered to the o									n of individual	5
Section B. Independent Contract	ors							······································		
<ol> <li>Complete this table for your fi compensation from the organ</li> </ol>	ive highest com	pens com	sated	l ind	epei n for	nden the	t coi cale	ntractors that received mo	ore than \$100,000 of within the organization's t	ax vear.
	(A) business address								(B) ion of services	(C) Compensation
								······································	<del>, , , , , , , , , , , , , , , , , , , </del>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
<del></del>										
				~*****************************						
Total number of independent	contractors (inc	ludir	na bi	ut no	t lim	ited	to th	nose listed above) who		
received more than \$100,000										and the state of t

Part VII Section A. Office	rs, Directors, T	rust	ees,	Key	/ En	ploy	/ees	s, and Highest Compens	ated Employees (contir	nued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(d	o not i		sition more	than :	one	Reportable compensation	Reportable compensation from	Estimated amount of
	week	bo	x, unl	ess pe	erson	is both	n an	from	related	other
	(list any hours for				irecto	or/trust		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	or a	finsti	Officer	Key	휧퓵	For	(W-2/1099-MISC)	(** 277000 141100)	organization
	organizations below dotted	rect	nstitutional	e e	em	loye	ner			and related organizations
	line)	8 2	na		Key employee	le Si				or garrizations
		or director	trustee		æ	Highest compensated employee				
(36) JASON HOWELL		╂	0	┞		ed				
(30) CASON HOWELL	0.00									
MEMBER	0.00	X						0	o	o
(37) KELLY KING										
327732273 2775	0.00									
(38) STEVE MASON	0.00	X	-	_				0	0	0
(50) DILITH IMPOR	0.00									
MEMBER	0.00	X						0	0	0
(39) CHRIS MONDZE										
MEMBER	0.00									
(40) MARK MURRAY	0.00	X						0	0	0
	0.00									
MEMBER	0.00	X						0	0	0
(41) MICHAEL MUSI	1									
MEMBER	0.00	v							•	
(42) GARY REED	0.00	X				-		0	0	0
	0.00			ı						
MEMBER	0.00	X						0	0	0
(43) IVAN REEVES										
MEMBER	0.00	x						0	^	
1b Sub-total	0.00						$\dashv$	0	0	0
c Total from continuation she	ets to Part VII,	Sec	tion	Α		i	•			
d Total (add lines 1b and 1c)			<u> </u>				<b>▶</b>			
2 Total number of individuals (in reportable compensation from				o tho	se I	isted	abo	ove) who received more to	han \$100,000 of	
										Yes No
3 Did the organization list any for employee on line 1a? If "Yes,	<b>ormer</b> officer, d	irect	OF, O	r tru:	stee	, key	em	ployee, or highest compe	nsated	3
4 For any individual listed on lin	e 1a, is the sun	n of r	epoi	rtabl	e co	mpei	nsat	ion and other compensat	ion from the	
organization and related organization	nizations greate	er tha	an \$1	150,0	0007	? <i>If</i> "Y	Yes,	" complete Schedule J for	r such	
5 Did any person listed on line	1a receive or ac	crue	con	ipen	satio	on fro	om a	any unrelated organization	n or individual	4
for services rendered to the o		'Yes,	" co	mple	te S	chec	lule	J for such person	<u></u>	5
Section B. Independent Contractor  Complete this table for your fire	<del></del>	nene	ated	inde	anar	deni		atractors that received me	ore than \$100 000 of	A-11-11-11-11-11-11-11-11-11-11-11-11-11
compensation from the organi	ization.Report	comp	ens	ation	for	the o	cale	ndar year ending with or t	within the organization's t	
Name and I	(A) business address			··· ·· ·				Descripti	(B) on of services	(C) Compensation
			<del>~~~~~</del>			$\dashv$				
						T				
				······				4.1.		
						+				
	***************************************									
2 Total number of independent of received more than \$100,000	contractors (incloof compensation	udin n fro	g bu m th	t not e or	limi ani:	ted to	otho n.►	ose listed above) who		ing delegation desired and col-
										And a series of the series of

Form 990 (2016) JUNIOR ACHIEVEMENT OF

Part VII Section A. Officer	s, Directors, T	rust	ees,	Key	/ En	ploy	yees	s, and Highest Compens	ated Employees (contin	ued)
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unl	Pos check ess pe	erson	than is both	n an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(	organization and related organizations
(44) JENNA ROSE	0.00									
MEMBER	0.00	X						0	0	0
(45) THOR SANDELL	0.00									
MEMBER (46) JOSH SCHAVE	0.00	X						0	0	0
(10) COBH BCHATE	0.00									
MEMBER	0.00	X						0	0	0
(47) ED SCOTT	0.00									
MEMBER	0.00	x						0	0	o
(48) MARVIN SHOTT		A	-						<u> </u>	
	0.00									
MEMBER	0.00	X						0	0	0
(49) JEFF SMITH	0.00									:
MEMBER	0.00	x						0	0	0
(50) BLAIR SMYLY										
MEMBER	0.00	x						0	0	0
(51) BRAD SPURGEO MEMBER	N 0.00 0.00	x						o	0	0
1b Sub-total	0.00	1 42					<b>•</b>			
c Total from continuation she	ets to Part VII	, Sec	ction	A,		1	▶			
d Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	-			o the	ose	listed	<b>▶</b> Jabe	ove) who received more t	han \$100,000 of	
3 Did the organization list any f									ensated	Yes No
employee on line 1a? If "Yes,  For any individual listed on lin organization and related orga	e 1a, is the sur	n of	геро	rtabl	e cc	mpe	nsa	tion and other compensat		4
individual  Did any person listed on line for services rendered to the o								•	n or individual	sameth errors, boson
Section B. Independent Contract								***************************************		
<ol> <li>Complete this table for your fi compensation from the organ</li> </ol>										ax year.
	(A) business address		L						(B) ion of services	(C) Compensation
					-					
								www.hww.hendenser.		
		1					4	()-1		
2 Total number of independent received more than \$100,000	contractors (inc of compensation	audir on fro	ng bu om ti	ıt no 1e o:	t lim raan	ited i izatio	to th on ▶	iose listed above) who		Antel Charles Moon

