| Form 990 | | | Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code | | OMB No. 1545-0047 | | | |
|--------------------------------|---|---------------------------------|--|--------------------------------------|---------------------------|--|--|--|
| Dene | tracet | of the Treesury | Do not enter social security numbers on this form as it r | may be made public. | Open to Public | | | |
| Intern | al Reve | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and the lagent structures and the lagent structures and the lagent structures are structures and the lagent structures are structures are structures. | | Inspection | | | |
| AF | For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 | | | | | | | |
| Bc | heck if | | organization | D Employer identification | on number | | | |
| a | pplicab | TNOC | OR ACHIEVEMENT OF OREGON | | | | | |
| | Address Change AND SW WASHINGTON, INC. Name Change Doing business as Doing business as 93-038400 Initial return Number and street (or P.0. box if mail is not delivered to street address) | | | | | | | |
| | | | | | | | | |
| | _return | | | | | | | |
| | Final return/ terminated 7830 SE FOSTER RD. 503-238-6 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ | | | | | | | |
| | ated | G Gross receipts \$ | 1,085,720. | | | | | |
| | Amen return | FORT | LAND, OR 97206-5140 | H(a) Is this a group return | | | | |
| | Applie tion pendi | | nd address of principal officer:RYAN DECKERT | for subordinates? | | | | |
| | - | SAME | AS C ABOVE | H(b) Are all subordinates include | ed? Yes No | | | |
| | | empt status: | | 527 If "No," attach a list. | | | | |
| | | | JAORSWWA.ORG | H(c) Group exemption nu | | | | |
| | _ | f organization: | X Corporation Trust Association Other F | Year of formation: 1950 M Sta | ite of legal domicile: OR | | | |
| Pa | rt I | Summary | | | | | | |
| é | 1 | Briefly describ | e the organization's mission or most significant activities: SEE SCH | EDULE O | | | | |
| anc | | | | | | | | |
| Governance | 2 | Check this bo | K ► ☐ if the organization discontinued its operations or disposed of | more than 25% of its net assets | | | | |
| Ň | 3 | Number of vot | ing members of the governing body (Part VI, line 1a) | | 36 | | | |
| Activities & G | 4 | Number of ind | 36 | | | | | |
| | 5 | Total number | of individuals employed in calendar year 2021 (Part V, line 2a) | | 11 | | | |
| | 6 | Total number | of volunteers (estimate if necessary) | | 1795 | | | |
| Acti | 7a | Total unrelated | business revenue from Part VIII, column (C), line 12 | | 0. | | | |
| | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | 0. | | | |
| | | | | Prior Year | Current Year | | | |
| ē | 8 | Contributions | and grants (Part VIII, line 1h) | 727,030. | 810,077. | | | |
| ent | 9 | Program servi | ce revenue (Part VIII, line 2g) | 25,153. | 137,377. | | | |
| Revenue | 10 | Investment ind | come (Part VIII, column (A), lines 3, 4, and 7d) | 15,382. | 19,243. | | | |
| | 11 | Other revenue | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 73,548. | 69,098. | | | |
| | 12 | Total revenue | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,035,795. | | | |
| | 13 | Grants and sir | nilar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | | | |
| | 14 | Benefits paid | o or for members (Part IX, column (A), line 4) | 0. | 0. | | | |
| es | 15 | Salaries, other | compensation, employee benefits (Part IX, column (A), lines 5-10) | | 725,454. | | | |
| sus: | 16a | Professional fu | Indraising fees (Part IX, column (A), line 11e) | 0. | 0. | | | |
| Expenses | b | Total fundraisi | compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 202,026. | | | | | |
| ш | 17 | Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 424,406. | 505,581. | | | |
| | 18 | Total expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,132,937. | 1,231,035. | | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | -291,824. | -195,240. | | | |
| Net Assets or Fund Balances | | | | Beginning of Current Year | End of Year | | | |
| sets alan | 20 | Total assets (F | Part X, line 16) | | 3,597,887. | | | |
| t As | 21 | Total liabilities | (Part X, line 26) | 103,088. | 123,997. | | | |
| Fun | 22 | | iund balances. Subtract line 21 from line 20 | 3,816,512. | 3,473,890. | | | |
| | rt II | _ | | | | | | |
| Unde | er pena | alties of perjury, | declare that I have examined this return, including accompanying schedules and s | tatements, and to the best of my kno | owledge and belief, it is | | | |
| true, | corre | ct, and complete. | Declaration of preparer (other than officer) is based on all information of which pre | eparer has any knowledge. | | | | |

| Sign Here | Signature of officer RYAN DECKERT, PRESIDEN Type or print name and title | 1T | Date |
|--------------|--|---|---|
| Paid | Print/Type preparer's name TODD D. MASSINGER | Preparer's signature TODD D. MASSINGER | Date Check PTIN if self-employed P00075883 |
| Preparer | Firm's name 🕒 HOFFMAN, STEWARD | F & SCHMIDT, PC | Firm's EIN ▶ 93-0743240 |
| Use Only | Firm's address 3 CENTERPOINTE I | DRIVE, SUITE 300 | |
| | LAKE OSWEGO, OR | 97035-8663 | Phone no. 503 – 220 – 5900 |
| May the I | RS discuss this return with the preparer shown ab | ove? See instructions | X Yes No |
| | | | |

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

| | JUNIOR ACHIEVEMENT OF OREGON | | |
|---------------|---|---------------------------|----------------|
| Form | AND SW WASHINGTON, INC. | 93-0384007 | Page 2 |
| Par | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | JUNIOR ACHIEVEMENT'S PURPOSE IS TO INSPIRE AND PREPARE | YOUNG PEOPLE | то |
| | SUCCEED IN A GLOBAL ECONOMY. | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | XNo |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services' | ? Yes | XNo |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a | s measured by expenses | 6. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | ners, the total expenses, | and |
| | revenue, if any, for each program service reported. | | |
| 4a | | nue\$ 137, | 377 .) |
| | JUNIOR ACHIEVEMENT MOVES OUR MISSION FORWARD THROUGH EX | - | |
| | VOLUNTEER-LED PROGRAMS THAT PROMOTE WORK READINESS, ENT | | P |
| | AND FINANCIAL LITERACY. DURING THE YEAR ENDING JUNE 30, | 2022, THE | |
| | ORGANIZATION SERVED 22,121 STUDENTS, PROVIDING OVER 190 | ,000 HOURS O | F |
| | CURRICULUM AND EXPERIENCE TO OREGON AND SW WASHINGTON Y | | |
| | JUNIOR ACHIEVEMENT PROVIDES PROGRAMS TO STUDENTS FROM K | | |
| | THROUGH 12TH GRADE IN THESE MAIN CATEGORIES: K-12 IN-CL | | |
| | BIZTOWN, JA FINANCE PARK, STOCK MARKET CHALLENGE AND CA | | R. |
| | IN PARTNERSHIP WITH THE EDUCATION AND BUSINESS COMMUNIT | | - |
| | TRANSFORMING THE STUDENT EXPERIENCE BY BRINGING RELEVAN | - | CITY |
| | AND APPLICATION INTO EVERYDAY LEARNING TO ENERGIZE STUD | ENTS AROUND | |
| | ACADEMICS AND THEIR FUTURE POSSIBILITIES. | | |
| 4b | (Code:) (Expenses \$ | nue\$ |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revented to the second secon | nue\$ |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ام <i>ا</i> ر | Other program convices (Describe on Schedule O) | | |
| 4d | Other program services (Describe on Schedule O.) |) | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 880,673. |) | |
| -+- | | | |

 JUNIOR ACHIEVEMENT OF OREGON

 Form 990 (2021)
 AND SW WASHINGTON, INC.

