Form 990 (Rev. January 2020) Department of the Treasur

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20 C Name of organization JUNIOR ACHIEVEMENT OF NORTHERN IN. Check if applicable: D Employer Identification number Address change Doing business as 35-0922731 Name change Number and street (or P.O. box if mall is not delivered to street address) Room/suib 550 EAST WALLEN ROAD 260-484-2543 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated FORT WAYNE IN 46825 3,787,603 G Gross receipts \$ Amended return Name and address of principal officer: H(a) is this a group return for subordinates? Application pending LENA YARIAN 550 E. WALLEN ROAD FORT WAYNE IN 46825 If "No," attach a list, (see instructions) X 501(c)(3) 501(c)) (Insert no.) 4947(a)(1) or 527 WWW.JANI.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: 1952 Other -M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION STATEMENT OF JANI IS: TO INSPIRE AND PREPARE YOUNG PEOPLE TO Governance SUCCEED IN GLOBAL ECONOMY. 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) 72 ಠ 4 Number of independent voting members of the governing body (Part VI, line 1b) 72 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 87 5 6 Total number of volunteers (estimate if necessary) 4586 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 39 0 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,905,923 2,931,495 9 Program service revenue (Part VIII, line 2g) 333,534 377,343 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,810 236,818 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -68,302 -131,81312 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,188,965 3,413,843 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 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,236,122 2,401,377 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 642,759 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,908,843 1,361,807 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,144,965 3,763,184 19 Revenue less expenses. Subtract line 18 from line 12 -956,000 -349,341Beginning of Current Year End of Year 3,650,628 20 Total assets (Part X, line 16) 4,482,854 21 Total liabilities (Part X, line 26) 888,592 1,511,096 22 Net assets or fund balances. Subtract line 21 from line 20 2,762,036 2,971,758 Part II 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. 7-19-2011 Sign Date YARIAN Here PRESIDENT Print/Type preparer's name Preparer's signature Check Paid TODD E. HAINES self-employed P00691953 Preparer HAINES ISENBARGER & SKIBA LLC 52-2127371 Firm's EIN **Use Only** 4630 W JEFFERSON BLVD # 8 FORT WAYNE, IN 46804 260-436-9500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

35-0922731 Page 3 Part IV Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х 3 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, Part III 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 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, Pert 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 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Pert 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 c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII X 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 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

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Part IV	Checklist of	Required Schedules	(continued)		

Pa	TIV Checklist of Required Schedules (continued)		V	100
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	•	22		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-		
	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	23	х	
	employees? If "Yes," complete Schedule J	25	 -	_
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	240		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a	_	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c	-	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
!5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		C	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
•	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
		27		x
	persons? If "Yes," complete Schedule L, Part III	-		
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		100	
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		1	x
	"Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
10	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
12	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-		32		X
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
.3		33		x
	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, Part II, III,	34	x	
	or IV, and Part V, line 1		X	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		١.,	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	-
16	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
D				
-	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		2002222	
	Oncor il concodio o containo a response di note te dil inte il une i dit i		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	. 1c	x	
_	reportable garning (garnoling) withings to prize withers:	1.0		1

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 87 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? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b 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 6a organization solicit any contributions that were not tax deductible as charitable contributions? X 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? X 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 C required to file Form 8282? X 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d 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? f 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a 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? 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? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 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 а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ____11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 13 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b C Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ь 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) JUNIOR ACHIEVEMENT OF NORTHERN IN.

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

			J.		Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	72	- 0	JI E	
	If there are material differences in voting rights among members of the governing body, or					1
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.			1		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	72			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				j.	1
	any other officer, director, trustee, or key employee?		are verse	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	ess Jorga	sansac ra u	72		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	. 14 (22)	32	71		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year l	y the	ollowing			
а	The governing body?			8:	_	
b	Each committee with authority to act on behalf of the governing body?			81	K c	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	*********	GROUNGHORDER	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	mal F	evenu	e Code.)		
					Ye	s No
10a	Did the organization have local chapters, branches, or affiliates?			10	a X	
ь	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?			10	ЫХ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the				a X	
ь	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			12	a >	
u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o confli	cts?	12	b 3	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
·	describe in Schedule O how this was done			12	c 3	
13	Did the organization have a written whistleblower policy?			1	3 3	
14	Did the organization have a written document retention and destruction policy?		*******	1	4 >	
15	Did the process for determining compensation of the following persons include a review and approval by	200700		***		
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1	
	The organization's CEO, Executive Director, or top management official			15	a 2	
h	Other officers or key employees of the organization	C10. 555	50, 10000	15	ib 3	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1011111111	MACH MACH	10.000		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
100	with a taxable entity during the year?			10	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	detent.	* • • • • • • • • • • • • • • • • • • •	98.83		
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				31.0	
	organization's exempt status with respect to such arrangements?			10	ib	
500	ction C. Disclosure					
	TW					
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990-T (Section 6104			13.500.000.000.0	rozente.	
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		.(0)			
	(3)s only) available for public inspection. Indicate now you made triese available. Or less all trial apply. [X] Own website					
40		t nolice	and			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	, polic	, 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 record	e b				
20		-				
	NDREA VAN WYNGARDEN 550 E. WALLEN ROAD ORT WAYNE IN 468	25		260-4	184-	254
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orm 990 (20	119) JUNIOR ACHIEVEMENT OF NORTHERN IN. 35-0922731	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	d
	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.
 See instructions for the order in which to list the persons above.

Check this box if neither the orga	anization nor any	relat	ed o	rgan	izatio	on cor	mpe	nsated any current officer,	director, or trustee.	2
(A) Name and title	(B) Average hours per week (list any	bo	x, unk	Pos check ess pe	rson i	than or s both o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
-	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) MICHAEL CAHILL										
<u></u>	1.00			١						
BOARD CHAIRMAN	0.00	X	_	X	<u> </u>	\vdash		0	0	0
(2) KATHY ROGERS	1 00					ш				
BOARD SECRETARY	1.00	x		x		Ш		o	o	0
(3) BRAD SMUTS	0.00	^	_	^	\vdash	\vdash		0	0	<u>U</u>
(0) 2122 213013	1.00					ш				
FINANCE COMM CHAIR	0.00	x		x		ш		o	О	0
(4) DOUG WOOD		Ħ		-	\vdash	Н				
IMMEDIATE PAST CHAIR	1.00	x						0	0	0
(5) JERRY BROWN						П				
EXECUTIVE MEMBER	1.00	x						0	0	0
(6) CHRISTOPHE DESSE										
*************	1.00					Ш				
EXECUTIVE MEMBER	0.00	X				Ш		0	0	0
(7) MIKE EIKENBERRY		Н				Ш				
**************	1.00					Н				_
EXECUTIVE MEMBER	0.00	X				\vdash	_	0	0	0
(8) STEVE FINK	1 00					lΙ				
EVECTORIUM MEMDED	1.00	x				ΙI		o	0	•
(9) ALLEN GLASSBURN	0.00	^				H		U		0
(a) FEELEN GEROODORN	1.00					ΙI				
EXECUTIVE MEMBER	0.00	x				ΙI		0	0	0
(10) DAVID JEANS						\vdash				
	1.00					1 1				
EXECUTIVE MEMBER	0.00	X						0	0	0
(11) M. JAMES JOHNSTO	N					П				<u>-</u>
***************************************	1.00									
EXECUTIVE MEMBER	0.00	X						0	0	0

Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	npic	yees	i, ai	nd Highest Compensated	Employees (continued)				_
(A) Name and title	(B) Average hours per week (list any	bo	x, unk	Pos check ess pe	more rson l	then o s both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	com	(F) ated an of other opensation the	r tion	
3x x x 30t 11 4	hours for related orgenizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organ related	ization organi		
(12) DR. MICHAEL I	NASTRANGE 1.00 0.00	LC						0	0				0
(13) PAT MORELLO EXECUTIVE MEMBER	1.00	x						0	0				0
(14) GREG O'DANIEI EXECUTIVE MEMBER		x						0	0				0
(15) ERIC OTTINGER		x						0	0				0
(16) TROY PANNING EXECUTIVE MEMBER	1.00	x						0					0
(17) REX PETERS EXECUTIVE MEMBER	1.00	x											0
(18) CHUCK SCHRIMI EXECUTIVE MEMBER		x		n									0
(19) RON TURPIN	1.00	x											0
1b Subtotal			57.52.1		0000	7.455 14.65	>	161,726	140,000			1,(034
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from		nited				d ab	ove)	161,726) who received more than \$				Yes	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization. 	complete Schedu	ule J of re	for a	such ble c	indi comp	<i>vidua</i> ensa	ition	and other compensation fro	m the	1111111	3		x
individual 5 Did any person listed on line for services rendered to the o	1a receive or acci	rue d	omp	ensa	tion	from	any	unrelated organization or ir	ndividual		5	Х	x
Section B. Independent Contractor 1 Complete this table for your fire		ensal	ed in	ndene	ende	nt co	ntra	actors that received more that	an \$100.000 of				
compensation from the organization	zation. Report cor (A) d business address	mpe	nsatio	on fo	r the	cale	nda	r year ending with or within	the organization's tax year. (B) pition of services		Con	(C) npensati	on
-							-						
¥													
Total number of independent received more than \$100,000	contractors (included of compensation	ding fron	but r	not lii	mited	d to t	hose	e listed above) who	0				
DAA											For	990	/204

Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII

Program Service Contributions, Giffs, Gra Revenue and Other Similar Amou	PROGRAM FE All other program Total. Add lines Investment incorrections Total. Add lines Investment incorrections Total. Add lines Investment incorrections Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income gross amount from sales of assets	aigns as nots ations ontributions gifts, grant included in the land of the lan	e revenue ding dividends of tax-exempt	1a 1b 1c 1d 1e 1f 1g \$	2,	2,700 546,059 300,000 082,736 88,228 Business Code 611710 611710	2,931,495 204,081 155,994 17,268	Part VIII (B) Related or exempt function revenue 204,081 155,994 17,268	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Contributions, Giffs, Gra Revenue and Other Similar Amou	Membership due Fundraising eve Related organiz Government grants (c All other contributions, and similar amounts no Noncash contributions Total. Add lines JA FINANCE JA BIZTOWN PROGRAM FE Investment incorr other similar am Income from inve Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income gross amount from sales of assets	nts ations ations ontributions gifts, gran t included in 1a-1f PARK PARK ES a service 2a-2f ne (included in pounts) estment 6a 6b 6c	e revenue uding dividends of tax-exempt (i) Real	1b 1c 1d 1e 1f 1g \$	t, and	546,059 300,000 082,736 88,228 Business Code 611710 611710	204,081 155,994 17,268	155,994		11,226
Program Service Contributions, Giffs, Gra Revenue and Other Similar Amou	Membership due Fundraising eve Related organiz Government grants (c All other contributions, and similar amounts no Noncash contributions Total. Add lines JA FINANCE JA BIZTOWN PROGRAM FE Investment incorr other similar am Income from inve Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income gross amount from sales of assets	nts ations ations ontributions gifts, gran t included in 1a-1f PARK PARK ES a service 2a-2f ne (included in part included in part in pa	e revenue uding dividends of tax-exempt (i) Real	1b 1c 1d 1e 1f 1g \$	t, and	546,059 300,000 082,736 88,228 Business Code 611710 611710	204,081 155,994 17,268	155,994		11,226
2a b c d d e f g 3 4 5 6a b c d 7a	Fundraising eve Related organiz Government grants (c All other contributions, and similar amounts no Total. Add lines JA FINANCE JA BIZTOWN FROGRAM FE All other program Total. Add lines Investment incorr other similar am Income from inve Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income gross amount from sales of assets	nts ations ontributions gifts, gran it included included in 1a-1f PARK ES a service 2a-2f ne (included) patternent 6a 6b 6c	e revenue uding dividends of tax-exempt	1c 1d 1e 1f 1g \$	t, and	546,059 300,000 082,736 88,228 Business Code 611710 611710	204,081 155,994 17,268	155,994		11,226
2a b c d d e f g 3 4 5 6a b c d 7a	Related organiz Government grants (of All other contributions, and similar amounts no Noncash contributions Total. Add lines JA FINANCE JA BIZTOWN PROGRAM FE All other program Total. Add lines Investment incorr other similar am Income from inve Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	partitions ontributions ontributions gifts, grant included in the control of the	e revenue uding dividends of tax-exempt	1d 1e 1f 1g \$	t, and	300,000 082,736 88,228 Business Code 611710 611710	204,081 155,994 17,268	155,994		11,226
2a b c d d e f g 3 4 5 6a b c d 7a	Government grants (c f All other contributions, and similar amounts no Noncash contributions Total. Add lines JA FINANCE JA BIZTOWN PROGRAM FE All other program Total. Add lines Investment incorr other similar am Income from inve Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	potributions gifts, gran t included in tall tall tall tall tall tall tall tal	e revenue ding dividends of tax-exempt	1e 1f 1g \$	t, and	082,736 88,228 Business Code 611710 611710	204,081 155,994 17,268	155,994		11,226
2a b c d d e f g 3 4 5 6a b c d 7a	f All other contributions, and similar amounts no process and similar amounts no process. Total. Add lines are process. Investment incorrection other similar amount income from investment income from in	gifts, gran t included included in 1a-1f PARK PARK ES 1 service 2a-2f 1 ne (included in 1 ne (inc	e revenue ding dividends of tax-exempt	1f 1g \$	t, and	88,228 Business Code 611710 611710 611710	204,081 155,994 17,268	155,994		11,226
2a b c d d e f g 3 4 5 6a b c d 7a	and similar amounts no Noncash contributions Total. Add lines JA FINANCE JA BIZTOWN PROGRAM FE All other program Total. Add lines Investment incorrection other similar am Income from inventions Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income gross amount from sales of assets	PARK PARK PARK PARK PARK PARK PARK PARK	e revenue	1g \$	t, and	88,228 Business Code 611710 611710 611710	204,081 155,994 17,268	155,994		11,226
2a b c d d e f g 3 4 5 6a b c d 7a	JA FINANCE JA FINANCE JA BIZTOWN PROGRAM FE All other program Total. Add lines Investment incorr other similar am Income from inventional from inventional from inventional from inventional from inventional from income gross rents Less: rental expenses Rental inc. or (loss) Net rental income gross amount from sales of assets	PARK PARK ES Service 2a-2f ne (inclination of the counts) estment 6a 6b 6c	e revenue	1g \$	t, and	88,228 Business Code 611710 611710 611710	204,081 155,994 17,268	155,994		11,226
2a b c d d e f g 3 4 5 6a b c d 7a	JA FINANCE JA FINANCE JA BIZTOWN PROGRAM FE All other program Total. Add lines Investment incorr other similar am Income from inventional from inventional from inventional from inventional from inventional from income gross rents Less: rental expenses Rental inc. or (loss) Net rental income gross amount from sales of assets	PARK PARK ES Service 2a-2f ne (inclination of the counts) estment 6a 6b 6c	e revenue	s, interesi	t, and	Business Code 611710 611710 611710	204,081 155,994 17,268	155,994		11,226
2a b c d d e f g 3 4 5 6a b c d 7a	JA FINANCE JA BIZTOWN PROGRAM FE All other program Total. Add lines Investment incorrother similar am Income from inventional income from inventional income from inventional income from income from a sales of assets	PARK ES n service 2a-2f ne (inclination) pastment 6a 6b 6c	e revenue	s, interesi	t, and	Business Code 611710 611710 611710	204,081 155,994 17,268	155,994		11,226
onus meritory and a second of	FAII other program Total. Add lines Investment incorrother similar am Income from inventional Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	estment 6a 6b 6c	e revenue uding dividends of tax-exempt (i) Real	s, interest	t, and	611710 611710 611710	155,994 17,268 377,343	155,994		11,226
6a b c d 7a	All other program Total. Add lines Investment incorrother similar am Income from inventional Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	estment 6a 6b 6c	e revenue uding dividends of tax-exempt (i) Real	s, interest	t, and	611710	155,994 17,268 377,343	155,994		11,226
6a b c d 7a	FROGRAM FE All other program Total. Add lines Investment incorrother similar am Income from inventional fro	a service 2a-2f ne (inclination) pastment 6a 6b 6c	e revenue	s, interest	t, and	611710	17,268 377,343			11,226
f g 3 4 5 6a b c d 7a	f All other prograr Total. Add lines Investment incor other similar am Income from inve Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	n service 2a-2f ne (inclination of the counts) estment 6a 6b 6c	e revenue	s, interest	t, and	M	377,343			11,226
6a b c d 7a	f All other prograr Total. Add lines Investment incor other similar am Income from inve Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	n service 2a-2f . ne (inclination ounts) . estment 6a 6b 6c	e revenue	s, interest	t, and	MILLIANS D				11,226
f g 3 4 5 6a b c d 7a	F All other program Total. Add lines Investment incorrother similar am Income from inventional income from inventional income from inventional income from inventional income from anount from sales of assets	n service 2a-2f . ne (inclination) punts) estment 6a 6b 6c	uding dividends of tax-exempt	s, interesi	t, and	MILLIANS D				11,226
9 3 4 5 6a b c d 7a	Investment incorrother similar am Income from investments. Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	2a-2f . ne (inclination inclination inclin	of tax-exempt (i) Real	s, interest	t, and	MILLIANS D				11,226
3 4 5 6a b c d 7a	Investment incorrother similar am Income from inventories Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	ne (inclination) estment	of tax-exempt (i) Real	s, interest	t, and	MILLIANS D				11,226
4 5 6a b c d 7a	other similar am Income from inventories Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets	6a 6b 6c	of tax-exempt	bond pro	oceeds		11,226			11,226
5 6a b c d 7a	Income from inventorial Royalties Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	6a 6b 6c	of tax-exempt	bond pro	oceeds					11/220
5 6a b c d 7a	Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets	6a 6b 6c	(i) Real	•						25-12
6a b c d 7a	Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets	6a 6b 6c	(i) Real				1-3-3			- 275 - SA-
b c d 7a	Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets	6b 6c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		VV.					
b c d 7a	Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets	6b 6c								
c d 7a	Rental inc. or (loss) Net rental incom Gross amount from sales of assets	6c							COLUMN TO SERVICE SERV	
d 7a	Net rental incom Gross amount from sales of assets									
7a	Gross amount from sales of assets	J 0. (10.								
Other Revenue		11000	(i) Securities			Other				
Other Revenue	other than investory	7a		,284		231,495				-73
Other Revenu	other than inventory Less: cost or other			,		202,100	100			
Other Rev	basis and sales exps.	7b	105	,965		222			S	
Other 8a	Gain or (loss)	7c		,681		231,273				
ਰੱ 8a	Net gain or (loss						225,592	231,273		-5,681
٦	Gross income from			TT.	en erena		220/002	232,273		3,001
	(not including \$							A American	0.00	100
	of contributions rep	orted on	line 1c)							
	See Part IV, line 18		uno roj.	8a		99,262				18 2 14 0 16
Ь.	Less: direct expe	250	*******	8b	7	256,095				
	Net income or (le	*2	n fundraising e				-156,833			-156,833
	Gross income from		_	T			130,033			-130,633
"	See Part IV, line 19	_	Eddvidos.	9a		36,498				
h	Less: direct expe		200000000000000000000000000000000000000	9b		11,478				100
	Net income or (le	7.3	17. TO		0000.7450.5400cc		25,020			25,020
	Gross sales of in			T			23,020			25,020
102	returns and allow			10a						
h	Less: cost of goo	مارموع	0.00 P.0.00 (0.00 m)	10b			1 12 1 1		11.	
	Net income or (lo									
	rec moone or th	ooj IIOI	Jaics Of HIVE	inory		Business Code				
3 m 11a						-surrous OUIO				
1 1	53355333353333555									
Nen c	Ø 80 · · · · · · · · · · · · · · · · · ·									
Revenue c d			every and the same							
	All other revenue			*****						
12	All other revenue		***********							