	1	rust	ees			pio	yees	1	sated Employees (contin	T
(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week			check	more	than		compensation from	compensation from	amount of
	(list any					or/trus		the	related organizations	other compensation
	hours for related	9 7	J.	1	Key	9,5	Form	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	firect	nstitutional	Officer	em	Highest employe	mer	, , , , , , , , , , , , , , , , , , ,		and related
	line)	or director	nal t		employee	e comp				organizations
		Siee	trustee		6	it compensated /ee				
(52) AARON STIMAR	r	╫	┼-	$\vdash$	$\vdash$	8				
	0.00									
MEMBER	0.00	X			<u> </u>			0	0	0
(53) JAMES STORY	0.00									
MEMBER	0.00	x						0	o	_
(54) TOM WALKER	0.00	╁┻		<b></b>	<b></b>			Y		0
	0.00									
MEMBER	0.00	X						0	0	0
(55) JOE WHITE	0.00									
MEMBER	0.00	x						0	_	_
(56) JOE WHITEHOU		^						V	0	0
	0.00									
MEMBER	0.00	X						0	0	0
(57) TODD WIGGINT	;									
MEMBER	0.00	x						o	0	0
(58) KEN WILLS	<u> </u>	-11						· ·	V	<u> </u>
	0.00									
MEMBER	0.00	X						0	0	0
(59) ROBYN WILLIA							l			
MEMBER	0.00	x						o	0	0
1b Sub-total		44		1	L	<u>.</u>		<u> </u>	V	<u> </u>
c Total from continuation she	ets to Part VII,	Sec	tion	Α.		1	▶ [		•	
d Total (add lines 1b and 1c)				<u> </u>		!				
Total number of individuals (ii reportable compensation from	ncluding but not the organization	i limi on <b>&gt;</b>	tea t	o the	ose I	ested	abo	ove) who received more the	han \$100,000 of	
3 Did the organization list any fe	ormer officer, d	irect	or, o	r tru:	stee	. kev	em	plovee, or highest compe	ensated	Yes No
employee on line 1a? If "Yes,	" complete Sch	edule	J fo	or su	ch ii	ndivi	dual			3
4 For any individual listed on lin organization and related orga	ie Ta, is the sun nizations greate	n or r er tha	epo: an \$1	rtabi 150.0	e co 3007	mpe P If "\	nsat Yes	ion and other compensat " complete Schedule J for	ion from the r such	
individual								•		4
5 Did any person listed on line for services rendered to the or	la receive or ac	crue Yes	con	npen mole	satio	on fro	om a dule	any unrelated organization I for such person	n or individual	5
Section B. Independent Contracto								0 101 000H p0100H		<del></del>
1 Complete this table for your fi	ve highest comp	pens	ated	inde	eper	ideni	t cor	ntractors that received mo	ore than \$100,000 of	
compensation from the organi	(A) business address	COLLE	Je115	ation	I IOI	uie (	cale	nuar year ending with or	Within the organization's 1 (B) on of services	(C) Compensation
Name and I	ousniess address							Descripti	on of services	Compensation
					·····	-			· · · · · · · · · · · · · · · · · · ·	
						$\top$				
# - 14-Wilelian										
2 Total number of independent of	contractors (incl	udin	a bu	t not	limi	ted f	n thr	nse listed above) who		
received more than \$100,000	of compensatio	n fro	m th	e or	gani	zatio	n 🕨	JOS HOLGE EDUVE) WITO		and the second second

Part VII Section A. Office	rs, Directors, T	rust	ees,	Key	/ En	plo	yees	s, and Highest Compens	sated Employees (contin	iued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations	bo of	x, unlificer a	Pos check ess po and a c	erson directo	than is both or/trus	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amour othe compen from organiz and rel	ated nt of er sation the cation
	below dotted line)	or director	Institutional trustee		Key employee	Highest compensated employee	7			organiza	itions
(60) PAMELA WRIGH	r 0.00 0.00	x						0	0		0
(61) TRENT KLINGE				x				132,387	0		23,961
											· · · · · · · · · · · · · · · · · · ·
total (add lines 1b and 1c) Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	eets to Part VII,	Sec limi	ction	1 A .			▶ ▶ d ab	132,387 ove) who received more t	han \$100,000 of		3,961
<ul> <li>Did the organization list any f employee on line 1a? If "Yes,</li> <li>For any individual listed on line organization and related organization and related organization."</li> </ul>	" complete School and a complete School and	edul n of er th	e J f repo an \$	or su rtab 150,	ich i le co 000	ndivi ompe ? If "	idua ensa Yes	i ition and other compensal ," complete Schedule J fo	tion from the r such	3	Yes No
5 Did any person listed on line for services rendered to the or									n or individual	5	versie been
Section B. Independent Contract  Complete this table for your from the organ	ive highest com	pens com	sated pens	d ind	epe n foi	nder r the	it co	endar year ending with or	within the organization's t		
Name and	(A) business address							Descript	(B) ion of services	Cor	(C) npensation
							<del></del>	<del> </del>			
2 Total number of independent	contractors (inc	[] s.di-	an h	ut no	t lin	ited	to #	nosa listad abovo) who			
2 Total number of independent received more than \$100,000										300.000	Harist State

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

### **Public Charity Status and Public Support**

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

2016

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service

Name of the organization

JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE

Employer identification number

62-0582571

								ete this part.) See instr	uctions.	
The o			a private foundation l							
1			nvention of churches,							
2			cribed in section 170							
3			a cooperative hospita							
4	A med	ical res	search organization or	erated in co	njunction with a hospi	ital descri	bed in <b>se</b>	ection 170(b)(1)(A)(iii). Ente	r the hospital's na	ıme,
	city, ar	nd state	e:		.,					
5	An org	anizati	on operated for the be	enefit of a co	llege or university own	ned or op	erated by	a governmental unit describ	ed in	
	sectio	n 170(	b)(1)(A)(iv). (Complet	e Part II.)						
6	A fede	ral, sta	ite, or local governme	nt or governr	nental unit described	in <b>sectio</b>	n 170(b)(	1)(A)(v).		
7	X An org	anizati	on that normally recei	ves a substa	ntial part of its suppor	rt from a g	governme	ental unit or from the general	public	
	describ	ed in	section 170(b)(1)(A)(	<b>vi).</b> (Comple	te Part II.)					
8	A comi	munity	trust described in sec	tion 170(b)	1)(A)(vi). (Complete I	Part II.)				
9								conjunction with a land-gran		
	or univ univers		or a non-land grant co	llege of agric	culture (see instruction	ns). Enter	the name	e, city, and state of the collec	je or 	
10	An org	anizati	on that normally recei	ves: (1) more	e than 33 1/3% of its s	support fr	om contri	butions, membership fees, a	nd gross	
-	receipt	s from	activities related to its	exempt fun	ctions—subject to cer	tain exce	ptions, ar	nd (2) no more than 33 1/3%	of its	
								ction 511 tax) from businesse	es	
r			he organization after c							
11			on organized and ope							
12	An orga	anizati	on organized and ope	rated exclus	ively for the benefit of	, to pertor	m the fur	nctions of, or to carry out the	purposes	
	Of one	or mor	e publiciy supported t v in lines 12a through	rganizations	cribes the type of sur	n postaji i Sportina o	roanizatio	ion 509(a)(2). See section 5 on and complete lines 12e, 1.	2f. and 12g.	
								ed organization(s), typically b		
•	a ∐Ty∣	eunna	Supporting organizati organization(s) ti	un operateu. Ne nower to i	supervised, or control regularly appoint or eli	ect a mai	ority of th	e directors or trustees of the	y giving	
			g organization. <b>You n</b>				only or a.			
ı							vith its su	pported organization(s), by h	aving	
•								hat control or manage the su		
			ion(s). You must con							
(	Typ	pe III f	unctionally integrate rted organization(s) (s	d. A support	ing organization operans). <b>You must compl</b>	ated in co lete Part	nnection IV, Section	with, and functionally integra	ited with,	
	a free with order							ction with its supported organ	nization(s)	
	tha	t is no	t functionally integrate	d. The organ	ization generally mus	t satisfy a	a distribut	ion requirement and an atter	itiveness	
			ent (see instructions).							
•	e Cho	eck thi	s box if the organization in the state of th	on received a	a written determination	n from the	RS that	t it is a Type I, Type II, Type I n.		
1			nber of supported orga		, , , , , ,	. 0	~			
			ollowing information al		orted organization(s)					
(i) N	ame of suppo	rted	(ii) EIN	(iii	) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount	of
	organization			1	escribed on lines 1-10	•	ur governing	support (see	other support	
				ab	ove (see instructions))	<del> </del>	ment?	instructions)	instruction	*)
		$\dashv$				Yes	No			
(A)										
(B)										
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(C)										
(D)										
(E)					+ <del></del>			***************************************	<del></del>	
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~,44		š:	ergin kommuning gegeggege, in historia propriet kladistra in Program teknolik (Proj. Pro	were married to be a grant of the party of the		<ul> <li>a production of the P1027 600</li> </ul>	100 NOTES   100 NO			