 Part IV
 Checklist of Required Schedules

| 93-0384007 Page | 3 |
|-----------------|---|
|-----------------|---|

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | x |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | chedule D, Part III | | | X |
| 9 | d 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? | | | 37 |
| | f "Yes," complete Schedule D, Part IV | | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | x |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| _ | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 11a | х | |
| b | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 114 | | <u> </u> |
| 5 | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 115 | | |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves," complete Schedule E. Parts Land IV. | 14b | | x |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV | 140 | | |
| 15 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | .5 | | <u> </u> |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON,

| 93-0384007 Page 4 |
|-------------------|
|-------------------|

| | 990 (2021) AND SW WASHINGTON, INC. 93-0384 | 1007 | Р | age 4 |
|-----|---|-----------|-----|--------------|
| Pa | t IV Checklist of Required Schedules (continued) | | - | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | 37 |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | ┣─── |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ┣─── |
| 25a | 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 | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 051 | | x |
| 00 | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 00 | | x |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | - 23 |
| 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 | 27 | | x |
| 28 | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| 2 | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| a | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f | 200 | | <u> </u> |
| • | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | <u> </u> |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12 | 4 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | 4 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | v | |
| | (gambling) winnings to prize winners? | <u>1c</u> | | |

| JUNIOR ACHIEVEMENT OF |
|-----------------------|
|-----------------------|

| Form | 990 (2021) AND SW WASHINGTON, INC. 93-0384 | 007 | Р | age 5 |
|------|---|-----|-----|--------------|
| Pa | t 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 Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 11 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country ► | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| С | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | 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? | 15 | | X |
| | If "Yes," see the 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. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

JUNIOR ACHIEVEMENT OF OREGON

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

7830 SE FOSTER RD., PORTLAND,

| 990 (| 2021) | AND | SW | WASHINGTON, | INC. | | 93-0384007 | Page 6 |
|-------|-----------------------|-----------|---------|--------------------------------------|-----------|------------------------------------|----------------------------|----------|
| : VI | Governance, I | Manag | emer | nt, and Disclosure. | For each | "Yes" response to lines 2 through | 7b below, and for a "No" i | response |
| | to line 8a, 8b, or 10 | 0b below; | , desci | ribe the circumstances, _l | orocesses | , or changes on Schedule O. See ii | nstructions. | |

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | |
|----------|---|------------|-------------------------|------------|---------|------|--|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | 3 | 2 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | _ | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 3 | 2 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | ip with | n any other | | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | | |
| | 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 w | as filed? | 4 | | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 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 a | Ippoin | t one or | | | x | |
| | more members of the governing body? | | | | | | |
| b | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | |
| | persons other than the governing body? | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by t | he following: | | | | |
| а | The governing body? | | | 8a | X | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | |
| 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 | | | 9 | | X | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R | levenu | ie Code.) | | | | |
| | | | | | Yes | No | |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | X | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such c | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | X | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | dy bef | ore filing the form? | 11a | X | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | X | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | | | | 37 | | |
| | on Schedule O how this was done | | | 12c | X | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | | independent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | x | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a 15b | X | | |
| b | Other officers or key employees of the organization | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | | 10 | | x | |
| | taxable entity during the year? | | | 16a | | | |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initiate states and the second states and the second states are descent. | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | | | 401 | | | |
| 800 | exempt status with respect to such arrangements? | | | 16b | | | |
| | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►OR | | | | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | and Or | 0.T (section 501/2)/ | R)e only | | abla | |
| 18 | for public inspection. Indicate how you made these available. Check all that apply. | an 10 95 | | ins only |) avall | aule | |
| | Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Image: The public inspection. The public inspectincies. The public inspection. The public inspection. Th | 1 0 n C | chedule () | | | | |
| 10 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c | | , | nd fina | ncial | | |
| 19 | statements available to the public during the tax year. | onnic | i or interest policy, a | nu iiid | noial | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | noke r | and records | | | | |
| 20 | SUZANNE MADDUX - 971-255-4950 | 5012 6 | | | | | |

OR

97206-5140

X

Form 990 (2021) Part

| Form 990 (| 2021) | AND | SW | WASHINGT | CON, | INC. | | | 93-0 |
|------------|---------------|--------|--------|--------------|--------|---------|------------|---------|-------------|
| Part VII | Compensation | of Of | ficers | , Directors, | Truste | es, Key | Employees, | Highest | Compensated |
| | Employees, an | d Inde | epend | lent Contrac | ctors | | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