Form 990 (2019)

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 (D) Fundraising (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 110,186 26,462 41,011 177,659 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 422,802 272,815 1,834,351 1,138,734 Other salaries and wages Pension plan accruals and contributions (include 62,744 24,226 15,632 102,602 section 401(k) and 403(b) employer contributions) 31,555 81,724 20,361 133,640 Other employee benefits 35,295 22,775 153,125 95,055 10 Payroll taxes Fees for services (nonemployees): 11 Management 6,241 6,241 Legal b 23,500 23,500 Accounting Lobbying Professional fundraising services. See Part IV, line 17 923 Investment management fees 923 Other. (If line 11g amount exceeds 10% of line 25, column 40,021 106,439 2,140 148,600 (A) amount, list line 11g expenses on Schedule O.) 3,280 3,280 12 Advertising and promotion 3,645 70,100 62,809 3,646 Office expenses 13 540 6,061 26,872 33,473 Information technology 14 Royalties 15 5,559 111,172 100,046 5,567 16 Occupancy 8,410 56,069 47,659 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 4,723 4,723 20 Interest 317,504 254,003 63,501 Payments to affiliates 21 119,705 107,735 5,985 5,985 Depreciation, depletion, and amortization 22 1,976 1,976 39,523 35,571 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DIRECT PROG MATERIAL/EXP 350,194 350,194 29,518 7,317 36,835 STAFF TRAINING 22,239 13,343 8,896 c BOARD ACTIVITIES 13,226 13,226 d DUES AND SUBSCRIPTIONS 4,500 4,500 e All other expenses 481,287 642,759 2,639,138 3,763,184 Total functional expenses. Add lines 1 through 24e . 25 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 following SOP 98-2 (ASC 958-720)

Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 2,204,901 92,726 1,499,291 Cash—non-interest-bearing Savings and temporary cash investments 90,000 2 Pledges and grants receivable, net 3 479,272 471,176 Accounts receivable, net 507,950 40.992 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 50,605 99,483 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,316,654 10a b Less: accumulated depreciation 10b 462,221 271,284 854,433 10c Investments—publicly traded securities 401,277 11 375,082 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets Other assets. See Part IV, line 11 350,949 15 344,061 15 3,650,628 4,482,854 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 691,448 17 233,077 17 18 Grants payable 18 107,593 19 Deferred revenue 162,965 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 1,041,881 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 89,551 73,173 25 Total liabilities. Add lines 17 through 25 888,592 1,511,096 Organizations that follow FASB ASC 958, check here ▶ X Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,659,985 2,231,883 27 Net assets with donor restrictions 1,102,051 739,875 28 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ò Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 2,762,036 2,971,758 32 Total liabilities and net assets/fund balances 3,650,628 4,482,854

Form 990 (2019)

Form 9	90 (2019) JUNIOR ACHIEVEMENT OF NORTHERN IN. 35-0922731			Pag	ge 12
Part					[22]
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 T	Total revenue (must equal Part VIII, column (A), line 12)	1	3,4		
2 T	Total expenses (must equal Part IX, column (A), line 25)	2	3,7		
3 F	Revenue less expenses. Subtract line 2 from line 1	3		49,	
4 N	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,7		
5 N	Net unrealized gains (losses) on investments	5		-2,	767
	Oonated services and use of facilities	6			
	nvestment expenses	7			
	Prior period adjustments	8			
9 (Other changes in net assets or fund balances (explain on Schedule O)	9	5	61,	830
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		(2)		000002
	32, column (B))	10	2,9	71,	758
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш.
				Yes	No
1 /	Accounting method used to prepare the Form 990: Cash X Accrual Other		0.00		
	f the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		100	1	- 1
	Were the organization's financial statements compiled or reviewed by an independent accountant?	en en eora	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			and a	21
	reviewed on a separate basis, consolidated basis, or both:		Austria	-	
Ĺ	Separate basis Consolidated basis Both consolidated and separate basis				
b \	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
Ì	Separate basis X Consolidated basis Both consolidated and separate basis				
ا	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			-	
	Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		CC416X		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	required addit of addita, explaint this off confedence of the account of the stope after to street go addit addition		F	.m 99	0 (2019

Part VII Coction A. Oniceis	, Directors, Tru	3100	- IV	y c	mpic	yees	s, ai	id Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unk	Pos check ess pe	erson l	than o s both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) stimated are of other compensation	on	
3 9111 10 3	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		rganization ted organiz		100
(20) ANDY VEENSTRA	•	Г											
<u> </u>	1.00												
EXECUTIVE MEMBER (21) MICHAEL WALLA	0.00	X	_		_			0	0				0
(21) FICHED WALL	1.00							_					
EXECUTIVE MEMBER	0.00	X						0	o				0
(22) MARK ADAIR													
	1.00												_
(23) STAN ADAMS	0.00	X	_			Н	-	0	0				0
(,	1.00												
DIRECTOR	0.00	X						0	0				0
(24) J. ARNOLD	4 00												
DIRECTOR	1.00	x						_					_
(25) BILL BEAN	0.00	┢	_	H		Н		0	0				0
,	1.00												
DIRECTOR	0.00	X						0	0				0
(26) JEFF BELL	1 00												
DIRECTOR	1.00 0.00	x						o	o				0
(27) JEFF BENZING	0.00	-				Н							
**********************************	1.00												
DIRECTOR	0.00	X						0	0				0
c Total from continuation sheet						2.0							
d Total (add lines 1b and 1c)	is to Fart VII, S				2555	F-1/5	•						_
2 Total number of individuals (incl	uding but not lim	ited			istec	abo	ve)	who received more than \$10	00,000 of				
reportable compensation from t	he organization l	>					_				TV	es	No
3 Did the organization list any for	mer officer, direc	ctor,	truste	e, k	ey e	mplo	yee,	or highest compensated		ſ		-	
employee on line 1a? If "Yes," of 4 For any individual listed on line								ensergeness accessors	- CONTRACTOR CONTRACTOR		3	-	
organization and related organization	zations greater th	nan \$	3150,	0003	? # "	Yes,"	con	plete Schedule J for such	n the			- 1	
individual 5 Did any person listed on line 1a		HIVE	1120	52750	0014	ATE.				CONTRACTOR OF	4	_	_
for services rendered to the org	anization? If "Ye	s," ca	mple	ete S	ion ii	dule .	iny i <i>I for</i>	unrelated organization or inc	iividuai		5		
Section B. Independent Contractor	8									75000			
 Complete this table for your five compensation from the organiza 	highest comper	nsate	d inc	leper	nden	t con	traci	tors that received more than	\$100,000 of				
Name and	(A) business address	point	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.10	0.0.0	- Cur		(B) on of services		Ca-S	C) ensation	
									UI UI SOLVIUOS		Compe	3130001	
ri e e e e e e e e e e e e e e e e e e e													
<u> </u>													_
													_
							_						
2 Total number of independent co	ntractors (includi	ng b	ut no	t lim	ited	to the	ose	listed above) who					
received more than \$100,000 of												000	

Part VII Section A. Officers,	Directors, Trus	tees	s, Ke	y E	mplo	yees	, ar	nd Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check oss pe	rson i	than or s both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related orgenizations	Estimate of compe fror	F) d amount other ensation n the	
III W MARIE AM	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ation and gantzations	,
(28) DANA BERKES	1.00								_			
DIRECTOR (29) PATRICK BEUCH	0.00	X	-	H				0	0			0
DIRECTOR BEGGE	1.00	x						0	0			0
(30) ROB BOYD	1.00	x						0	0			0
(31) DON BUDD	1.00	_										
DIRECTOR	0.00	x						0	0	Y		0
(32) KEITH BUSSE	1.00											0
(33) MICHAEL BUSSE	0.00	X	-	-	H	+		0	0			
DIRECTOR	1.00 0.00	x						0	0)		0
(34) BRUCE COLE	1.00											•
(35) MIKE CONNOLLY	1	X	<u> </u>		H			0	0			0
DIRECTOR	1.00	x						0	0)		0
1b Subtotal			222	7777	717.	1221	▶					
c Total from continuation shee	•									ļ		_
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	duding but not lir	nited					ove)) who received more than \$1	100,000 of		17.	
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ctor,	trus	tee,	key indi	emple	oye			3	Yes	No
4 For any individual listed on line organization and related organ	a 1a, is the sum	of re than	porta \$150	ble (),00(comp)? <i>If</i>	ensa "Yes,	tion." co	and other compensation from piete Schedule J for such	m the			
5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue d	comp	ensa	ation	from	any	unrelated organization or in	ndividual	5		
Section B. Independent Contracto					_	_	_		\$400.000 · f			
Complete this table for your five compensation from the organization.	ve highest compe zation. Report co (A) d business address	mpe	ted ir	ndep on fo	ende or the	ent co e cale	ntra nda	ar year ending with or within	the organization's tax year. (B) otion of services		(C) Compensa	ation
Name and	o Dusiness address							Lesuij	puori di Sarvicos		Companse	SUIT .
							Ī					
pr 2 - 0												
2 Total number of independent received more than \$100,000	contractors (inclu- of compensation	fron	but i	org	mite aniza	d to t	nos	e listed above) who			00	10