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

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

Sec	ction A. Public Support	siriano to qua.	.,	2010 110100 2010	iii, piedee con	ipioto i dit iii.)	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	961,773	1,086,743	1,077,958	1,041,146	1,779,718	5,947,338
2	Tax revenues levied for the organization'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	961,773			1,041,146	1,779,718	5,947,338
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			ar nasar ayaan Soon aanan ayan			
_	shown on line 11, column (f)		NERGE CHECK TO			energie acciero po	750,258
6 Sec	Public support. Subtract line 5 from line 4.	arile relies in	sion escenti microse	interior describer briefe	e negative related will		5,197,080
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	961,773	1,086,743	1,077,958	1,041,146	1,779,718	5,947,338
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,090	5,400	5,700	5,400	6,104	27,694
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.)	28,014	11,266	8,775	8,283	7,068	63,406
11	Total support. Add lines 7 through 10	and the state of the state of	10 Service - Constitute across	a strong more and	ande stormed are the	Sugar	6,038,438
2	Gross receipts from related activities, etc.	c. (see instructions	s)			12	203,242
3	First five years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop he	ere		<u> </u>	<u> </u>	<u> </u>	<u></u>
	tion C. Computation of Public S			(6)	······································	T 44 T	25.070/
4	Public support percentage for 2016 (line			umn (t))			86.07%
5	Public support percentage from 2015 Sc 33 1/3% support test—2016. If the organization				in 22 4/20/ as mo	15	86.49%
6a	box and <b>stop here.</b> The organization qua				18 33 1/3% 01 1110	re, check this	<b>&gt;</b> X
h	33 1/3% support test—2015. If the organization qua				ne 15 is 33 1/3% (	or more, check	É
	this box and <b>stop here</b> . The organization						<b>&gt;</b> []
7a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee Part VI how the organization meets the "	ets the "facts-and-	circumstances" te	st, check this box	and stop here. B	Explain in	lmwere d
b	organization  10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio	•					<b>&gt;</b>
	Explain in Part VI how the organization in supported organization	neets the "facts-ar	nd-circumstances"	test. The organiz	ation qualifies as	a publicly	<b>▶</b>
8	<b>Private foundation.</b> If the organization of instructions	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see	<b>&gt;</b>

			IEVEMENT (			2-0582571	Pag
P	art III Support Schedule for						
	(Complete only if you cl	necked the bo	ox on line 10 of	Part I or if the	organization	failed to qualify	under Part
	If the organization fails	o qualify und	er the tests liste	ed below, plea	ase complete l	Part II.)	
	ction A. Public Support						
ale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						, ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose				1		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		o attorna attorna nas	nii edologia alteria	r Silvedi Jamasod Carago	andrease another make	······································
	line 6.)	i Castrone brokinger k	straigh disputer broader	OFFICE TRANSPORT SERVICE			
Sec	tion B. Total Support						* *
aler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						***************************************
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<del>V-1</del>					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>		<u> </u>		······································
	First five years. If the Form 990 is for th organization, check this box and stop he	re				n 501(c)(3)	<b>&gt;</b> [
	tion C. Computation of Public S		entage				
i	Public support percentage for 2016 (line	B, column (f) divi	ided by line 13, colu	umn (f))		15	%
<u> </u>	Public support percentage from 2015 Sci	nedule A, Part III	, line 15			1 1	%
	ion D. Computation of Investm						
	Investment income percentage for 2016			13, column (f))		17	%
i	Investment income percentage from 201	Schedule A, Pa	art III, line 17			40	%
a	33 1/3% support tests-2016. If the org	and an armination of the contract of			4 = 4.		

33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ........ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Schedule A (Form 990 or 990-EZ) 2016

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	dule A (Form 990 or 990-EZ) 2016 JUNIOR ACHIEVEMENT OF	62-0582571	Page :
P	art IV Supporting Organizations (continued)		
		Ye	
11	Has the organization accepted a gift or contribution from any of the following persons?		
č	A person who directly or indirectly controls, either alone or together with persons described in (b) and	· · ·	
	below, the governing body of a supported organization?	11a	
	A family member of a person described in (a) above?	11b	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail ation B. Type I Supporting Organizations	in Part VI. 11c	
	Non 5. Type I dupporting Organizations	Ye	s No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Contractor Nicolai	ng Son Panagalway o
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during	1 WAREST CONTROL BERN AND CO.	CAN DEC.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervis		
	controlled the organization's activities. If the organization had more than one supported organization,	married of a few stable of a f	agriffian argum
	describe how the powers to appoint and/or remove directors or trustees were allocated among the su		
	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	reside the	opt scalebor
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	in <b>Part</b>	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated	(CERTAGON NO CERTA	
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		
		Ye	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the dir	ectors was	ada akadaar
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how co	"Tayaat", 1- una 1-au an	charles made
	or management of the supporting organization was vested in the same persons that controlled or man	naged	
_	the supported organization(s).	L1_L	
Sec	tion D. All Type III Supporting Organizations		<del></del>
4	Did the experientian mustide to each of the experient and experient and the second of the experience o	Ye:	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month o		Organization (
	organization's tax year, (i) a written notice describing the type and amount of support provided during		alder lege
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copi		
2	organization's governing documents in effect on the date of notification, to the extent not previously pr	CORNER OF BUILDING CO.	AND THE RESERVE
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supportant or (ii) serving on the conversion body of a supported exemplation? If "No " and the in its P		e mer
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pa		(CAMP COLOT A PARTOAT TRANSPORTED TO POSITIVATO
3	the organization maintained a close and continuous working relationship with the supported organizati By reason of the relationship described in (2), did the organization's supported organizations have a	ion(s). 2	ARC ARCHITECTURE
•	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 <b>Part VI</b> the role the organizations	- 1500500000000 1 1500000000	
	supported organizations played in this regard.	3	1000
Sect	tion E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	year (see instructions).	
а	The organization satisfied the Activities Test. Complete line 2 below.	,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	nment entity (see instructions).	
_		<del></del>	
	Activities Test. Answer (a) and (b) below.	Yes	No No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpo		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identification was responsive?	source - Aire Market Control ( ) ( ) (	B (2 V. 3)
	those supported organizations and explain how these activities directly furthered their exempt purp	/OSES,	
	how the organization was responsive to those supported organizations, and how the organization dete	1 1	
<b>5</b>	that these activities constituted substantially all of its activities.		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one of the organization's supported organization (s) would have been passed in 2. (f "Yes, " available in Bard.		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part	*10.0	Celogeon Suntant
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	The state of the	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	3 435-436-13
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		The state of the s
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activitie	3a   es of each	
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this re	1	an Timeseastane