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

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

| Name and title Average hours per live One Design builted metabolishes builted | (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
|---|--------------------------------|---------|---------|----------|--------|--------|---------|-------|--|------------|-----------|
| hours per week (list any hours for elated organizations compensation from the organizations compensation from the organizations compensation from the organizations amount of other compensation from the organizations (1) RYAN P. DECKERT 40.000 x 167,946. 0. 15,777. (2) ALEE GESCHKE 1.000 x 0. 0. 0. 0. (3) BERBARA MATHEY 1.000 x x 0. 0. 0. (4) REARDA MATHEY 1.000 x x 0. 0. 0. (5) DARRYL HOROWITZ 1.000 x x 0. 0. 0. (6) DARID BUDD 1.000 x x 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. (6) DARID BUDD 1.000 x x 0. 0. 0. DIRECTOR 0. 0. 0. 0. 0. 0. (10) DRARCTOR 1.000 X 0. 0. 0. 0. <t< td=""><td>Name and title</td><td>Average</td><td>(do</td><td></td><td></td><td></td><td></td><td>one</td><td>Reportable</td><td>Reportable</td><td>Estimated</td></t<> | Name and title | Average | (do | | | | | one | Reportable | Reportable | Estimated |
| Week (ist ary organizations organizations below line) Intrim the generations generations generations (W2/1099-MISC) Intrim compensation organizations (W2/1099-MISC) Compensation compensation organizations (W2/1099-MISC) (1) RYAN P. DECKERT 40.00 X 167,946. 0. 15,777. (2) ALEX GESCHKE 1.00 X 0. 0. 0. JIRECTOR X 0. 0. 0. 0. (3) BERBARA MATHEY 1.00 X X 0. 0. 0. SCRETARY 0.0 0. 0. 0. 0. 0. 0. (4) BERATION MAINING 1.000 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) DEARNDON MAINING 1.000 X X 0. 0. 0. (6) DEARNA BURGER 1.000 X X 0. 0. 0. (7) DAVID WEBER 1.000 X X 0. 0. 0. (13) DAND BURGER <td></td> <td></td> <td>box</td> <td>, unle</td> <td>ss pe</td> <td>rson i</td> <td>is bot</td> <td>h an</td> <td>compensation</td> <td></td> <td></td> | | | box | , unle | ss pe | rson i | is bot | h an | compensation | | |
| (1) RYAN P. DECKERT 40.00 x 167,946. 0. 15,777. (2) ALEX GESCHKE 1.00 x 0. 0. 0. 0. DIRECTOR 1.00 x 0. 0. 0. 0. (3) BARBARA MATHEY 1.00 x x 0. 0. 0. (4) BRANDON MANNING 1.00 x x 0. 0. 0. (5) DARKL HOROWITZ 1.00 x 0. 0. 0. 0. (6) DARKI HOROWITZ 1.00 x x 0. 0. 0. (7) DAVID BUDD 1.000 x x 0. 0. 0. (10) GRANNA BURGER 1.00 x x 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. | | | | cer an | a a a | recto | or/trus | tee) | | | |
| (1) RYAN P. DECKERT 40.00 x 167,946. 0. 15,777. (2) ALEX GESCHKE 1.00 x 0. 0. 0. 0. DIRECTOR 1.00 x 0. 0. 0. 0. (3) BARBARA MATHEY 1.00 x x 0. 0. 0. (4) BRANDON MANNING 1.00 x x 0. 0. 0. (5) DARKL HOROWITZ 1.00 x 0. 0. 0. 0. (6) DARKI HOROWITZ 1.00 x x 0. 0. 0. (7) DAVID BUDD 1.000 x x 0. 0. 0. (10) GRANNA BURGER 1.00 x x 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. | | | irecto | | | | | | | • | |
| (1) RYAN P. DECKERT 40.00 x 167,946. 0. 15,777. (2) ALEX GESCHKE 1.00 x 0. 0. 0. 0. DIRECTOR 1.00 x 0. 0. 0. 0. (3) BARBARA MATHEY 1.00 x x 0. 0. 0. (4) BRANDON MANNING 1.00 x x 0. 0. 0. (5) DARKL HOROWITZ 1.00 x 0. 0. 0. 0. (6) DARKI HOROWITZ 1.00 x x 0. 0. 0. (7) DAVID BUDD 1.000 x x 0. 0. 0. (10) GRANNA BURGER 1.00 x x 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. | | | e or d | tee | | | sated | | J. J | | |
| (1) RYAN P. DECKERT 40.00 x 167,946. 0. 15,777. (2) ALEX GESCHKE 1.00 x 0. 0. 0. 0. DIRECTOR 1.00 x 0. 0. 0. 0. (3) BARBARA MATHEY 1.00 x x 0. 0. 0. (4) BRANDN MANNING 1.00 x x 0. 0. 0. (5) DARKL HOROWITZ 1.00 x 0. 0. 0. 0. (6) DARKI HOROWITZ 1.00 x x 0. 0. 0. (7) DAVID BUDD 1.000 x x 0. 0. 0. (10) GRANNA BURGER 1.00 x x 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. | | | rustee | l trus | | ee | npen | | | 1039-1120) | |
| (1) RYAN P. DECKERT 40.00 x 167,946. 0. 15,777. (2) ALEX GESCHKE 1.00 x 0. 0. 0. 0. DIRECTOR 1.00 x 0. 0. 0. 0. (3) BARBARA MATHEY 1.00 x x 0. 0. 0. (4) BRANDN MANNING 1.00 x x 0. 0. 0. (5) DARKL HOROWITZ 1.00 x 0. 0. 0. 0. (6) DARKI HOROWITZ 1.00 x x 0. 0. 0. (7) DAVID BUDD 1.000 x x 0. 0. 0. (10) GRANNA BURGER 1.00 x x 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. 0. IREAGURER 1.000 x x 0. 0. 0. | | | d ual t | utiona | _ | mploy | st col | 5 | 10001120) | | |
| (1) RYAN P. DECKERT 40.00 x 167,946. 0. 15,777. (2) ALEX GESCHKE 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (3) BARBARA MATHEY 1.00 X X 0. 0. 0. (4) BRANDON MANNING 1.00 X X 0. 0. 0. GIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (6) DAVID BUDD 1.00 X X 0. 0. 0. (7) DAVID WEBER 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (6) DENNA BURGER 1.00 X X 0. 0. 0. <td< td=""><td></td><td></td><td>ndivi</td><td>In stitu</td><td>Office</td><td>Key ei</td><td>Highe</td><td>Forme</td><td></td><td></td><td>5</td></td<> | | | ndivi | In stitu | Office | Key ei | Highe | Forme | | | 5 |
| (2) ALEX GESCHKE 1.00 x 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (3) BARBARA MATHEY 1.00 X X 0. 0. 0. (4) BRANDON MAINING 1.00 X X 0. 0. 0. (5) DARRYL HOROWITZ 1.00 X 0. 0. 0. 0. (6) DAYD BUDD 1.00 X X 0. 0. 0. (7) DAVID WEER 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (8) DENNA BURGER 1.00 X X 0. 0. 0. (9) FRANCIE STACEY 1.00 X X 0. 0. 0. (11) HARLEY SPRING 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. | (1) RYAN P. DECKERT | 40.00 | | _ | _ | | | | | | |
| DIRECTOR X 0. 0. 0. 0. (3) BARBARA MATHEY 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (5) DARRYL HOROWITZ 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) DAVID BUDD 1.000 X X 0. 0. 0. DIRECTOR 1.000 X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. DIRECTOR X X X 0. 0. 0. 0. (10) GRANT WORD 1.000 X X 0. 0. </td <td>PRESIDENT</td> <td></td> <td>1</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>167,946.</td> <td>0.</td> <td>15,777.</td> | PRESIDENT | | 1 | | X | | | | 167,946. | 0. | 15,777. |
| (3) BARBARA MATHEY 1.00 X X X 0. 0. 0. GECERTARY X X X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. OLRECTOR X X 0. 0. 0. 0. 0. (1) DAVID BUDD 1.00 X X 0. 0. 0. 0. (1) DAVID WEBER 1.00 X X 0. | (2) ALEX GESCHKE | 1.00 | | | | | | | | | |
| SECRETARY X X X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. VICE CHAIRAN - STUDENT IMPACT X X 0. 0. 0. VICE CHAIRAN - STUDENT IMPACT X X 0. 0. 0. VICE CHAIRAN - STUDENT IMPACT X X 0. 0. 0. VICE CHAIRAN - STUDENT IMPACT X X 0. 0. 0. UICE CHAIRAN - STUDENT IMPACT X X 0. 0. 0. UICE CHAIRAN - STUDENT IMPACT X X 0. 0. 0. UIRECTOR 1.000 X X 0. 0. 0. UIRECTOR X | DIRECTOR | | X | | | | | | 0. | Ο. | 0. |
| (4) BRANDON MANNING 1.00 X 0. | (3) BARBARA MATHEY | 1.00 | | | | | | | | | |
| DIRECTOR X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. VICE CHAIRMAN - STUDENT IMPACT X X 0. 0. 0. 0. DIRECTOR 1.00 X X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X X 0. 0 | SECRETARY | | X | | X | | | | 0. | Ο. | 0. |
| (5) DARRYL HOROWITZ 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) DAVID BUDD 1.00 X X 0. 0. 0. 0. VICE CHAIRMAN - STUDENT IMPACT X X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. | (4) BRANDON MANNING | 1.00 | | | | | | | | | |
| DIRECTOR X 0. 0. 0. 0. (6) DAVID BUDD 1.00 X X 0. 0. 0. (7) DAVID WEBER 1.00 X X 0. 0. 0. (7) DAVID WEBER 1.00 X X 0. 0. 0. (8) DEANNA BURGER 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) GRANT WORD 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (12) J.T. SMITH 1.00 X X 0. 0. 0. </td <td>DIRECTOR</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td> | DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (6) DAVID BUDD 1.00 X X X 0. 0. 0. VICE CHAIRMAN - STUDENT IMPACT X X X 0. | (5) DARRYL HOROWITZ | 1.00 | | | | | | | | | |
| VICE CHAIRMAN - STUDENT IMPACT X X X 0. 0. 0. (7) DAVID WEBER 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (8) DEANNA BURGER 1.00 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (9) FRANCIE STACEY 1.00 X X 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. 0. 0. (10) GRANT WORD 1.00 X X 0. | DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (7) DAVID WEBER 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (8) DEANNA BURGER 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. TREASURER X X 0.0.0.0. (10) GRANT WORD 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (11) HARLEY SPRING 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (12) J.T. SMITH 1.000 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (13) JASON NORRIS 1.00 X 0.0.0.0. (14) JIM PETERSON 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0. (15) MARK PAYTON 1.000 0.0.0. 0.0. DIRECTOR X 0.0.0.0. 0.0. DIRECTOR X 0.0.0. 0. (16) MEGAN BISHOP 1.000 | (6) DAVID BUDD | 1.00 | | | | | | | | | |
| DIRECTOR X 0< | VICE CHAIRMAN - STUDENT IMPACT | | X | | Х | | | | 0. | 0. | 0. |
| (8) DEANNA BURGER 1.00 X 0. | (7) DAVID WEBER | 1.00 | | | | | | | | | |
| DIRECTOR X 0 0. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<> | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) FRANCIE STACEY 1.00 X X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. (10) GRANT WORD 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (11) HARLEY SPRING 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (12) J.T. SMITH 1.00 X 0. <td>(8) DEANNA BURGER</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | (8) DEANNA BURGER | 1.00 | | | | | | | | | |
| TREASURER X X X 0. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<> | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) GRANT WORD 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (11) HARLEY SPRING 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (12) J.T. SMITH 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. | (9) FRANCIE STACEY | 1.00 | | | | | | | | | |
| DIRECTOR X 0. <t< td=""><td>TREASURER</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (11) HARLEY SPRING 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (12) J.T. SMITH 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (13) JASON NORRIS 1.00 X 0.0.0.0. (14) JIM PETERSON 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (15) MARK PAYTON 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. | (10) GRANT WORD | 1.00 | | | | | | | | _ | _ |
| DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | | | Х | | | | | | 0. | 0. | 0. |
| (12) J.T. SMITH 1.00 X 0. | (11) HARLEY SPRING | 1.00 | | | | | | | | | |
| DIRECTOR X 0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) JASON NORRIS 1.00 X X 0. | | 1.00 | | | | | | | | | |
| CHAIRMAN X X X X 0. 0 | | | X | | | | | | 0. | 0. | 0. |
| (14) JIM PETERSON 1.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (15) MARK PAYTON 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) MEGAN BISHOP 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. | | 1.00 | | | | | | | | | |
| DIRECTOR X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | | | X | | Х | | | | 0. | 0. | 0. |
| (15) MARK PAYTON 1.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (16) MEGAN BISHOP 1.00 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 | | 1.00 | | | | | | | | | |
| DIRECTOR X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | | | X | | | | | | 0. | 0. | 0. |
| (16) MEGAN BISHOP 1.00 X 0. | | 1.00 | | | | | | | | | |
| DIRECTOR X 0. <t< td=""><td></td><td>1</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | | 1 | X | | | | | | 0. | 0. | 0. |
| (17) NIKKI KOBLIHA 1.00 X 0. <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td><u>^</u></td> | | 1.00 | | | | | | | | • | <u>^</u> |
| DIRECTOR X 0. 0. 0. | | 1 00 | X | | | | | | 0. | 0. | 0. |
| | | 1.00 | .,, | | | | | | | ~ | <u>^</u> |
| | | | Х | | | | | | 0. | υ. | |