Pan	(A) Name and title	(B) Average hours per week (list any	(d	o not	Pos check ass pe	C) sition more erson i	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Imated ar of other ompensat from the	lon	
	W 10 10 10 10 10 10 10 10 10 10 10 10 10	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		genization ed organi		
(36)	DAN COPELAND	100												
DIRE	CTOR	1.00	x						o	0				0
(37)	JUSTIN CRAW													_
DIRE	CTOR	1.00	x						o	0				0
(38)	BRYAN CROMWEI		Ĥ	Н			-			0				
		1.00	v											_
(39)	CTOR MOHAMAD DAHOU	0.00 K	X	_			Н		0	0				0
	*******************	1.00								_				
(40)	SAM DIPRIMIO	0.00	X			-	Н	_	0	0				0
(20)	oili bilitilio	1.00												
	CTOR HADIO	0.00	X				Ш		0	0				0
(41)	MICHAEL EARLS	1.00												
	CTOR	0.00	X						0	0				0
(42)	JOHN FERGUSON	1.00												
DIRE	CTOR	0.00	x						o	0				0
(43)	DEANNA FREELA													
DIRE	CTOR	1.00 0.00	x				$ \ $		o	0				0
1b 5	Subtotal						0.00	•						
	otal from continuation shee otal (add lines 1b and 1c)													
2 7	otal number of individuals (incl		ited					ve) v	who received more than \$10	00,000 of	1			_
	eportable compensation from t	he organization I										TY	'es	No
3 [Did the organization list any fon Imployee on line 1a? <i>If "Yes," o</i>	mer officer, direc	tor,	truste	e, k	ey e	mplo	yee,	•		ſ	3		
4 F	or any individual listed on line	1a, is the sum o	f rep	ortab	le co	ompe	ensati	on a	and other compensation from	n the			1	
it	organization and related organization											4		
5 E	or services rendered to the org	receive or accru	ie co	mpe	nsati	ion f	rom a	iny i	unrelated organization or inc	lividual	10.1.2.0	5		
Section	B. Independent Contractor	8										3		_
1 0	Complete this table for your five compensation from the organiza	highest comperation. Report com	sate	d ind	leper	nden the	t con	traci	ors that received more than	\$100,000 of				
	Name and	(A) business address								(B) on of services		Comp	C) ensation	
									*					_
					_	_	_	_						
														_
	otal number of independent co								isted above) who			T.		
DAA	eceived more than \$100,000 or	compensation f	om	ine c	rgan	ızati	on P					Form	990	/2019)

Part VII Section A. Officers,	Directors, Trus	stees	s, Ke	y E	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (ilist any	bo	x, unk	Pos check ess pe	reon l	than o s both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(44) JEFF GOUGH	1.00									
(45) JOHN HENRY II	0.00 I 1.00	Х						0	0	
DIRECTOR	0.00	X		L				0	0	(
(46) MARILYN HISSO	1.00	x							0	
OIRECTOR (47) ALLEN HOWARD	0.00	^	\vdash	H	\vdash		\vdash			
	1.00									
DIRECTOR TONES	0.00	X	\vdash	-	⊢	-	-	0	0	
(48) ELAINE JONES DIRECTOR	1.00	x							0	
(49) BILL KHORSHII				Г	Г					
DIRECTOR	0.00	X	_	_	┡	_	1	0	0	
(50) TONY KOHRMAN	1.00	x							0	
(51) JULIANNE LASS		Î								
DIRECTOR	0.00	X				_		c	0	
to Total from continuation sheet	ets to Part VII, S				22.73 2.552	****	▶			
d Total (add lines 1b and 1c) Total number of individuals (inc	duding but not lir	nited	to t	hose	liste	d ab	ove)	who received more than \$		J ₁
reportable compensation from										Yes No
3 Did the organization list any fo employee on line 1a? If "Yes,"										
4 For any individual listed on line organization and related organ	e 1a, is the sum	of re than	porta \$15	ble (comp)? <i>If</i>	ensa "Yes	ation ," co	and other compensation from mulete Schedule J for such	om the	
5 Did any person listed on line 1 for services rendered to the or	la receive or acc	rue d	comp	ensa	tion	from	any	unrelated organization or in	ndividual	
Section B. Independent Contracto		_		_	_		_		\$400,000 of	
 Complete this table for your five compensation from the organization. 	ve highest compe zation. Report co	ensal mpe	ted ir nsati	naep on fo	ende ir the	e cale	ontra	r year ending with or within	the organization's tax year.)
Name an	(A) d business address						1	Descri	(B) ption of services	(C) Compensation
H										
7										
					•-			BA L bank		
2 Total number of independent received more than \$100,000	contractors (inclu of compensation	ding fron	but n <u>th</u> e	not li	mite aniza	d to 1	nose •	e listed above) who		

Page 8

(A) Name and title	(B) Average hours per week (list any	(d	o not o	Pos check ess pe	C) ition more rson i	then o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
39 - 3 - 3 - 3 - 3	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(52) AMY LEHRMAN DIRECTOR	1.00	x						0	0	0
(53) MARC LEWIS	1.00	v						0	0	111
(54) SENATOR DAVID	1.00	X						0	0	0
(55) KENT MAGGARD	1.00	X						0	0	0
DIRECTOR (56) LARRY MAYERS	1.00	x						0	0	0
DIRECTOR (57) JOHN MINNICH	0.00	x						0	0	0
DIRECTOR (58) MICHAEL MISHI	1.00 0.00 ER	x						0	0	0
DIRECTOR (59) PARKER MOSS	1.00	x						0	0	0
DIRECTOR	1.00 0.00	x						0	0	0
c Total from continuation shee d Total (add lines 1b and 1c)	ts to Part VII, S	ectic	n A	1040400						
Total number of individuals (included reportable compensation from total)	luding but not lin	nited					ve)	who received more than \$1	00,000 of	Yes No
 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line 	complete Schedu 1a, is the sum o	<i>le J</i> of rep	for s ortat	uch ole c	<i>indiv</i> ompe	<i>idual</i> ensat	ion a	and other compensation from	m the	3
organization and related organization and related organization and related organization. 5 Did any person listed on line 1a for services rendered to the organization.	a receive or accr	ие са	ompe	nsat	ion f	rom a	any	unrelated organization or inc		5
Section B. Independent Contractor 1 Complete this table for your five compensation from the organization	rs e highest compe	nsate	ed inc	depe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of	1 - 1
	(A) business address	проп	Jano	11 101	110	Calci			(B) ion of services	(C) Compensation
2 Total number of independent or received more than \$100,000 or								listed above) who		

(61) DAN PALMER 1.00 DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	mplo	yees	, ar	nd Highest Compensated	Employees (continued)	
Comparison Com		Average hours per week	bo	x, unk	Pos check ess pe	ition more rson i	s both	an	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
DIRECTOR 1,00 X 0 0 0	W . V	hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIRECTOR	(60) DEAN OAKES	1.00	_								
1,00 0 0 0 0 0 0 0 0 0	DIRECTOR	A CONTRACTOR OF THE PARTY OF TH	x						0	0	0
1.00 No. No.		A CARROLL STREET, CARROLL STRE	x				×		0	o	0
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0	(62) PAT PASTERICE										
1.00	DIRECTOR	************	x						0	o	0
Compensation from the organization Section 8. Section 9. Secti	(63) DAVID REDNOUT										
1.00	DIRECTOR		x						0	0	0
(65) GREG ROEBEL 1.00 DIRECTOR 0.00 X 0 0 0 ORECTOR 1.00 DIRECTOR 1.00 DIRECTOR 0.00 X 0 0 0 ORECTOR 1.00 DIRECTOR 0.00 X 0 0 0 ORECTOR 0.00 X 0 0 0 ORECTOR 0.00 X 0 0 0 0 ORECTOR 0.00 X 0 0 0 0 0 ORECTOR 0.00 X 0 0 0 0 0 0 ORECTOR 0.100 X 0 0 0 0 0 0 0 ORECTOR 1.00 DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			l,							0	0
DIRECTOR		0.00	┢			H			0	0	
Compensation in from the organization is received compensation from any unrelated organization or individual for such person instead on line 1a received compensation from any unrelated organization is to enganization? Section B. Independent Contractors Section B. Independent Contractors Compensation from the organization? Name and besiness address Descriptor of services Descripto	DIRECTOR		×						0	0	0
Total from continuation sheets to Part VII, Section A	(66) HEATHER SCHOOL	GLER 1.00									
DIRECTOR 1.00			X	\vdash	\vdash	┢	-	-	0	0	0
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who		1.00	x						0	0	0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who	2.2000000000000000000000000000000000000);	* **		1.1.00	CC10				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the catendar year ending with or within the organization's tax year. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who		•						•			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	2 Total number of individuals (in	cluding but not lin	nited					ove)	who received more than \$1	00,000 of	Yes No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors											3
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the catendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	4 For any individual listed on line organization and related organ	e 1a, is the sum on a state of the state of	of re	porta \$150	ble 0	omp	ensa	tion	and other compensation fro	m the	0.0500.00
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation (C) Compensation Total number of independent contractors (including but not limited to those listed above) who	5 Did any person listed on line 1	la receive or acci	rue c	omp	ensa	tion	from	any	unrelated organization or in	dividual	*******
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who			98," (comp	lete	Sch	adule	J fc	or such person	A11147131172317723321743434443434	5]]
Name and business address Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your five	ve highest compe	nsat	ed in	depe	ende	nt co	ntra	ctors that received more that	in \$100,000 of	
2 Total number of independent contractors (including but not limited to those listed above) who			прог	isanc	<i>,</i> 10	1 1110	Caro				(C) Compensation
	9							Ī			
									e listed above) who		