Schedule A (Form 990 or 990-EZ) 2016 JUNIOR ACHIEVEMENT OF		62-0582	1571 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying to	rust on Nov.	20, 1970 (explain in Part	VI). See
instructions. All other Type III non-functionally integrated supporting organization	ations must	complete Sections A thro	igh E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(, ), , , , , , , , , , , , , , , , , ,	(optional)
1 Net short-term capital gain	11		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	SA MADA	en galani apada sanda di	COMO CONTROL AMERICA CONTROL O
instructions for short tax year or assets held for part of year):	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Auto unu anton begi	anda kata da a ca
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):		ente procesora procesora procesora por Controla Carlo de Controla del Carlo	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			······································
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		· · · · · · · · · · · · · · · · · · ·
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	SECRET AMERICA SUPERIOR POLICES	
2 Enter 85% of line 1.	2	and the second second	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		· · · · · · · · · · · · · · · · · · ·
4 Enter greater of line 2 or line 3.	4	ag apropas maga subaga sa	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			<del></del>
emergency temporary reduction (see instructions).	6	edocada america bacera alegica	
7 Check here if the current year is the organization's first as a non-functionally in		e III supporting organizat	ion (see
instructions).	J 7F		<b>\</b>

Schedule A (Form 990 or 990-EZ) 2016

-	dule A (Form 990 or 990-EZ) 2016 JUNIOR ACHIEVEME		62-058	<b>2571</b> Page 7
	rt V Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Orga</li></ol>	nizations (continued	
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt pe			
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
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 organizations to which the organizations to which the organizations to which the organizations are supported organizations.	inization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii)	(iii)
	2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Excess Distributions	Underdistributions Pre-2016	Distributable
1	Distributable amount for 2016 from Section C, line 6		F16-2016	Amount for 2016
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See	Table Grant Carter Control (A. A. Carter Control (A. C.) (A. C		
	instructions.			AND PROPERTY AND THE SECURE OF
3	Excess distributions carryover, if any, to 2016:	10000 11000 01000 1		Section 2015 Secti
а	THE COST CONTROL OF THE PARTY O	n (4. officialismo officialismo operating see	o diago i terretori (gri i describitorio i specializationi i di	SPANIA COST (COST) CONTRACTOR OF CONTRACTOR
b	A STATE OF THE PROPERTY OF THE		College States States	INCOMES PROPERTY AND LOCAL VALUE
С	From 2013		A CONTRACTOR OF THE STATE OF TH	445 ASS TO A START START
d	From 2014	faces and a state and a	allo the constant by the more entrances	AREALESS CONTRACTORS SERVICES APPRICA
е	From 2015	er ambaran merandia merandia sa	AND THE PARTY OF T	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	AND THE PROPERTY AND THE PARTY OF		and antique limited between
h	Applied to 2016 distributable amount	COME SERVICE DESCRIPTION	BBASEA ANGLOSE ESTAPON SERVES	
i	Carryover from 2011 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		GENERAL SERVICE SCHOOL SERVICE	AMERICAN SECURE SECURE SECURE
4	Distributions for 2016 from		er meet meet neem e	TRUE MENGEL TREATER TO COLUM
	Section D, line 7: \$	2011 Series Series again	alical valued product occup	Angelij troje proje troje
a	Applied to underdistributions of prior years	Estate Colore Contact Colored		
b	Applied to 2016 distributable amount	esas deces bette seem	version comme berben viral	
C	Remainder. Subtract lines 4a and 4b from 4.		in scott bear their e	BY TEST LESS BYEN
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result	1688 Alba se se se		THE CHARGE COUNTY SECTION
	greater than zero, explain in Part VI. See instructions.	COM ADDR ADDR 1800		appart agreed coord very
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	o androi grado docum and	ent ar nor more design a	
7	Excess distributions carryover to 2017. Add lines 3j		things access second parents	Service and the service of the servi
	and 4c.		on, provide a description description	
8	Breakdown of line 7:	and and the state of the state	accident describe describe acciden	Second Colors (1965)
a	AN ESSE TEAM THE LESS WAS SEEN HERE TOUCH TOUCH	i dilika mishi meni di	a to the beauty we are u	rein oderski karisto edillege
	Excess from 2013			
	Excess from 2014	A Alexander and Alexander a		NATIONAL BURGAL PROPERTY
	Excess from 2015		alini direna mradi bersa	Month whose transf since
е	Excess from 2016	Treesy served record		
			Schedule A (	Form 990 or 990-EZ) 2016

Schedule A (Fo	orm 990 or 990-EZ) 2016	JUNIOR ACH:	IEVEMENT OF		62-0582571	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; F 3a and 3b; Part V	<b>formation.</b> Provide ∕, Section A, lines 1, Part IV, Section C, li	the explanations red , 2, 3b, 3c, 4b, 4c, 5 ne 1; Part IV, Section tion B, line 1e; Part	a, 6, 9a, 9b, 9c, 11 on D, lines 2 and 3; V, Section D, lines	ne 10; Part II, line 17a of a, 11b, and 11c; Part I' Part IV, Section E, line 5, 6, and 8; and Part V	or 17b; Part V, Section es 1c, 2a, 2b
PART I	I, LINE 10	- OTHER INCO	ME DETAIL			
MISCEL	LANEOUS		\$	63,406		
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

#### **Schedule of Contributors**

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

aov/form990.