| JUNI | OR | ACHIEVEMENT | OF | OREGON |
|------|----|-------------|-----|--------|
| | SM | WASHINGTON | TNC | r |

93-0384007 8 Б

| Form 990 (2021) AND SW W2 | ASHINGTO | DN , | , I | N | 2. | | | | 93-038 | 340 | 07 | Pa | ige 8 |
|--|--|--------------------------------|-----------------------|----------------------------|------------------------------------|---------------------------------|-------------|---|---|-------|--------------|--------------------------------|---------------|
| Part VII Section A. Officers, Directors, Trus | stees, Key Em | ploy | /ees, | an | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
| (A) Name and title | (B) Average hours per week | (do box | | (C Pos neck ss pe | C) ition more rson | than is bot | one h an | (D) Reportable compensation from | (E) Reportable compensation from related | | Estii amo | (F) mateo ount c | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC, 1099-NEC) | / | orgar | m the nizatio relate | e on ed |
| (18) ROB MACNAUGHTON DIRECTOR | 1.00 | x | | | | | | 0. | C |). | | | 0. |
| (19) RONAN EGGLESTON | 1.00 | | | | | | | | | | | | |
| VICE CHAIRMAN - FUNDING | | х | | х | | | | 0. | C |). | | | Ο. |
| (20) ROY HUTCHISON | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | |). | | | 0. |
| (21) STEVE GRAY DIRECTOR | 1.00 | x | | | | | | 0. | C |). | | | 0. |
| (22) TYLER KRIEG | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | (|). | | | 0. |
| (23) BRIAN DAY DIRECTOR | 1.00 | x | | | | | | 0. | (|). | | | 0. |
| (24) JD PODLESNIK | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0 |). | | | 0. |
| (25) MICHELLE TAFT | 1.00 | v | | | | | | 0 | | | | | 0 |
| DIRECTOR (26) DAN MEDAK | 1.00 | Х | | | | | | 0. | (|). | | | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | C |). | | | 0. |
| 1b Subtotal | | | | | | | | 167,946. | |). | 15 | ,77 | 77. |
| c Total from continuation sheets to Part V | II, Section A | | | | | | | 0. | |). | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 167,946. | |). | 15 | ,77 | 77. |
| 2 Total number of individuals (including but n compensation from the organization ► | not limited to th | iose | liste | d al | bove | e) wł | no re | eceived more than \$100 | ,000 of reportable | | | | 1 |
| | | | | | | | | | | | ١ | ′es | No |
| 3 Did the organization list any former officer, | | | | | | | | | | | 0 | | х |
| line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su | | | | | | | | | | ·· - | 3 | | |
| and related organizations greater than \$15 | - | | - | | | | | - | and organization | | 4 | x | |
| 5 Did any person listed on line 1a receive or a | | | • | | | | | | dual for services | | - | | |
| rendered to the organization? If "Yes, " com | plete Schedul | e J f | for su | ıch | pers | son . | | | | | 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | ensa | ition fro | m | |
| (A) Name and business | address | NC | ONE | 2 | | | | (B) Description of s | ervices | Cc | (C) | ation | <u> </u> |
| | | 111 | 5111 | <u> </u> | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | \neg | | | | | | |
| 2 Total number of independent contractors (i | including but n | ot li | mite | d to | tho | se lis | stec | d above) who received m | ore than | | | | |