(A) Name and title	(B) Average hours per week (list any	bo of	x, unk licer a	Pos check ess pe	rson i	then o s both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
99 X C 10 01 CC	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(68) BRAD SMITH	1.00	x						0		
DIRECTOR (69) DR. DANIEL ST	OKER	^						0	0	0
DIDECTOR	1.00	v								
DIRECTOR (70) TONY TRANQUII	0.00 L	X						0	0	0
DIRECTOR	1.00	x						0	0	0
(71) DARREN VOGT	1 00							=		
DIRECTOR	1.00	x						0	o	- 0
(72) RICK WILLIAMS								· ·	•	
DIRECTOR	1.00	,								
(73) LENA YARIAN	0.00	X						0	0	0
nest terminen mannen miner in terminer.	30.00									46
PRESIDENT (74) JONI DIETSCH	10.00			X				64,363	140,000	5,517
EXECUTIVE VICE PRES.	32.00 0.00			x				97,363	0	5,517
								51,7555		0,01,
			L,	Ц		Ш		141 704	110 000	
to Total from continuation shee								161,726	140,000	11,034
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (increportable compensation from the compensation from			to th	ose	listed	abo	ve)	who received more than \$10	00,000 of	
3 Did the organization list any for			4t-							Yes No
employee on line 1a? If "Yes," of	complete Schedu	le J	for s	uch i	ndiv	idual				3
4 For any individual listed on line organization and related organiz									n the	
individual 5 Did any person listed on line 1a	a receive or accu	10 CC	mne	neat	outa	mm s	. www.	unrelated organization or inc	dividual	4
for services rendered to the org	ganization? If "Ye									5
Section B. Independent Contractor 1 Complete this table for your five		nsate	d inc	lene	nden	t con	trac	tors that received more than	\$100,000 of	
compensation from the organiza	ation. Report con							year ending with or within t	he organization's tax year.	1 (0)
Name and	(A) business address					_	_	Descripti	(B) on of services	(C) Compensation
2 Total number of independent or received more than \$100,000 or	ontractors (includi of compensation f	ng b	ut no the c	ot lim orgar	ited nizati	to the	ose	listed above) who		- 000

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF NORTHERN IN. INC.

Employer identification number 35-0922731

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public X described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (III) Type of organization (I) Name of supported listed in your governing other support (see support (see organization (described on lines 1-10 document? Instructions) above (see Instructions)) Instructions) (A) (B) (C) (D) (E)

Total

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							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,277,124	2,246,046	2,868,274	2,905,923	2,931,4	195	13,228,862
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			11				
3	The value of services or facilities furnished by a governmental unit to the organization without charge		-			je.		
4	Total. Add lines 1 through 3	2,277,124	2,246,046	2,868,274	2,905,923	2,931,4	95	13,228,862
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							991,402
6	Public support. Subtract line 5 from line 4		- ,					12,237,460
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
7	Amounts from line 4	2,277,124	2,246,046	2,868,274	2,905,923	2,931,4	95	13,228,862
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,682	12,176	7,518	8,209	11,2	226	41,811
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.)	979,027	909,564	1,049,381				2,937,972
11	Total support. Add lines 7 through 10							16,208,645
12	Gross receipts from related activities, etc. (s			55-18 - 55-10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ulanar tanaa taa aa aa a		2	1,463,513
13	First five years. If the Form 990 is for the		econd, third, fourth,	or fifth tax year as	a section 501(c)(3	3)		_
0	organization, check this box and stop here							ansatata 🕨
	tion C. Computation of Public Su						_	
14	Public support percentage for 2019 (line 6, o	column (f) divided by	line 11, column (f)	*********			14	75.50 %
15	Public support percentage from 2018 Sched						15	69.44 %
l6a	33 1/3% support test—2019. If the organiz				/3% or more, chec	k this		<u>د احدا</u>
_	box and stop here. The organization qualification				05555555555555555555		× + + + +	• X
b	33 1/3% support test—2018. If the organiz				33 1/3% or more,	check		. □
170	this box and stop here. The organization qu		· · ·					CERCIONES P
l7a	10%-facts-and-circumstances test—2019							
	10% or more, and if the organization meets				•			
	Part VI how the organization meets the "factorganization		0000000-03-1-1-00000000000	90000000000		ra of a conscious sector		• · · · · · · · · · · · · · · · · · · ·
þ	10%-facts-and-circumstances test—201					18		
	15 is 10% or more, and if the organization r				-			
	Explain in Part VI how the organization mee supported organization	**************************************		*****				
8	Private foundation. If the organization did instructions	not check a box on li	ne 13, 16a, 16b, 17	a, or 17b, check th	nis box and see			

Part III

Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				11		
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	7		_ <u></u>			
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						
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the conganization, check this box and stop here	-)(3)	. • [
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2019 (line 8, c	olumn (f), divided	by line 13, column	(f))		15	%
16	Public support percentage from 2018 Sched	ule A, Part III, line	15				%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (line			10 - 00 - 10 - 10		THE COMMERCIAL PROPERTY OF THE COMMERCIAL PROPER	%
18	Investment income percentage from 2018 S						<u>%</u>
19a	33 1/3% support tests—2019. If the organi						▶ [
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests—2018. If the organi						. □
	line 18 is not more than 33 1/3%, check this	box and stop he	re. The organizatio	n qualifies as a pu	blicly supported org	ganization	

Page 3

Schedule A (Form 990 or 990-EZ) 2019

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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a	1	
3b		
3с	15.0	
4a		
4b		
4c		
5a		
5b 5c		
6		
7	-6.	
8		
9a		
9b		
9c		
10a		
10b rm 99	0 or 990-	EZ) 20

reasons for the organization's position that its supported organization(s) would have engaged in these

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

3a

2b

Schedu	lle A (Form 990 or 990-EZ) 2019 JUNIOR ACHIEVEMENT OF NORTH	HERN	IN. 35-092	2731 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
	instructions. All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	(2) 0
Sect	ion A - Adjusted Net Income	en n	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or	1 1		
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):	1111		
	a 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):	1 - 0		
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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated T		pporting organization (see	

instructions).

Schedul Parl		ENT OF NORTHERN 3) Supporting Organizati		731 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	noses		
2	Amounts paid to perform activity that directly furthers exempt purpos		0.000	5.0 5 - 7
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	poorted 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 organ	nization is responsive		
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6	-		
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			25 E Lor 91 E3 1
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
- 02	Carryover from 2014 not applied (see instructions)			
ì	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from		TRAIL N. T.	
	Section D, line 7: \$		- 3/4	
а	Applied to underdistributions of prior years			
77	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
•	any. Subtract lines 3g and 4a from line 2. For result			The second second
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
572	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		THE RESERVE OF THE PERSON NAMED IN	
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			_======================================
8	Breakdown of line 7:			
_	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019		Li.	

Schedule A (Form	n 990 or 990-EZ) 2019						35-0922731	Page 8
Part VI	III, line 12; Part IV B, lines 1 and 2; I	/, Section A, lin Part IV, Section	es 1, 2, 3b, 3c C, line 1; Part	, 4b, 4c, 5 IV, Section	5a, 6, 9a, 9b, 9 on D, lines 2 aı	c, 11a, 11b nd 3; Part l	Part II, line 17a or o, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	Section 1c, 2a, 2b,
	lines 2, 5, and 6.	Also complete	this part for an	y addition	nal information.	(See instri	uctions.)	Gection L,
PART II	, LINE 10 -	- OTHER IN	NCOME DETA	AIL		*******		******
GAMING	**********			\$	65,232	*****		er e
SPECIAL	EVENTS	Deserver de la companya de la company	. 1 1. F. S. X. S. X. R. R. X.	\$	2,831,182	******		erenenen erenen erenen er
MISCELI	ANEOUS			\$	41,558	******		******
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Schedule B

(Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service Name of the organization Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

3) (enter number) organization nonexempt charitable trust not treated as a private foundation al organization exempt private foundation nonexempt charitable trust treated as a private foundation taxable private foundation	
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neral Rule or a Special Rule. Inization can check boxes for both the General Rule and a Special Rule O-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for dete	g \$5,000
n 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), any one contributor, during the year, total contributions of the great Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts	, Part II, line ter of (1)
butions of more than \$1,000 <i>exclusively</i> for religious, charitable, so the prevention of cruelty to children or animals. Complete Parts I (e	ientific,
ons exclusively for religious, charitable, etc., purposes, but no such If this box is checked, enter here the total contributions that were to ous, charitable, etc., purpose. Don't complete any of the parts unless tion because it received nonexclusively religious, charitable, etc., co	received as the ontributions
ioi tril or ntr iioi iio.	ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions of more than \$1,000 exclusively for religious, charitable, so or the prevention of cruelty to children or animals. Complete Parts I (antributor name and address), II, and III. ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions exclusively for religious, charitable, etc., purposes, but no such 10. If this box is checked, enter here the total contributions that were gious, charitable, etc., purpose. Don't complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., color was at the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form

Name of organization

JUNIOR ACHIEVEMENT OF NORTHERN IN.

Employer identification number 35-0922731

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 165,000	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		\$ 300,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
4	2.0000000000000000000000000000000000000	Total contributions \$ 322,000	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		\$ 66,000	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
errear	**************************************	\$	Person Payroll Noncash (Complete Part II 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.