OMR No. 1545-0047

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

Name of the organization

Organization type (check one):

JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE

Employer identification number

62-0582571

Filers of: Section: **X** 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % 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. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

totaling \$5,000 or more during the year

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) (2016)

Name of organization

JUNIOR ACHIEVEMENT OF

Employer identification number

62-0582571

Part I	Contributors (See instructions). Use duplicate copies of	of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	MEMORIAL FOUNDATION 100 BLUEGRASS COMMONS BLVD. STE 320 HENDERSONVILLE TN 37075	\$ 60,000	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	SCHNEIDER SQ D FOUNDATATION 1000 AIRPARK CENTER DRIVE NASHVILLE TN 37217	\$ 38,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MIKE CURB FAMILY FOUNDATION 48 MUSIC SQUARE EAST NASHVILLE TN 37203	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BANK OF AMERICA FOUNDATION 414 UNION STREET NASHVILLE TN 37219	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PAM WRIGHT 1 TERMINAL DRIVE NASHVILLE TN 37214	\$ 250,000	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
		\$	Person Payroll Noncash (Complete Part If for noncash contributions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

	UNIOR ACHIEVEMENT OF		Employer identification number
	IDDLE TENNESSEE		62-0582571
17.75	irt I Organizations Maintaining Donor Advised F		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's e		Yes No
	Did the organization inform all grantees, donors, and donor advisors		Annual Annual
	only for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose	
			Yes No
a	rt II Conservation Easements.		
	Complete if the organization answered "Yes" o	on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (e.g., recreation or education	) Preservation of a historically impo	ortant land area
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a co	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Ye
E	Total number of conservation easements		2a
>	Total acreage restricted by conservation easements	,	2b
	Number of conservation easements on a certified historic structure i		l a. l
i	Number of conservation easements included in (c) acquired after 8/	17/06, and not on a	
	historic structure listed in the National Register		2d
	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organ	ization during the
	tax year ▶		
	Number of states where property subject to conservation easement	is located >	
	Does the organization have a written policy regarding the periodic m	onitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	,	Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservatio	n easements during the year
	<b>&gt;</b>		
	Amount of expenses incurred in monitoring, inspecting, handling of v	violations, and enforcing conservation eas	sements during the year
	<b>▶</b> \$		
	Does each conservation easement reported on line 2(d) above satis	fy the requirements of section 170(h)(4)(f	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conservation ease	ements in its revenue and expense stater	nent, and
	balance sheet, and include, if applicable, the text of the footnote to the	he organization's financial statements tha	t describes the
	organization's accounting for conservation easements.		
a	rt III Organizations Maintaining Collections of Ar		r Similar Assets.
	Complete if the organization answered "Yes" or		
	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for publi		
	public service, provide, in Part XIII, the text of the footnote to its finar		
	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for publ		rtherance of
	public service, provide the following amounts relating to these items:		
	(ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
	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 95		
	Revenue included on Form 990, Part VIII, line 1		• \$
3	Assets included in Form 990. Part X		<b>&gt;</b> \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)  3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):  a Public exhibition  b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No	Schedule D (For	rm 990) 2016 <b>JUNIOR A</b>	CHIEVEMEN	T OF		62-0582	571	Page <b>2</b>
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection times (check all that apply):  a   Public exhibition   d   Loan or exchange programs   b   Scholarly research   c   Preservation for future generations   c   Part W   s   Power   c   Part W   c   Escrow and Custodial Arrangements.	Part III (	Organizations Maintaini	ng Collections	of Art, Hi	storical Treas	ures, or Other	Similar A	Assets (continued)
b Scholarly research e Other  C Preservation for future generations  4 Provide a description of the organization solicit or receive donations of art. historical treasures, or other similar  sassets to be sold to raise funds raiher than to be maintained as part of the organization's collection? Yes No  Part IV Scrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10,	3 Using the	organization's acquisition, acce	ssion, and other red	cords, check	any of the followir	ig that are a signific	ant use of it	S
b Scholarly research e Other    Preservation for future generations	a Public	exhibition	d 🗍	Loan or exc	hange programs			
c	<b>b</b> Schola	rly research	e					
Pervive a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	,	·	است					
SUII.  Source be sold to raise funds rather than to be maintained as part of the organization?  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.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  I is is the organization and per trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  I is it is the organization and per trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  I is if the organization induction are arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  I is definition and trustee in the part XIII and complete the following table:  C Beginning balance  I is definition and trustee in the part XIII and complete the following table:  I is definition at a part XIII and complete the following table.  Part XIII.  Part XII.  Endowment Funds.  C Definition and trustee in the arrangement in Part XIII (Check here if the explanation has been provided on Part XIII in the explanation has been provided on Part XIII in the explanation has been provided on Part XIII.  Part XII.  Beginning of year balance  (a) Current year.  (b) Prov year 1 (a) Two years book.  C Not investment earnings, gains, and losses  G Rand or scholarships  I definition and the provided and the arrangement in Part XIII and programa.  (a) Grants or scholarships  The percentages on lines 2a; 2b; and 2c should aqual 100%.  3 Aver there endowment 1 wins not in the possession of the organization that are held and administered for the organization by:  (a) Unrelated organizations  (b) Courrent year.  (c) Unrelated organizations  (d) Courrent year.  (e) Courrent year.  (f) Courrent year.  (e) Courrent year.  (f) Courrent year.  (g) Courrent year.  (g) Courrent year.  (g) Courrent year.	- Company of the Comp	<del>-</del>	collections and exp	olain how the	v further the orga	nization's exempt p	urpose in Pa	art
## Season of the sale funds rather than to be maintained as part of the organization's 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, line 21.  ### Is the organization an angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  ### Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  ### Is a Beginning balance  ### Additions during the year  ### Bedigning balance  ### Additions during the year  ### Bedigning balance  ### Additions during the year  ### Bedigning balance  ### Bedigning of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  ### Is a Beginning of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  ### Part IV  ### Bedigning of year balance  ### Bedigning of year balan			·		,	r · r		
## Season of the sale funds rather than to be maintained as part of the organization's 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, line 21.  ### Is the organization an angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  ### Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  ### Is a Beginning balance  ### Additions during the year  ### Bedigning balance  ### Additions during the year  ### Bedigning balance  ### Additions during the year  ### Bedigning balance  ### Bedigning of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  ### Is a Beginning of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  ### Part IV  ### Bedigning of year balance  ### Bedigning of year balan	5 During the	year, did the organization solici	it or receive donatio	ns of art, hist	torical treasures, o	or other similar		
Pairt 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.    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:    C   Beginning balance								Yes No
1a Is the organization an agent, fursitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ Beginning balance □ Beginning balance □ Beginning balance □ Besignating the year □ Beginning balance □ Distributions during the year □ Beginning balance □ Distributions during the year □ Beginning on the cyaling the properties of the cryanization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Ves 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 IV, line 10. □ Beginning of year balance □ Contributions □ 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 IV, line 10. □ Part V: Endowment Funds. □ Contributions □ No If Yes (a) Diverse years back. (d) Three years back. (e) Four years back. □ Part V: Endowment Iv (e) Current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Iv (e) Pour years back. (e) Four years back. □ Part V: Land, Buildings, 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: □ Unrelated organizations □ If Yes (o) line 3a(i) are the related organizations isted as required on Schedule R? □ Describe in Part XIIII the indiced uses of the organizations sendowment funds.  Part V: Land, Buildings, and Equipment. □ Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. □ Describe in Part XIIII the indiced uses of the organization answered "Yes" on Form 990, Part V, line 11a. See Form 990, Part X, line 10. □ Describe in Part XIIII the indiced uses of the organization answered "Yes" on Form 990, Part V, line 14a, 899 □ Part V. Land			on answered "Y	es" on Fo	m 990, Part I\	/, line 9, or repo	orted an a	mount on Form