| 93 | -03 | 840 | 007 |
|----|-----|-----|-----|
| 25 | 0.0 | 04 | 507 |

| Part VII Section A. Officers, Directors, Tru (A) Name and title Name and title 27) GILBERT ALVAREZ | (B) Average hours per week | stee or director | neck | es, a (C Posi c all t | C) ition | | | Compensated Employ (D) Reportable compensation | (E) Reportable | (F) Estimated |
|--|--|--------------------------|-----------------------|--------------------------------|--------------------|------------------------------|--------|---|--|---|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (cł | neck | (C Posi | C) ition | | | (D) Reportable | (E) Reportable | Estimated |
| 27) GILBERT ALVAREZ | week (list any hours for related organizations below line) | dual trustee or director | rustee | | | | - | | | amount of |
| 27) GILBERT ALVAREZ | | Indivi | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| IRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| 28) JIMMY ANDERSON IRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| 29) RENEE BALSIGER IRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| 30) ROSIE CORTES IRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| 31) CONTESA DIAZ-NICOLAIDIS IRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| 32) JOEL DULLUM | 1.00 | | | | | | | | | |
| IRECTOR 33) ERIKA GLIDDEN | 1.00 | X | | | | | | 0. | 0. | 0 |
| IRECTOR 34) YESINIA MERAZ-TORRES | 1.00 | X | | | | | | 0. | 0. | 0 |
| IRECTOR 35) ALEX NAITO | 1.00 | X | | | | | | 0. | 0. | 0 |
| IRECTOR 36) JOHN NOLTING | 1.00 | x | | | | | | 0. | 0. | 0 |
| IRECTOR | | х | | | | | | 0. | 0. | 0 |
| 37) MARK WREATH IRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| otal to Part VII, Section A, line 1c | | | | | | | | | | |

JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC.

| | | (2021) JUNIOR ACHIEV | | | | 93-0384 | 007 Page 9 |
|--|-------|--|---|-----------------------------|--------------------------|------------------|-------------------------|
| Pa | rt VI | | | | | | _ |
| | | Check if Schedule O contains a response of | or note to any lin | | (P) | (0) | |
| | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded |
| | | | | rotarrevende | | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| nts | 1 a | Federated campaigns 1a | | | | | |
| Gra | b | Membership dues 1b | | | | | |
| An (| c | Fundraising events 1c | | | | | |
| Gifi | c | Related organizations 11 | | | | | |
| ini, | e | e Government grants (contributions) 1e | 82,755. | | | | |
| rior S | f | All other contributions, gifts, grants, and | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | similar amounts not included above 1f | 727,322. | | | | |
| d dt | ç | Noncash contributions included in lines 1a-1f | 17,249. | | | | |
| aCo | h | Total. Add lines 1a-1f | ► | 810,077. | | | |
| | | | Business Code | | | | |
| ø | 2 a | JA BIZTOWN FEES | 713990 | 135,925. | 135,925. | | |
| ۳ Zi | b | | 713990 | 1,452. | 1,452. | | |
| Sel | c | | | | | | |
| am | | | | | | | |
| Program Service Revenue | | · / | | | | | |
| Pro | f | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | 137,377. | | | |
| | 3 | Investment income (including dividends, intere | | | | | |
| | 5 | other similar amounts) | | 19,243. | | | 19,243. |
| | 4 | Income from investment of tax-exempt bond p | r i i i i i i i i i i i i i i i i i i i | | | | |
| | 5 | Royalties | · · · | | | | <u> </u> |
| | 5 | (i) Real | (ii) Personal | | | | |
| | 6 - | () | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | • | 3,600. | | | 3,600. |
| | | Net rental income or (loss) | (ii) Other | 5,000. | | | 5,000. |
| | 7 8 | | | | | | |
| | | assets other than inventory 7a | | | | | |
| Q | | Less: cost or other basis | | | | | |
| enue | - | and sales expenses 7b | | | | | |
| Rev | | | ► | | | | |
| ъ | | Net gain or (loss) | ····· 🕨 | | | | |
| Other | 83 | Gross income from fundraising events (not | | | | | |
| 0 | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | 115,423. | | | | |
| | | / | | | | | |
| | | | | 65,498. | | | 65,498. |
| | | Net income or (loss) from fundraising events | 🕨 | 05,490. | | | 05,490. |
| | чa | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 | ┟─────┤ | | | | |
| | | | | | | | |
| | | Net income or (loss) from gaming activities | ▶ | | | | |
| | iu a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | | Less: cost of goods sold10b | | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | |
| sn | | | Business Code | | | | |
| ne ne | 11 a | | | | | | |
| scellaneo Revenue | b | | | | | | |
| Miscellaneous Revenue | c | | | | | | |
| Ξ. | | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | | | 120 200 | | 00 241 |
| | 12 | Total revenue. See instructions | 🕨 | 1,035,795. | L31,311. | 0. | 88,341. |

JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC.

Part IX Statement of Functional Expenses

Form 990 (2021)