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

OMB No. 1545-0047 2019 Open to Public Inspection

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	JT	of the organization UNIOR ACHIEVEMENT OF NORTHERN IN. NC.		S5-0922731
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of greats from (during year) 5 Did the organization inform all denotes and donor advisions in writing that the assets held in donor advised funds at the organization from all grantees, donon, and donor advisions in writing that the assets held in donor advised funds as the organization from all grantees, donon, and donor advisions in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of order advisor, or for any their purpose confering impermisable purposes and not for the benefit of the donor of order advisor, or for any their purpose confering impermisable purposes and not for the benefit of the donor of order advisor, or for any their purposes confering impermisable purposes and not for the benefit of the donor of order advisor, or for any the purposes confering impermisable purposes and not for the benefit or purposes or for form and the advisor. Purposely 10 conservation assertants held by the organization (and the advisor) preservation of a historically important land area preservation of or natural habitation. Preservation of pan space	Pa	rt I Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" on F	ds or Other Similar Funds or Actorn 990, Part IV, line 6.	counts.
2 Aggregate value of contributions to (during year) 4 Aggregate value and of grains from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, chorces, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, chorces, and donor advisors in writing that grant funds can be used only for charactable purposes and not for the honor for the donor or dorner advisors, or for any other purpose conferring impermisable provides the benefit? PREPART II Conservation Essements held by the organization (check all that appty). Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of a scriffical brain and recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of a scriffical brain and recreation or education) Preservation of a certifical brain and recreation or education or education in the form of a conservation essements. 1 Total number of conservation essements and recreation or education in the form of a conservation essements included in (c) acquired after 772500, and not on a historic structure listed in the National Register 1 Number of conservation essements modified, transferr		Outcome Inc. and a second sec		(b) Funds and other accounts
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?	6		violations, and enforcing conservation easer	nents during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X		****************		. d. d H
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	7		tions, and enforcing conservation easements	s during the year
and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X			470/5/4//0/6	
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 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 FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1			organization's infancial statements that descri	ibes tilo
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If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1				
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a Revenue included on Form 990, Part VIII, line 1	_			
	,			\$
M. FRANCIA HIMMORY III FAITH AGOST BILLY TOTAL T	a b			

			OF NORTHER		35-09227		Page 2
Pa	art III Organizations Maintaining	g Collections of	Art, Historical 1	reasures, o	or Other Simil	ar Assets	(continued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	n, and other records,	check any of the follo	owing that make	e significant use of	its	•
а	Public exhibition	d 🗍	Loan or exchange p	rogram			
b		- H		- 77 00 0	25 125 17		70.5
c	H	٠ 🗀	200520000000000000000000000000000000000			***	
4	_	المناسبة الممالية	ha #ha & #ha #ha				
•	Provide a description of the organization's co	illections and explain i	now they turther the c	organization's ex	kempt purpose in	art	
_	XIII.						
5	During the year, did the organization solicit of						
Pa	assets to be sold to raise funds rather than to		art of the organization	s collection?	*************		Yes No
	Complete if the organization 990, Part X, line 21.	_	on Form 990, P	art IV, line 9	, or reported a	n amount	on Form
19	Is the organization an agent, trustee, custodi	nn or other intermedia	ne for contain diame or		-1		
ıa			•				
	included on Form 990, Part X?	erene en	ta 1854) isahantanantan	· sexessisersses ·			Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table:				
							Amount
C	Beginning balance	******************		. wasawa . wasaw . wasawa		1c	
d	Additions during the year					1d	
8	Distributions during the year	COMPRESSOR CONTRACTOR	composito Minastalina			18	
f	Ending balance	10 20 11 11 11 11 11 11 11 11 11 11 11 11 11	A. A	ESTER THE EXPRESSION		1f	
2a	Did the organization include an amount on Fo	orm 990. Part X. line :	21, for escrow or cust	odial account lis	ability?		Yes No
Ь	If "Yes," explain the arrangement in Part XIII.	Check here if the exc	planation has been or	wided on Part	XIII		L 163 H 110
	rt V Endowment Funds.	Direct Here is alle exp	adiation has seen pre	yeard on Fait 7	AIII.		
	Complete if the organization	answered "Ves"	on Form 990 P	art IV. line 1	n		
	Complete ii tile organization						1
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) Th	ree years back	(e) Four years back
1 a	Beginning of year balance						
	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curre	ant waar and halansa	/line 4e column (e)) h	ald as:			
	Board designated or quasi-endowment	o/	(iiile ig, coluinii (a)) i	ieid as.			
		· · · · · · · · · · · · · · · · · · ·					
	Permanent endowment ▶ %						
C	Term endowment ▶ %						
	The percentages on lines 2a, 2b, and 2c sho	•					
3a	Are there endowment funds not in the posses	ssion of the organization	on that are held and a	administered for	the		
	organization by:						Yes No
	(i) Unrelated organizations	raja agu ggilzet ggiliyetekoo			. Washing outsets on we are		3a(i)
	/!\ Deleted execute-time						
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?				
4	Describe in Part XIII the intended uses of the			HOME RECEIVED AND AND AND AND AND AND AND AND AND AN	********		
Pa	rt VI Land, Buildings, and Equ		mont farias.				
	Complete if the organization		on Form 990 Pr	art IV line 1	1a See Form	000 Dod	Y line 10
	Description of property						
	pescription of property	(a) Cost or other I	1 ''	r other basis	(c) Accumulate	•	(d) Book value
_		(investment)		ther)	depreciation		
1a	Land	8 6					
b	Buildings						
C	Leasehold improvements						
	Equipment		1,:	277,097	422	,738	854,359
	Other			39,557		,483	74
	Add lines 1a through 1e. (Column (d) must e		Column (B) line 10				854 433

Part VII	Investments - Other Securities.		and the second second	Karria.
	Complete if the organization answered "Yes" on I	Form 990, Part IV, lin	e 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valu	
	(Including name of security)		Cost or end-of-year me	rket value
(1) Financial				
	old equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)	***************************************			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value	
			Cost or end-of-year ma	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	E 000 B + IV II-	- 44d C Farm 000 Part	V line 45
	Complete if the organization answered "Yes" on	Form 990, Part IV, III	ne 11d. See Form 990, Part	
	BENEFICIAL INTEREST IN	PERPETUAL TR		(b) Book value 317,848
(1)		NDATIONS	•	26,213
(2)	HEID AT COMMONITY FOO	MUNITOND		20,220
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		>	344,061
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11e or 11f. See Form 99	0, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federa	I income taxes			
(2) CAP1	TAL LEASE PAYABLE			73,173
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

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

73,173

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

SCILE	due b (Folim 990) 2019 CONTON ACTIES AFRICAL OF NORTHER	N IN. 33-0322/3) Т	Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme		turn.	
1	Complete if the organization answered "Yes" on Form 990, Pa Total revenue, gains, and other support per audited financial statements	art IV, line 12a.	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a	10.3	D 0 0 0 0
b	Donated services and use of facilities	2b	1	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Pa		Return.	
1	Total expanses and leaves now sudited financial statements		11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***********	3001	
a	Donated services and use of facilities	2a	100	
b	Prior year adjustments	2b		
С	Other losses			
ď	Other (Describe in Part XIII.)			
8	Add lines 2a through 2d	14-2-2	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	the state of the s		5	
	rt XIII Supplemental Information.			
PA PA	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, liner IXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ART X - FIN 48 FOOTNOTE	additional information.	24512020	
	ONIOR ACHIEVEMENT OF NORTHERN INDIANA, INC. ORTHERN INDIANA FOUNDATION, INC. ARE EXEMPT			
	ECTION 501(C)(3) OF THE UNITED STATES INTERIOR THE CHARITABLE CONTRIBUTION DEDUCTION. TO		AND	QUALIFY
	ASSIFIED AS ORGANIZATIONS THAT ARE NOT PRI		UNDE	R SECTION
50	9 (A) OF THE INTERNAL REVENUE CODE. THEY AR	E ALSO EXEMPT FRO	OM STA	ATE INCOME
T#	XES.	***************************************		**************
AC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN T	THE UNITED STATES	OF 1	AMERICA
RE	QUIRE MANAGEMENT TO EVALUATE TAX POSITIONS	TAKEN AND RECOGN	IZE A	TAX
LI	ABILITY (OR ASSET) IF THE ORGANIZATION HAS	TAKEN AN UNCERTA	AIN PO	OSITION

35-0922731

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ACHTEVEMENT OF NORTHERN IN

valle v	INC.	OI MONIII		10.7	A 25	35-09227		
Pa	rt I Fundraising Activities. Complete if the Form 990-EZ filers are not required to				ed "Yes" on Form 99			
1	Indicate whether the organization raised funds through any				eck all that apply.			
а	Mail solicitations				ernment grants			
b	Internet and email solicitations	Solicitation		_	*			
c	П				-			
٦	In-person solicitations	g Special fund	uraisir	ıy eve	enis			
2a	Did the organization have a written or oral agreement with	any individual (inc	al relia	- offic	oro disostoro trustoro			
	or key employees listed in Form 990, Part VII) or entity in If "Yes," list the 10 highest paid individuals or entities (fund	connection with pr	ofess	ional f	fundraising services?	iser is to be	Yes	☐ No
	compensated at least \$5,000 by the organization.	,,						
	(I) Name and address of individual or entity (fundraiser)	(II) Activity	raise custr contrib	id fund- r have ody or rol of utions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in col. (l)	(vi) Amount (or retaine organiza	ed by)
			Yes	No				
1								
2								
3								
4								
5	-							
6								
7								
_				_				
8								
9								
0								
otal				▶				
3	List all states in which the organization is registered or licel registration or licensing.	nsed to solicit conti	ributio	ons or	has been notified it is exe	mpt from	****	

35-0922731

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.