Included on Form 1990, Part X?  If Yes, "explain the arrangement in Part XIII and complete the following table:    Amount			odian or other interr	nediary for co	ontributions or oth	er assets not		
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	included or	n Form 990, Part X?						Yes No
c Beginning balance d Additions during the year 1e Distributions during the year 1 te Inding balance 2 Distributions during the year 1 te Inding balance 3 Distributions during the year 1 te Inding balance 2 Distributions include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b If "Yes," ex	plain the arrangement in Part X	Ill and complete the	e following tal	ble:			
d Additions during the year    Ending balance   Distributions during the year   1e   1e   1e   1e   1e   1e   1e   1								Amount
E Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part W Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  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  f Administrative expenses  g End of year balance  b Permanent endowment ►  7 Emanular the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ►  7 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  (iii) related organizations  (iii) related organizations  (iv) are the related organizations listed as required on Schedule R?  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.  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.  Describe in Part XIII the intended uses of the organization's endowment funds.  1 299, 657 1, 282, 268 17, 389 d Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Leasehold improvements  1 299, 657 1, 282, 268 17, 389 d Equipment  5 37, 081 522, 182 14, 899								
E Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part W Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  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  f Administrative expenses  g End of year balance  b Permanent endowment ►  7 Emanular the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ►  7 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  (iii) related organizations  (iii) related organizations  (iv) are the related organizations listed as required on Schedule R?  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.  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.  Describe in Part XIII the intended uses of the organization's endowment funds.  1 299, 657 1, 282, 268 17, 389 d Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Leasehold improvements  1 299, 657 1, 282, 268 17, 389 d Equipment  5 37, 081 522, 182 14, 899	<b>d</b> Additions d	luring the year					1d	
f Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2 No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  2 Part XI;  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1 Beginning of year balance  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1 Beginning of year balance  Contributions  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  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  Temporarily restricted endowment ▶ %  Temporarily restricted endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  1 Land    Image: Part XIII the intended uses of the organization's endowment funds.  1   Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organ	<ul><li>e Distribution</li></ul>	ns during the year					1e	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part Y: Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  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 f Administrative expenses g End of year balance  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 ▶ % 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 organizations b if "Yes" on line 3a(ii), are the related organizations isted as required on Schedule R?  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.  Leasehold improvements  (a) Cortect other basis (b) Cost or other basis (c) Accumulated degrenciation degrenciation of property (i) unrelated organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Leasehold improvements  4 Equipment 537,081 522,182 14,899	f Ending bala	ance			,,		1f	
Part V: Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four yea	2a Did the org	anization include an amount on	Form 990, Part X,	line 21, for es	scrow or custodial	account liability?		Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete			III. Check here if the	explanation	has been provide	ed on Part XIII		
Beginning of year balance   All Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (e								
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 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 ▶ % 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 (iii) related organizations (iii) related organizations (iv) Ine 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 (other) (d) Book value (	C	complete if the organization	on answered "Y	es" on For	<u>m 990, Part IV</u>	<sup>/</sup> , line 10.		
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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 ▶ % 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.  Describtion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation  1a Land b Buildings c Leasehold improvements 1, 299,657, 1, 282,268, 17,389 d Equipment 537,081, 522,182, 144,899	c Net investm	nent earnings, gains, and						
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 ▶ % 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.  Describtion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation  1a Land b Buildings c Leasehold improvements 1, 299,657, 1, 282,268, 17,389 d Equipment 537,081, 522,182, 144,899	losses	L						
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 ▶ % 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 (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 (other) depreciation (other) depreciation  1a Land b Buildings c Leasehold improvements 1, 299, 657, 1, 282, 268, 17, 389, degree and the property of the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1, 282, 268, 17, 389, degree and the property (a) Equipment 1, 299, 657, 1,	d Grants or s	cholarships						
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 ▶ %  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  (iii) related organizations  (iii) related organizations   3a(ii)   3a(iii)								
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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 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  (ii) related organizations  5a(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 (b) Cost or other basis (c) Accumulated depreciation  (investment)  (other)  1a Land  b Buildings  c Leasehold improvements  1 1, 299, 657 1, 282, 268 17, 389 defining the propertion of property  c Lage Part VI 1, 282, 268 17, 389 defining the properties of the current year and balance (line 1g, column (a)) held as:    Part VI   Part								
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Ves   No   (i)   unrelated organizations   3a(i)	3a Are there er	ndowment funds not in the poss	session of the organ	ization that a	re held and admi	nistered for the		
(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 (b) Cost or other basis (other)  (investment)  (other)  Description of property  (a) Book value  (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  1,299,657  1,282,268  17,389  d Equipment								Yes No
(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 (b) Cost or other basis (other)  (investment)  (other)  Buildings  c Leasehold improvements d Equipment  1,299,657 1,282,268 17,389 d Equipment	(i) unrelate	ed organizations						3a(i)
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 (other)  (investment)  (other)  (other)  (d) Book value  (d) Book value  1 1, 299, 657 1, 282, 268 17, 389  d Equipment  5 37, 081 522, 182 14, 899		oronsizationa						2-(::)
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 (other) (investment)  (investment)  (investment)  (b) Cost or other basis (other) (other)  (other)  (c) Accumulated (d) Book value (d) Book value  1 Land (other)  1 La	b If "Yes" on I	ine 3a(ii), are the related organi	izations listed as re	quired on Sci	nedule R?			
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) Cost or other basis (other)   (c) Accumulated depreciation							************	
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	Part VI L	and, Buildings, and Equ	ripment.					
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	С	omplete if the organization	on answered "Ye	es" on Forr	n 990, Part IV	, line 11a. See	<u>Form 9</u> 90.	, Part X, line 10.
1a Land       Buildings         b Buildings       1,299,657       1,282,268       17,389         c Leasehold improvements       1,299,657       1,282,268       17,389         d Equipment       537,081       522,182       14,899						1		
b Buildings c Leasehold improvements d Equipment  1,299,657 1,282,268 17,389 537,081 522,182 14,899			(investment)		(other)	depreciation	1	
b Buildings         c Leasehold improvements       1,299,657       1,282,268       17,389         d Equipment       537,081       522,182       14,899	1a Land							
c Leasehold improvements       1,299,657       1,282,268       17,389         d Equipment       537,081       522,182       14,899	<b>b</b> Buildings							
d Equipment 537,081 522,182 14,899	c Leasehold i	mprovements			1,299,65	7 1,282	,268	17,389
	e Other							