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

| Do not include amounts reported or 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | this Part IX (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|-----------------------|--|--|---------------------------------------|
| 1 Grants and other assistance to dor and domestic governments. See P | - | | · | | · |
| 2 Grants and other assistance to individuals. See Part IV, line 22 | | | | | |
| Grants and other assistance to organizations, foreign governm individuals. See Part IV, lines 1 | o foreign nents, and foreign | | | | |
| 4 Benefits paid to or for member | | | | | |
| 5 Compensation of current office trustees, and key employees | | 172,442. | 103,465. | 17,244. | 51,733 |
| 6 Compensation not included above persons (as defined under section persons described in section 4958 | to disqualified 4958(f)(1)) and | | | | |
| 7 Other salaries and wages | | 444,073. | 303,887. | 70,074. | 70,112 |
| 8 Pension plan accruals and contribu | | | | | |
| section 401(k) and 403(b) employ | | 13,900. | 10,024. | 2,344. | 1,532 |
| 9 Other employee benefits | | 45,717. | 31,395. | 6,817. | 1,532 7,505 8,357 |
| 0 Payroll taxes | | 49,322. | 33,704. | 7,261. | 8,357 |
| 1 Fees for services (nonemploye | | | | | |
| a Management | | | | | |
| b Legal | | | | | |
| c Accounting | | | | | |
| d Lobbying | | | | | |
| e Professional fundraising services. | | | | | |
| f Investment management fees | | | | | |
| g Other. (If line 11g amount exceed | s 10% of line 25, | | | | |
| column (A), amount, list line 11g e | expenses on Sch O.) | 24,245. | 8,684. | 7,897. | 7,664 |
| 2 Advertising and promotion | | 10,167. | 6,100. | 12 000 | 4,067 |
| 3 Office expenses | | 139,037. | 97,512. | 13,027. | 28,498 |
| 4 Information technology | | 32,281. | 19,369. | 6,456. | 6,456 |
| I5 Royalties | | | 10 004 | 4 0 0 0 | 4 0 0 0 |
| 6 Occupancy | ····· _ | 26,862. | 18,804. | 4,029. | 4,029 |
| 7 Travel | | 9,011. | 6,891. | 530. | 1,590 |
| 8 Payments of travel or entertain for any federal, state, or local p | | | | | |
| 9 Conferences, conventions, and | | 2,395. | 815. | 790. | 790 |
| 0 Interest | - | 1,584. | | 1,584. | |
| Payments to affiliates | | 133,741. | 123,041. | 5,350. | 5,350 |
| 2 Depreciation, depletion, and a | | 68,690. | 62,540. | 3,075. | 3,075 |
| 3 Insurance | | 24,556. | 21,591. | 1,779. | 1,186 |
| Other expenses. Itemize expenses above. (List miscellaneous expens line 24e amount exceeds 10% of li amount, list line 24e expenses on s | not covered es on line 24e. If ne 25, column (A), Schedule O.) | | | | |
| a PROGRAM MATERIA | | 26,494. | 26,333. | 79. | 82 |
| b SUMMER CAMP EXP | ENSE | 6,518. | 6,518. | | |
| c | | | | | |
| d | - | | | | |
| e All other expenses | as 1 through 04a | 1,231,035. | 880,673. | 148,336. | 202,026 |
| Total functional expenses. Add lin Joint costs. Complete this line only | | ±,25±,055• | 000,073. | , , , , , , , , , , , , , , , , , , | 202,020 |
| reported in column (B) joint costs | , , | | | | |
| educational campaign and fundrais | | | | | |
| | 98-2 (ASC 958-720) | | | | |

JUNIOR ACHIEVEMENT OF OREGON INC.

93-0384007 Page 11

| | | Chaok if Schodula O contains a response or pat | o to on | v line in this Dart V | | | |
|-----------------------------|----------|--|---------|--------------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note | e to an | | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 297,049. | 1 | 269,163. |
| | 2 | Savings and temporary cash investments | | – | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 158,765. | 3 | 124,778. |
| | 4 | Accounts receivable, net | | | 7,579. | 4 | 26,996. |
| | 5 | Loans and other receivables from any current or | | | | - | , |
| | • | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | • | |
| | • | under section 4958(f)(1)), and persons described | - | | | 6 | |
| s | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 35,167. | 9 | 29,197. | |
| | | Land, buildings, and equipment: cost or other | | | | | |
| | 100 | basis. Complete Part VI of Schedule D | 102 | 3.623.032. | | | |
| | h | Less: accumulated depreciation | | 3,623,032. 1,465,742. | 2,219,438, | 10c | 2,157,290 |
| | 11 | Investments - publicly traded securities | | | 2,219,438. 1,080,510. | 11 | 2,157,290. 876,109. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 1,000,0100 | 12 | 0/0/2030 |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 13 14 | | | | | 14 | |
| | 14 | Intangible assets | | | 121,092. | 14 | 114,354. |
| | 15 16 | Other assets. See Part IV, line 11 | | | 3,919,600. | 16 | 3,597,887. |
| | 17 | Accounts payable and accrued expenses | | | 55,715. | 17 | 52,396. |
| | 18 | | | | 55,7150 | 18 | 52,5501 |
| | 19 | Grants payable | | 4,501. | 19 | 43,812. | |
| | 20 | Deferred revenue Tax-exempt bond liabilities | 1,3010 | 20 | 10,0120 | | |
| | 20 21 | Escrow or custodial account liability. Complete F | | of Sabadula D | | 20 | |
| <i>"</i> | 22 | | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or form | | | | | |
| bili | | trustee, key employee, creator or founder, subst | | | | 22 | |
| Lia | 00 | controlled entity or family member of any of thes Secured mortgages and notes payable to unrela | | | | 22 | |
| | 23 24 | Unsecured notes and loans payable to unrelated | | | 42,872. | 23 24 | 27,789. |
| | 24 25 | Other liabilities (including federal income tax, pay | | | 42,072. | 24 | 27,705. |
| | 25 | parties, and other liabilities not included on lines | | | | | |
| | | | , | | | 25 | |
| | 26 | T | | | 103,088. | 26 | 123,997. |
| | 20 | Organizations that follow FASB ASC 958, che | | e 🕨 X | , | 20 | |
| sec | | and complete lines 27, 28, 32, and 33. | | | | | |
| and | 27 | | | | 3,777,920. | 27 | 3,394,692. |
| Bal | 28 | Net assets with donor restrictions | | F | 38,592. | 28 | 3,394,692. 79,198. |
| pu | 20 | Organizations that do not follow FASB ASC 9 | | | | 20 | |
| Fu | | and complete lines 29 through 33. | | | | | |
| o | 29 | Capital stock or trust principal, or current funds | | 29 | | | |
| sets | 30 | Paid-in or capital surplus, or land, building, or eq | | | 30 | | |
| As | 31 | Retained earnings, endowment, accumulated inc | | | 31 | | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | F | 3,816,512. | 32 | 3,473,890. |
| - | 33 | Total liabilities and net assets/fund balances | | | 3,919,600. | 33 | 3,597,887. |
| | | | | | | | Form 990 (2021) |