		groot receipte 5	reater triair \$5,000.			
0.			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			COL EL MOVEDNIAMENTE	ACUTOMO A DOM	40	
			GOLF TOURNAMENT	ACHIEVE-A-BOWL		(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	wi. (v))
Revenue	1	Gross receipts	177,404	139,252	328,665	645,321
.		Less: Contributions	115,249	127,128	303,682	546,059
	3	Gross income (line 1 minus	45.4	10.104	04 000	00 000
_		line 2)	62,155	12,124	24,983	99,262
	4	Cash prizes				-
	5	Noncash prizes	5,777	5,054	65,902	76,733
sasue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	*		1	
Dire	8	Entertainment				
	9	Other direct expenses	68,584	12,124	98,359	179,067
	10	Direct expense summary.	Add lines 4 through 9 in column (d)			255,800
		Net income summary. Suit	otract line 10 from line 3, column (d)	, , , , , , , , , , , , , , , , , , ,	*******	-156,538
P	art	III Gaming, Com	plete if the organization ansv	vered "Yes" on Form 990, P	art IV, line 19, or reporte	ed more than
			rm 990-EZ, line 6a.			
— е		, ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ξ						
Revenue	1	Gross revenue	17,065		19,433	36,498
		Gross revenue	17,065		19,433 1,635	36,498 1,635
	2		17,065 4,409			
Expenses	3	Cash prizes			1,635	1,635
	3 4	Cash prizes Noncash prizes Rent/facility costs	4,409		1,635	1,635 8,436 200
Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	200 288 X Yes 77.00 %	Yes %	1,635 4,027	1,635 8,436 200
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	4,409 200 288	Yes % No	1,635 4,027 919 X Yes 69.00 % No	1,635 8,436 200
Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	200 288 X Yes 77.00 %	Yes %	1,635 4,027 919 X Yes 69.00 % No	1,635 8,436 200 1,207
Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summ	200 288 X Yes 77.00 % No Add lines 2 through 5 in column (d) mary. Subtract line 7 from line 1, column	Yes % No	1,635 4,027 919 X Yes 69.00 % No	1,635 8,436 200 1,207
m c Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary. Inter the state(s) in which the organization licensed to	200 288 X Yes 77.00 % No Add lines 2 through 5 in column (d)	Yes % No umn (d) vities: IN	1,635 4,027 919 X Yes 69.00 % No	1,635 8,436 200 1,207 11,478 25,020
m c Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary. Inter the state(s) in which the organization licensed to "No," explain:	200 288 X Yes 77.00 % No Add lines 2 through 5 in column (d) nary. Subtract line 7 from line 1, column are organization conducts gaming activities in each of a conduct gaming activities in each organization.	Yes % No Imm (d) wities: IN of these states?	1,635 4,027 919 X Yes 69.00 % No	1,635 8,436 200 1,207 11,478 25,020 X Yes \(\) No
Direct Expenses	2 3 4 5 6 7 8 Er is if	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary. Inter the state(s) in which the organization licensed to "No," explain:	200 288 X Yes 77.00 % No Add lines 2 through 5 in column (d) nary. Subtract line 7 from line 1, column activities in each of conduct gaming activities in each of	Yes % No Imm (d) vities: IN of these states?	1,635 4,027 919 X Yes 69.00 % No	1,635 8,436 200 1,207 11,478 25,020 X Yes \(\) No

Sche	nedule G (Form 990 or 990-EZ) 2019	JUNIOR	ACHIEVEMENT	OF	NORTHERN	IN.	35-092	2731		3	Page 3
11	Does the organization conduct gaming								X	Yes	No
12	Is the organization a grantor, beneficia	ry or trustee of a	trust, or a member of a	partner	ship or other entity	ni i innanizaniti					
	formed to administer charitable gaming	g?		111111111111111111111111111111111111111	1014 - 9004 454 V - • • • • • • • • • • • • • • • • • •				П	Yes	X No
13	Indicate the percentage of gaming act	ivity conducted in			201				_		_
а	The organization's facility							13a		5.0	00 %
b	An outside facility		ocanimicanimi ciniossacos	NEEC 1019	20	100011101110001	ittistantinas.	13b	9.	5.0	00 %
14	Enter the name and address of the pe	rson who prepar	es the organization's gan	ning/sp	ecial events books	and	Andreas (
	records:										
	Name ► CAROL HARPER						ranana ranana na na sana				
	550 E. WALLEN	ROAD					2011/12/09/14/15	0010-1001			
	Address FORT WAYNE				******		IN 4682	5			
15a	Does the organization have a contract	with a third party	from whom the organization	ition re	ceives gaming				_		
	revenue?				esce					Yes	X No
b		evenue received	by the organization	\$	***************	and th	ie				
	amount of gaming revenue retained by		\$		****						
C	If "Yes," enter name and address of the	e third party:									
	_										
	Name -										
	_										
	Address >		*******	nerenere			*******				
16	Gaming manager information:										
	Name •	********	********					(100)			
	Coming manager as manager to the community of the communi	,									
	Gaming manager compensation > \$		*********								
	Description of services provided ▶										
	Est		*********								
	Director/officer En	nployee	Independent con	tractor							
17	Mandatory distributions:										
а	Is the organization required under state	a law to make ch	aritable distributions from	the ga	aming proceeds to						
	retain the state gaming license?		CE12454411155416 2 8 6 6		0,				\Box	Yes	X No
b	Enter the amount of distributions requir	ed under state la	w to be distributed to oth	er exe	mpt organizations of	or		00000000000	_		ш
	spent in the organization's own exempt										
Pa	art IV Supplemental Inform	ation. Provid	e the explanations r	equire	ed by Part I, lin	e 2b, colun	nns (iii) ar	nd (v):	and		
	Part III, lines 9, 9b, 10										
	See instructions.				·	•					
					va navia di incomina di Santa	000 1754387 00534741					
							APROPORT MONOR CHARACTER STORY				area a a a a a a a a a a a a a a a a a a
	**************						#1.90.90.90.90.90.90.90.90.90.90.90				

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-5.4560	2 - 17 - 2 - 18 - 18 - 18 - 18 - 18 - 18 - 18						*********				*****

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Internal Revenue Service

Name of the organization

JUNIOR

JUNIOR ACHIEVEMENT OF NORTHERN IN. INC.

Employer Identification number 35-0922731

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	-30		1.
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		G, L	
	First-class or charter travel Housing allowance or residence for personal use	100		100
	Travel for companions Payments for business use of personal residence	-	n a	1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		Res	19
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		1	1 3
			-10	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		_
	1917 1 THE 10 THE 10 THE 10 THE 10 THE 1917 THE	150		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	-	11.16	100	1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	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.		-	
		-5	100	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			100
	compensation contingent on the revenues of:			
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			
	compensation contingent on the net earnings of:			1
а	The organization?	6a	-	X
	Any related organization?	6b	_	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	₩	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		1	
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		1	
	in Part III	8	_	X
			1	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

JUNIOR ACHIEVEMENT OF NORTHERN IN.

35-0922731

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2019

Part II Officers, I

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.

all bas amen (A)	(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC	ISC compensation	(C) Retirement and	(O) Northexable	(F) Total of columns	(F) Compensation
אמווס מוס ווסס	(I) Base compensation	(II) Bonus & incentive compensation		other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
LENA YARIAN 1 PRESIDENT	(ii) 64,363	0	0.0	0.0	5,517 0	69,880	0:0
				***************************************	***************************************		
	(a) (b)						
	(n)						***************************************
	(n)					* ************************************	
	(n) (0)				***************************************	* OCCUPANT CONTRACTOR	
	(m) (m)						***************************************
	(n) (n)						
	(b) (0)						***************************************
	(II) (II)						
	(II)						
	(II) (II)						
0 (0	(ii)						
	(ii)						
16	(n)		and the second second second				

Schedule J (Form 990) 2019

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

	* * * * * * * * * * * * * * * * * * *
	201111111111111111111111111111111111111
Schedule J	Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Department of the Treasury

nternal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

JUNIOR ACHIEVEMENT OF NORTHERN IN

OMB No. 1545-0047

2019

Open To Public Inspection

Employer Identification number

INC. 35-0922731 Types of Property Part I (c) (d) Noncash contribution Check If Number of contributions or Method of determining amounts reported on applicable Items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art 1 Art — Historical treasures Art — Fractional interests 3 Books and publications Clothing and household goods Cars and other vehicles Boats and planes 7 Intellectual property Securities — Publicly traded Securities — Closely held stock 10 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 Qualified conservation contribution - Historic structures Qualified conservation contribution — Other Real estate — Residential Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 16 Other ▶ (EVENTS SUPPORT) 87,733 FAIR MARKET VALUE 25 Other ▶(PODIUM) X FAIR MARKET 26 VALUE Other ►(27 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard X contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number JUNIOR ACHIEVEMENT OF NORTHERN IN. INC. 35-0922731 FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS OTHER PROGRAM SERVICE EXPENSES INCLUDE THE FOLLOWING: SUBSCRIPTIONS & DUES, PROGRAM & SUPPORT FEES - JA USA, BOARD ACTIVITIES (FORT WAYNE AND REGIONAL), SALARIES & WAGES, INSURANCE GROUP, INSURANCE GENERAL, PENSION, STAFF TRAINING, OFFICE OPERATIONS, INTEREST, MAINTENANCE, PAYROLL TAXES AND PROCESSING, PROFESSIONAL SERVICES, PUBLIC RELATIONS/MARKETING, TELEPHONE, AND UTILITIES. FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS KEITH BUSSE MICHAEL BUSSE DIRECTOR DIRECTOR FAMILY RELATIONSHIP FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THIS FORM IS REVIEWED BY MEMBERS OF THE FINANCE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY JUNIOR ACHIEVEMENT ASKS EACH EMPLOYEE TO AFFIRM UNDERSTANDING OF AN ADHERENCE TO A CONFLICT OF INTEREST STATEMENT EITHER IN THE FORM PRESCRIBED BY JA USA OR AS LOCALLY DEVELOPED AND APPROVED BY JA USA. THE POLICY REQUIRES THAT THE DECLARATION BE SIGNED ANNUALLY. CONFLICT OF INTEREST STATEMENT AND DECLARATION PROCEDURE: JA USA REQUIRES

THAT ALL EMPLOYEES AND AREA BOARD MEMBERS COMPLETE AND ANNUALLY UPDATE A

CONFLICT OF INTEREST STATEMENT AND DECLARATION AS A METHOD OF DISCLOSING AN

Name of the organization

Employer identification number

JUNIOR ACHIEVEMENT OF NORTHERN IN.