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

DAA

	(a) Description of security or category	(b) Book value	(c) Method	of valuation:
*	(including name of security)		Cost or end-of-y	ear market value
(1) Financial of				
(2) Closely-he	eld equity interests			
(3) Other	•••••••••••			
(A)				
(B)	***************************************			
(C)	***************************************			
(D)	***************************************			
(E)				
(F)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4.774.
(H)				·
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		par trest bear post i	
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes"		/, line 11c. See Form 9	990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) Fotal. (Column Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets.			anadi umuka, ekesaa egaye
(9) lotal. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and t	on Form 990, Part IV	/, line 11d. See Form 9	
(9) Fotal. (Column Part IX	Other Assets.	on Form 990, Part IV	/, line 11d. See Form 9	90, Part X, line 19
(9) Fotal. (Column Part IX  (1)	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and t	on Form 990, Part IV	, line 11d. See Form 9	
(9) Fotal. (Column Part IX  (1) (2)	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and t	on Form 990, Part IV	, line 11d. See Form 9	
(9) Fotal. (Column Part IX  (1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and t	on Form 990, Part IV	, line 11d. See Form 9	
(9) Fotal. (Column Part IX  (1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the organizati	on Form 990, Part IV	, line 11d. See Form 9	
(9) Fotal. (Column Part IX  (1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the organizati	on Form 990, Part IV	, line 11d. See Form 9	
(9) Fotal. (Column Part IX  (1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the organizati	on Form 990, Part IV	, line 11d. See Form 9	
(9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the organizati	on Form 990, Part IV	, line 11d. See Form 9	
(9)  Fotal. (Column  Part IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the organizati	on Form 990, Part IV	, line 11d. See Form 9	
(9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) Description	on Form 990, Part IV	, line 11d. See Form 9	
(9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes" (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)	on Form 990, Part IV	/, line 11d. See Form 9	
(9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Description			(b) Book value
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (complete if the organization answered "Yes" (complet		, line 11e or 11f. See F	(b) Book value
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.)	on Form 990, Part IV		(b) Book value
(9)  rotal. (Column  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) rotal. (Column  Part X	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.  (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See F	(b) Book value
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal in 2)	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.  (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See F	(b) Book value
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal in (2) (3)	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.  (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See F	(b) Book value  Form 990, Part X,
(9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.  (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See F	(b) Book value  Form 990, Part X,
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal in (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.  (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See F	(b) Book value  Form 990, Part X,
(9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal in (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.  (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See F	(b) Book value  Form 990, Part X,  Real Real Section (Section 1)  Section 1990, Section 1990, Section 1)
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X  (1) Federal in (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.  (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See F	(b) Book value  Form 990, Part X,  Signal Salas
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column Part X  (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.  (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See F	(b) Book value  Form 990, Part X,  Record Re
(9)  otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  1) Federal in (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets.  Complete if the organization answered "Yes" (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" (line 25.  (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See F	(b) Book value  Form 990, Part X,  Sept. 1999, Sept. 1

	edule D (Form 990) 2016 JUNIOR ACHIEVEMENT OF		62-0582571	Page <b>4</b>
Pa	art XI Reconciliation of Revenue per Audited Financial	Statements Wi	th Revenue per Ret	ırn.
	Complete if the organization answered "Yes" on For	m 990, Part IV,	line 12a.	
1			1	2,141,340
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	Phi Sila	
đ		2d	152,276	
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·		152,276
3	Subtract line 2e from line 1		3	1,989,064
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)		gener	
	Add lines As and Ab		4.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		<b>.</b>	1,989,064
	Int XII Reconciliation of Expenses per Audited Financia			
(9) (8)	Complete if the organization answered "Yes" on For			stain.
1	Table and a second seco			1,561,207
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,301,201
		1 2- 1		
a	Donated services and use of facilities	2a		
Đ	Prior year adjustments	2b		
C .	Other losses	2c	150 076	
a	Other (Describe in Part XIII.)	2d	152,276	150 076
e	Add lines 2a through 2d			152,276
	Subtract line 2e from line 1		3	1,408,931
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		under the	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	988 988	
	Other (Describe in Part XIII.)	<u>4b</u>		
	Add lines 4a and 4b		4c	
00000000000	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	· 18.)	5	1,408,931
	rt XIII Supplemental Information.			·····
rovi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b	and 2b; Part V, line 4; Par	t X, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
P	ART XI, LINE 2D - REVENUE AMOUNTS INC	LUDED IN F	INANCIALS - C	THER
SI	PECIAL EVENTS - DIRECT	,	\$	152,276
PA	ART XII, LINE 2D - EXPENSE AMOUNTS IN	CLUDED IN	FINANCIALS -	
PA	ART XII, LINE 2D - EXPENSE AMOUNTS IN	CLUDED IN	FINANCIALS -	
		CLUDED IN	_	OTHER
	ART XII, LINE 2D - EXPENSE AMOUNTS IN	CLUDED IN	_	
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER
		CLUDED IN	_	OTHER

Schedule D (F	Form 990) 2016	JUNIOR	ACHIEVEMENT	OF	62-0582571	Page <b>5</b>
Part XIII	Suppleme	ntai Informa	ACHIEVEMENT (continued)			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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				**********************		
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**SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization JUNIOR ACHIEVEMEN MIDDLE TENNESSEE				Employer identific	
Part Fundraising Activities. Complete	if the organiza	ation ans	wered "Yes" on F		
Form 990-EZ filers are not required					
1 Indicate whether the organization raised funds throug	lanear de la company de la com			oly.	
No. of the Contract of the Con	()		overnment grants		
b Internet and email solicitations	(		ment grants		
c Phone solicitations	g 📋 Special fur	ndraising e	vents		
d In-person solicitations					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	y in connection w	ith profess	ional fundraising serv	ices?	Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) purs	suant to ag	reements under which	the fundraiser is to	be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
1					
2		<del>  </del>			
•			***************************************		
3					
		<b>  </b>			
4		, A.			
5				<del></del>	
6					
7					
8					· · · · · · · · · · · · · · · · · · ·
9					
					<u></u>
0					
otal					
<ol> <li>List all states in which the organization is registered or registration or licensing.</li> </ol>		t contributi	ons or has been notifi	ed it is exempt from	
- <b>v</b>					

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

		gross receipts	greater than \$5,000.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			(a) Event #1	(b) Event #2	(c) Other events	(I) Total available
<b>a</b> v			GOLF TOURNAMENT (event type)	BOWL - A - THON (event type)	(total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	222,647	182,865	215,870	621,382
	2	Less: Contributions	156,582	168,844	143,680	469,106
	3	Gross income (line 1 minus line 2)	66,065	14,021	72,190	152,276
	4	Cash prizes				——————————————————————————————————————
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	7-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	66,065	14,021	72,190	152,276
		Net income summary. Su	. Add lines 4 through 9 in column	(d)	<b>&gt;</b>	152,276
P	art	III Gaming. Com	plete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990	), Part IV, line 19, or r	eported more
Revenue		tilari \$10,000 t	(a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
nses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				Weaker State and State of the S
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary	. Add lines 2 through 5 in column	(d)	<b>&gt;</b>	
			. Add lines 2 through 5 in column mary. Subtract line 7 from line 1, o			
а	8 Ent	Net gaming income summer ter the state(s) in which the		column (d)		Yes No
a b	Ent Is t	Net gaming income sumr ter the state(s) in which the he organization licensed to No," explain:	mary. Subtract line 7 from line 1, one organization conducts gaming a conduct gaming activities in each	column (d) activities: ch of these states?	<b>&gt;</b>	Yes No
a b	Ent is ti	Net gaming income sumr ter the state(s) in which the he organization licensed to No," explain:	mary. Subtract line 7 from line 1, o	column (d) activities: ch of these states?	<b>&gt;</b>	Yes No