AND SW WASHINGTON,

Form 990 (2021) Part X Balance Sheet

| | JUNIOR ACHIEVEMENT OF OREGON | | | | |
|------|---|-----------|------|----------|--------------|
| Form | AND SW WASHINGTON, INC. | 93-038 | 4007 | Pa | ge 12 |
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1,03 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 1,23 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -19 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 3,81 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -14 | 0,6 | 44. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | <u> </u> | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | _ | 6,/ | 38. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | 2 47 | | ~ ~ |
| De | column (B)) | 10 | 3,47 | 3,8 | 90. |
| Pa | rt XII Financial Statements and Reporting | | | | X |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | Yes | |
| | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | 162 | NO |
| 1 | • · · · · · · · · · · · · · · · · · · · | | | | |
| 0- | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | x |
| Zđ | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | | Zđ | | |
| | separate basis, consolidated basis, or both: | uona | | | |
| | Separate basis, consolidated basis, or born. | | | | |
| h | Were the organization's financial statements audited by an independent accountant? | | 2b | х | |
| D. | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | | 2.0 | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audit. | | | |
| - | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | | |
| - | Act and OMB Circular A-133? | - | 3a | | x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | 1 |
| | | | Form | 990 | (2021) |

| (Fo | orm 99 | DULE A 10) f the Treasury | | Public Cha omplete if the organ | OMB No. 1545-0047 | | | | | | |
|-----------|-----------|-------------------------------------|-------------------------|------------------------------------|---|-----------------|-----------------------|------------------------|-----------------|---------------|----------------------------|
| | | nue Service | | Go to www.irs.go | Attach to Form 9 v/Form990 for in: | | | | nformation. | | Inspection |
| Nan | ne of t | he organizati | | OR ACHIEVE | | | | | | Employer | identification number |
| | | | | SW WASHING | | | | | | | 3-0384007 |
| Pa | irt I | Reason | or Public | Charity Status. | (All organizations | must co | omplete th | nis part.) S | ee instructior | าร. | |
| The | organ | ization is not a | private found | dation because it is: | (For lines 1 throug | gh 12, cł | neck only | one box.) | | | |
| 1 | | A church, cor | vention of ch | nurches, or associati | on of churches de | escribed | in sectio | n 170(b)([.] | 1)(A)(i). | | |
| 2 | | A school des | cribed in sect | tion 170(b)(1)(A)(ii). | (Attach Schedule | E (Form | 990).) | | | | |
| 3 | | A hospital or | a cooperative | hospital service org | anization describe | ed in se | ction 170 | (b)(1)(A)(i | ii). | | |
| 4 | | A medical res | earch organiz | zation operated in co | onjunction with a h | nospital | described | d in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state | | | | | | | | | |
| 5 | | An organizati | on operated f | or the benefit of a co | ollege or university | v owned | or operat | ted by a g | overnmental | unit describ | bed in |
| | | section 170 | b)(1)(A)(iv). ((| Complete Part II.) | | | | | | | |
| 6 | | A federal, sta | te, or local go | vernment or govern | mental unit descri | bed in s | ection 17 | ′0(b)(1)(A) | (v). | | |
| 7 | X | - | | ally receives a substa | antial part of its su | ipport fr | om a gov | ernmental | unit or from t | he general | public described in |
| | | • | | Complete Part II.) | | | | | | | |
| 8 | | | | ed in section 170(b) | | | , | | | | |
| 9 | | - | | ganization described | - | | | - | | - | - |
| | | - | or a non-land- | grant college of agric | culture (see instru | ctions). | Enter the | name, cit | y, and state o | f the colleg | e or |
| | | university: | | | | | | | | | |
| 10 | | | | | | | | | | | nd gross receipts from |
| | | | | | | | | | | | from gross investment |
| | | | | | e (less section 511 | tax) fro | m busine | sses acqu | lired by the o | rganization | after June 30, 1975. |
| 11 | | | | mplete Part III.) | aivaly to toot for p | ublic cof | intu Soo | nontion El | O(a)(4) | | |
| 12 | \square | - | • | and operated exclus | | | • | | | orn out the | e purposes of one or |
| 12 | | 0 | 0 | rganizations describ | • | | • | | - | • | • • |
| | | | | describes the type | | | | | | | |
| а | | 7 | - | anization operated, | | | | - | | - | , aivina |
| | | | | on(s) the power to re | - | | • | | | | |
| | | | - | complete Part IV, S | • • • • | 0.001 0 | | | | | |
| b | | 7 - | | anization supervise | | connecti | ion with it | s support | ed organizatio | on(s), by ha | ving |
| | | | | of the supporting or | | | | | • | | - |
| | | organizatio | n(s). You mus | st complete Part IV, | Sections A and | c. | - | | | | |
| c | | Type III fur | ctionally inte | egrated. A supportir | ng organization op | erated i | n connec [.] | tion with, | and functiona | Ily integrate | ed with, |
| | | its supporte | ed organizatio | on(s) (see instruction | s). You must com | plete P | art IV, Se | ctions A, | D, and E. | | |
| c | | Type III no | n-functional | y integrated. A sup | porting organization | on opera | ated in co | nnection v | vith its suppo | rted organi | zation(s) |
| | | that is not f | unctionally in | tegrated. The organi | zation generally m | nust sati | sfy a disti | ribution re | quirement an | d an attent | iveness |
| | _ | requiremen | t (see instruct | tions). You must co i | mplete Part IV, Se | ections | A and D, | and Part | V. | | |
| е | | Check this | box if the org | anization received a | written determina | tion fror | n the IRS | that it is a | а Туре I, Туре | II, Type III | |
| | | | | r Type III non-functio | | | | | | | T |
| f | | | | organizations | | | | | | | |
| <u></u> 0 | | /ide the followi i) Name of support | | n about the support | ed organization(s) (iii) Type of organi | | (iv) Is the orga | nization listed | (v) Amount o | fmonoton | (vi) Amount of other |
| | , | organization | | | (described on line | | in your governi | ng document? | support (see in | - | support (see instructions) |
| | | - 3 | | | above (see instruc | tions)) | Yes | No | | , | |
| | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | al | | | | | | | | | | |

JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC.

93-0384007 Page 2

| 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.)

Schedule A (Form 990) 2021

Part II

| Sec | ction A. Public Support | | | | | | | | | |
|------|--|---------------------|---------------------|----------------------|----------------------|---------------------|---|--|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | 986,846. | 1388744. | 995,699. | 727,030. | 810,077. | 4908396. | | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | | |
| | or expended on its behalf | | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | | |
| | the organization without charge | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 986,846. | 1388744. | 995,699. | 727,030. | 810,077. | 4908396. | | | |
| | 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) | | | | | | 737,698. | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 4170698. | | | |
| | tion B. Total Support | | | | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | | |
| | Amounts from line 4 | 986,846. | 1388744. | 995,699. | 727,030. | 810,077. | 4908396. | | | |
| | Gross income from interest, | | | | | | | | | |
| Ŭ | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | |
| | and income from similar sources | 18,501. | 21,763. | 23,170. | 17,482. | 22,843. | 103,759. | | | |
| 9 | Net income from unrelated business | | , | | | ,•_•• | | | | |
| 3 | activities, whether or not the | | | | | | | | | |
| | business is regularly carried on | 66,448. | 23,305. | 137. | 71,448. | 65,948. | 227,286. | | | |
| 10 | Other income. Do not include gain | 00/1100 | 2373031 | 1070 | /1/1100 | 00,0100 | 22772001 | | | |
| 10 | or loss from the sale of capital | | | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | | | |
| 44 | Total support. Add lines 7 through 10 | | | | | | 5239441. | | | |
| | Gross receipts from related activities, | oto (soo instructiv | ane) | | | 12 1 | ,395,909. | | | |
| | First 5 years. If the Form 990 is for th | | | fourth or fifth tax | voar as a soction F | | / = = = = = = = = = = = = = = = = = = = | | | |
| 13 | organization, check this box and stor | | st, second, tillia, | iourti, or intri tax | year as a section of | 01(0)(0) | | | | |
| Sec | ction C. Computation of Publ | | rcentage | | | | | | | |
| - | Public support percentage for 2021 (| | - | column (f)) | | 14 | 79.60 % | | | |
| | Public support percentage from 2020 | | | | | 15 | 81.46 % | | | |
| | 33 1/3% support test - 2021. If the c | | | | | | ,, | | | |
| 100 | stop here. The organization qualifies | | | | | | | | | |
| h | 33 1/3% support test - 2020. If the c | | | | | | | | | |
| ~ | and stop here. The organization qual | | | | | | | | | |
| 17a | | | | | | | or more | | | |
| 17 a | 7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization master the facts and eigenmeters test, check this hav and stop here. Explain in Batt VI have the organization | | | | | | | | | |
| | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| ۲. | | - | | • • • • | | 17a and line 15 is | ► 🗆 | | | |
| a | 10% -facts-and-circumstances tes | | | | | | | | | |
| | more, and if the organization meets the | | | | | | | | | |
| 40 | organization meets the facts-and-circ | | • | | • • • • | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 100, 17a, 0r 17k | o, check this box a | ind see instruction | s 🕨 📖 | | | |