35-0922731

ETHICALLY RESOLVING POTENTIAL CONFLICTS OF INTEREST (POLICY 6.9 OF JA USA POLICIES MANUAL).

POSSIBLE CONFLICT OF INTEREST SITUATIONS MAY EXIST WHEN AN EMPLOYEE OR AREA BOARD MEMBER HAS AN OUTSIDE PERSONAL ECONOMIC INTEREST THAT HAS THE

POTENTIAL OF BEING AT VARIANCE WITH THE BEST INTERESTS OF JUNIOR

ACHIEVEMENT. EVEN THOUGH SUCH INTERESTS MAY RESULT IN NO FINANCIAL

DETRIMENT TO THE ORGANIZATION, THEY MAY NEVERTHELESS INFLUENCE OR IMPAIR

THE EXERCISE OF INDEPENDENT JUDGMENT BY THE INDIVIDUAL INVOLVED.

WITHOUT ATTEMPTING TO COVER ALL POSSIBLE RELATIONSHIPS, CONFLICTS OF

INTEREST MAY ARISE UNDER THESE TYPES OF SITUATIONS WITH THE ORGANIZATION'S

VENDORS, COMPETITORS, DONORS, AND CUSTOMERS:

- 1. ACTING IN THE CAPACITY OF A DIRECTOR, OFFICER, SOLE PROPRIETOR, PARTNER,

 EMPLOYEE, OR A PAID CONSULTANT OR ADVISOR TO ANY VENDOR, COMPETITOR, DONOR,

 OR CUSTOMER.
- 2. HAVING A SUBSTANTIAL FINANCIAL INTEREST IN ANY FIRM THAT DOES BUSINESS WITH JUNIOR ACHIEVEMENT.
- 3. ENGAGING IN A CONDUCT THAT IS COMPETITIVE OR DAMAGING TO JUNIOR ACHIEVEMENT.
- 4. ACCEPTING LOANS, ADVANCES, OR EXCESSIVE GIFTS OR ENTERTAINMENT FROM ANY ORGANIZATION THAT DOES BUSINESS WITH JUNIOR ACHEIVEMENT.

SHOULD ANY TRANSACTION OR ACT OF AN EMPLOYEE OR AREA BOARD MEMBER

CONSTITUTE A POSSIBLE CONFLICT OF INTEREST, THE INDIVIDUAL IS REQUIRED TO

DISCLOSE ALL OF THE RELEVANT FACTS FOR CONSIDERATION TO DETERMINE WHETHER A

CONFLICT OF INTEREST ACTUALLY EXISTS AND, IF SO, THE MANNER IN WHICH IT

ALL EMPLOYEES AND AREA BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A
CONFLICT OF INTEREST STATEMENT AND DECLARATION UPON ASSUMING THEIR JA

PAGE 1 OF 2

SHOULD BE RESOLVED.

Employer identification number

JUNIOR ACHIEVEMENT OF NORTHERN IN.

35-0922731

RESPONSIBILITIES AND ANNUALLY THEREAFTER, WHICH SHALL BE RETAINED IN THE LOCAL PERSONNEL FILES. COMPLIANCE QUESTIONS PERTAINING TO AREA PRESIDENTS SHOULD BE REFERRED TO AREA BOARD CHAIRS. COMPLIANCE QUESTIONS REGARDING AREA BOARD CHAIRS AND COMPLIANCE QUESTIONS THAT CANNOT BE RESOLVED AT THE AREA LEVEL SHOULD BE REFERRED TO THE JA USA SENIOR VICE PRESIDENT, HUMAN RESOURCES, OR HIS OR HER DESIGNEE (S) FOR REVIEW.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THERE IS A COMPENSATION COMMITTEE THAT MEETS TO SET THESE SALARIES. THE

COMMITTEE UTILIZES THE POINT-FACTOR JOB MEASUREMENT SYSTEM CALLED EQUI
COMP, WHICH IS PROVIDED ANNUALLY FROM JAUSA.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THERE IS A COMPENSATION COMMITTEE THAT MEETS TO SET THESE SALARIES. THE

COMMITTEE UTILIZES THE POINT-FACTOR JOB MEASUREMENT SYSTEM CALLED

EQUI-COMP, WHICH IS PROVIDED ANNUALLY FROM JAUSA.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

JANI MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC DURING THE TAX YEAR UPON

REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TRANSFER FROM RELATED ORG \$ 568,085

CHANGE IN BENEFICIAL INTEREST \$ -6,255

TOTAL \$ 561,830

PAGE 2 OF 2

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Go to www.irs.gow/Form990 for instructions and the latest information. ▶ Attach to Form 990. NORTHERN IN. JUNIOR ACHIEVEMENT OF Department of the Treasury Internal Revenue Service Name of the organization 10023 02/18/2021 9:27 AM SCHEDULE R (Form 990) Part

Inspection Employer Identification number 35-0922731 (f) t controlling entity

Open to Public

OMB No. 1545-0047 2019

Direct (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) (a) Name, address, and EIN (if applicable) of disregarded entity

Section 512(b)(13)
controlled entity? × (f)
Direct controlling entity N/A (e)
Public charity status
(if section 501(c)(3)) 120 (d) Exempt Code section **501C3** (c) Legal dornicile (state or foreign country) Z (b) Primary activity ENDOWMENT 35-1458558 (a) Name, address, and EIN of related organization IN 46825 JUNIOR ACHIEVEMENT FOUNDATION 550 EAST WALLEN ROAD FORT WAYNE 8 3 <u>@</u>

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

Part II

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

Schedule R (Form 990) 2019

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Part III	because it had one or more related organizations treated as a partnership during the tax year.	ganizations tre	sated	armersnip. as a partner	a Farmership. Complete if the organization answered ed as a partnership during the tax year.	organization tax year.	n answered Yes	no For	n 990, r	Yes on Form 990, Part IV, line 34	¥.	
	(a) Name, address, and EIN of related organization	(b) Primary activity (((c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets		(h) Dispro- portionate a alloc.?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(1)												
(z)												
(2)												
(g)												
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ns Taxable a	s a C	orporation (treated as a	or Trust. Comp	lete if the or rust during	ganization answe	red 'Ye	s" on Fo	лт 990, Ра	≥,	
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	S end-of	(g) Share of end-of-year assets	(h) Percentage ownership	tage ship	(I) Section 512(b)(13) controlled entity?
			\dashv									Yes No
(1)											N Re Du	
(2)											ی دی	
(3)												
(4)												
DAA			1							Schedule	Schedule R (Form 990) 2019	990) 20

Part V

Schedule R (Form 990) 2019 JUNIOR ACHIEVEMENT OF NORTHERN IN. 35-0922731

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	:	•	500	-	Se	اه
	l organizations listed in Pa	ITS II—IV?		ŀ	,	1.
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	CC 504 5 5	****************		<u> </u>	() >	1.
b Gift, grant, or capital contribution to related organization(s)		**********************		+	t	Ĵ
c Gift grant, or capital contribution from related organization(s)	(ا د ا	+	1
		A STATE OF THE STA		19	×	اہ
F Logic Of Ideal Grant Control				-Je	×	
Loans or loan guarantees by related organization(s)		***************************************			H	
				#	×	<u>,</u>
T DIVIDENCS from related organization(s)	***********************			5	×	١.,
g Sale of assets to related organization(s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	***************************************	1	* *	١.
h Purchase of assets from related organization(s)		***************************************		=	(:	ا.
i Exchange of assets with related organization(s)				=	×	اہ
i Lease of facilities, equipment, or other assets to related organization(s)				;=	×	اہ
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	آپ
Performance of services or membership or fundraising solicitations for related organization(s)				=	×	آب
				Ę	×	أبر
Sharing of facilities, equipment, mailing lists, or other assets with related organ				<u>۔</u>	×	Ī
Sharing of paid employees with related organization(s)				10	×	أن
p Reimbursement paid to related organization(s) for expenses				4	×	أب
				19	×	اپ
r Other transfer of cash or property to related organization(s)				÷	×	أب
s. Other transfer of cash or property from related organization(s)				18	×	1
	ne, including covered relati	onships and transaction the	resholds.			1
(8)	(g)	9				
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount irvolved	unt involved		
						1
(1) JUNIOR ACHIEVEMENT FOUNDATION	υ	300,000	CASH			1
(2) JUNIOR ACHIEVEMENT FOUNDATION	ഗ	568,085	NET BOOK VALUE			1
(3)						1
(4)						-1
(5)						1
(9)						
			Schedule R (Form 990) 2019	R (Form	990) 20	010

Part VI

Schedule R (Form 990) 2019 JUNIOR ACHIEVEMENT OF NORTHERN IN. 35-0922731

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	4	3	5	13	╁	*	1	ľ	-				
Name, address, and EIN of entity	Primary activity	Legal (Predominant	Æ	uthers	Share of	Share of	(n) Disproportionate		Code V—UBI	Genera Genera		(k) Percentage
			uncome (related, unrelated, excluded from tax under sections, 512-514)	SO1(SO1(3) ous?		assets			amount in box 20 of Schedule K-1 (Form 1065)			diuseumo
		//	(1) 210 210000	Kes	<u>و</u>			×es	2		ΎθS	2	
(1)											-		
6					\dagger							1	
											364		
(3)													
(4)													
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(5)					1				+		0.	t	
(9)													
											as a		
(2)					ŀ				t		T	\dagger	
(8)											v		
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(6)											-	$^{+}$	
(10)					-								
(41)				İ	+				İ		1	\dagger	
											-		
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Schedule R (Form 990) 2019

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