Sche	edule G (Form 990 or 990-EZ) 2016 <b>JUNIOR ACHIEVEMENT OF</b>	62-058257	<b>1</b> Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	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
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name >		
	Address ▶	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		Yes 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:		
	Name >		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	housed fund		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Da-	spent in the organization's own exempt activities during the tax year ►  Supplemental Information. Provide the explanations required by Part I, line 2b,	oolumne (iii) an	1 (v): and
rai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a	dditional inform	i (v), and
		Julional Informa	auori.
	See instructions		
	Calax	tulo G (Earm 202) -	- 000 E7\ 2040
	Sched	dule G (Form 990 o	: 330-EZ) 2016

**SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Open to Public Inspection ▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

JUNIOR ACHIEVEMENT OF

Employer identification number

OMB No. 1545-0047

62-0582571 MIDDLE TENNESSEE Part I **Questions Regarding Compensation** 

			Yes	No
18	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	impisa	350(6)	e nati
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	\$10. XII		ESSAVE.
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	10000000	SAME	1 10000
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
		00 (40 (4) 90 (60 8)	19900	
t	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	640 OE	156 à	
~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	saint sweet		apoponena . 1.
	a valain	1b		
	ехріаіп	200 AND COLORS	A350053	1000000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	28/20/20030	//assisting	6 - Malagani
4				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	,		
	1a?	2		- 0.4-0.4
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			Avente des
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	3075474		2 jakata
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	G07 3 3	Ville II	dseas
	Compensation committee Written employment contract		200	
	Independent compensation consultant Compensation survey or study		76 A	Bing.
	Form 990 of other organizations  Approval by the board or compensation committee	40,000,00		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	organization or a related organization:	ROTERN TO THE	00.000 A 600 00.000 A 600	contain )
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	tribe delle		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		6) A - 1	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	Bar Sin	电路 第	MARIONI - V
	compensation contingent on the revenues of:		243 (SQ	
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	54. A.		
	compensation contingent on the net earnings of:	<b>新雄蕊</b>		- Eller
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		級權: 着	
		90.0000		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		10 NO 11 (11)	Material Co
•	and the state of t	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		+	
Ÿ	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		8		X
				44
	in Part III		21057111000	38129
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		167.16	

JUNIACH

JUNIOR ACHIEVEMENT OF

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2016

Part II Officers, Di

62-0582571

Page 2

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

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

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Delicement and		:  -	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(E) rotal of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
NGENSMITH	125,186	0	7,201	22,227	1,734	156,348	
- PKRULDENI			0	0	0		0
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(0)	(0)						Transfer of the state of the st
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12 (6)	0						
13 (0)							
(1)							
(6)							
(i)							

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

# SCHEDULE M (Form 990)

### **Noncash Contributions**

20

2016

Open To Public

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

Attach to Form 990.

JUNIOR ACHIEVEMENT OF

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

/form990. Inspection
Employer identification number

	MIDDLE T	ENNES	SEE		62-05	82571
	art I Types of Property		<u> </u>	/	1	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermining
1	Art — Works of art					
2	Art — Historical treasures					
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods		A SOLD TO SOLD ST			
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	X	1	109,508		
25 22	Other ►( )			109,500		
26 27	Other ►( )					
27 20	Other ►( )					
<u>28</u> 29	Number of Forms 8283 received by	the ergo	aization during the tay u	ear for contributions for		
29	which the organization completed F	-			29	
	which the organization completed i	01117 020C	, raitiv, bonee Ackno	wiedgement ,,,,,, [		Yes No
30a	During the year, did the organizatio	n receive	by contribution any pro-	nerty reported in Part I lir	nes 1 through	64. JU 65. A 1915.
Jua	28, that it must hold for at least thre					1000 100 100 100 100 100 100 100 100 10
	to be used for exempt purposes for					30a X
b	If "Yes," describe the arrangement		, notating periods			AND AND SHOPE
31	Does the organization have a gift a		policy that requires the	review of any nonstanda	ard	98.26 29.00 3 536
٠.						31 X
32a	Does the organization hire or use the	nird partie	s or related organization	ns to solicit, process, or so	ell noncash	
~~~						32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an a	mount in	column (c) for a type of	property for which column	n (a) is checked.	
	describe in Part II			y y y in in initial and and the	• • • • • • • • • • • • • • • • • • • •	AL AND THE STATE OF

Schedule M (Form		JUNIO	<u>R ACHIE</u>	VEMENT	OF		62-6	0582571		Page 2
Parti	the orga	mental info inization is	<b>ormation.</b> reporting i	Provide the n Part I, co	e informati olumn (b),	the numbe	d by Part I, I r of contribu litional inforr	itions, the nur	, and 33, and mber of items i	whether received,
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SCHEDULE O (Form 990 or 990-EZ) 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.

Open to Public Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form994. Inspection Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE

62-0582571

OMB No. 1545-0047

2016

FORM 990 - ORGANIZATION'S MISSION

JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE IS PART OF THE WORLD'S LARGEST ORGANIZATION DEDICATED TO GIVING YOUNG PEOPLE THE KNOWLEDGE AND SKILLS THEY NEED TO OWN THEIR ECONOMIC SUCCESS, PLAN FOR THEIR FUTURE, AND MAKE SMART ACADEMIC AND ECONOMIC CHOICES. OUR FINANCIAL LITERACY, WORK READINESS AND ENTREPRENEURSHIP PROGRAMS EMPOWER STUDENTS TO MAKE A CONNECTION BETWEEN WHAT THEY LEARN IN SCHOOL AND HOW IT CAN BE APPLIED IN THE REAL WORLD. THIS ENHANCES THE RELEVANCE OF THEIR CLASSROOM LEARNING AND INCREASES THEIR UNDERSTANDING OF THE VALUE OF STAYING IN SCHOOL.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE BOARD AND ITS OFFICERS ELECT MEMBERS TO THE BOARD AND TO BE OFFICERS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS PREPARED BY THE AUDITORS AND THEN SUBMITTED TO JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE PRIOR TO FILING. THE FORM IS REVIEWED BY THE TREASURER FROM THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUALLY THE PRESIDENT MEETS WITH ALL BOARD MEMBERS AND REVIEWS ANY POTENTIAL CONFLICTS OF INTEREST. ANY NOTED ARE MONITORED THROUGHOUT THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION AND SALARY RANGES ARE RESEARCHED AND PROVIDED THROUGH JA