Schedule A (Form 990) 2021

| JUNIOR | ACHIEVEMENT | OF | OREGON |
|--------|-------------|----|--------|
| | | | |

Schedule A (Form 990) 2021

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

AND SW WASHINGTON,

(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.)

INC.

| Sec | ction A. Public Support | | | | | - | | |
|--------|--|---------------------|----------------------|----------------------|--------------------|------------|------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2 | 2021 | (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 2 | Gross receipts from activities that | | | | | | | |
| 3 | are not an unrelated trade or bus- | | | | | | | |
| | incon under continu 510 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| 4 | ization's benefit and either paid to | | | | | | | |
| | | | | | | | | |
| F | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 5 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | | |
| ~ | F | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | | |
| h | 3 received from disqualified persons | | | | | | | |
| D | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | | |
| | amount on line 13 for the year | | | | | | | |
| | Add lines 7a and 7b | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | ction B. Total Support | | 1 | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2 | 2021 | (f) Total |
| | 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 | | | | | | | |
| | Net income from unrelated business activities not included on 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.) | | | | | | | |
| | First 5 years. If the Form 990 is for the | e organization's f | irst. second. third. | fourth. or fifth tax | vear as a section | 501(c)(3) | organizati | on. |
| | ale and the last and at an inclusion | • | | | | | 5 | ´ ► |
| Sec | tion C. Computation of Publi | | | | | | | |
| 15 | Public support percentage for 2021 (li | ne 8. column (f). (| divided by line 13. | column (f)) | | 15 | | 9 |
| | Public support percentage from 2020 | | | | | 16 | | 9 |
| | ction D. Computation of Inves | | | | | 1.01 | | , |
| 17 | | | | | | 17 | | 9 |
| | Investment income percentage from 2 | | | | | 18 | | 9 |
| | 33 1/3% support tests - 2021. If the | | | | | | and line 1 | |
| 190 | more than 33 1/3%, check this box an | | | | | | | |
| ۲. | 33 1/3% support tests - 2020. If the | | | | | | 33 1/204 | 🚩 🖵 |
| D D | line 18 is not more than 33 1/3%, che | | | | | | | |
| 20 | | | | | | | | |
| 20 | Private foundation. If the organization | Tulu not check a | box on line 14, 19 | a, or 190, check t | nis pox and see in | SILUCTIONS | > | 🕨 🗆 |

JUNIOR ACHIEVEMENT OF OREGON

AND SW WASHINGTON, INC.

Part IV Supporting Organizations

Schedule A (Form 990) 2021

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|---|-------------|-----|----|
| 1 | | | |
| | | | |
| | 1 | | |
| | | | |
| | 2 | | |
| | • | | |
| | 3a | | |
| | | | |
| | 3b | | |
| | | | |
| | 3c | | |
| | 4a | | |
| | | | |
| | | | |
| | 4b | | |
| | | | |
| | | | |
| | 4c | | |
| | | | |
| | | | |
| | | | |
| | 5a | | |
| | - 1- | | |
| | 5b 5c | | |
| | | | |
| | | | |
| | | | |
| | 6 | | |
| | _ | | |
| | | | |
| | 7 | | |
| | 8 | | |
| | | | |
| | | | |
| | 9a | | |
| | 9b | | |
| | | | |
| | 9c | | |
| | | | |
| | 10a | | |
| | | | |
| | 10b | | |

JUNIOR ACHIEVEMENT OF OREGON

| Sche | edule A (Form 990) 2021 AND SW WASHINGTON, INC. 93 | -038400 | 7 Pa | ige 5 |
|------|---|---------|------|--------------|
| | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | ers, | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| | | | | |

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

| JUNI | OR | ACHIEVEMENT | OF | OREGON |
|------|----|-------------|-----|--------|
| AND | SW | WASHINGTON, | INC | 2. |

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b 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): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON INC

| Sche | dule A (Form 990) 2021 AND SW WASHIN | | | 93-0384007 Page 7 |
|-------|---|-----------------------------------|--|---|
| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | s 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| а | From 2016 | | | |
| b | From 2017 | | | |
| с | From 2018 | | | |
| d | From 2019 | | | |
| e | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i | Carryover from 2016 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |
| | Excess from 2020 Excess from 2021 | | | |
| e | LAUGOO II UIII ZUZ I | | | |

Schedule A (Form 990) 2021

| Schedule A | (Form 990) 2021 | | ACHIEVEMENT WASHINGTON, | | 93-0384007 Page 8 |
|------------|---|---|---|--|--|
| Part VI | Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li | nation. Pro 2, 3b, 3c, 4b nes 2 and 3; | ovide the explanations re , 4c, 5a, 6, 9a, 9b, 9c, 11 Part IV, Section E, lines | quired by Part II, line 10; Part II, line 17a d a, 11b, and 11c; Part IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part d 6. Also complete this part for any additi | or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 60 | | Supplement | al Financial Statements | | OMB No. 1545-0047 |
|------|---|--|---|---------------------|---------------------------------|
| | | | anization answered "Yes" on Form 990, | | 2021 |
| (For | n 990) | Part IV, line 6, 7, 8, 9, 10 | , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | |
| | ment of the Treasury I Revenue Service | | Attach to Form 990. 90 for instructions and the latest informati | on | Open to Public Inspection |
| | e of the organizati | | | | ployer identification number |
| | - | AND SW WASHINGTON, | | | 93-0384007 |
| Pa | rt I Organiza | ations Maintaining Donor Advise | ed Funds or Other Similar Funds o | r Accou | Ints.Complete if the |
| | organizatio | n answered "Yes" on Form 990, Part IV, lir | ie 6. | | |
| | | | (a) Donor advised funds | (b) Fun | ds and other accounts |
| 1 | Total number at er | nd of year | | | |
| 2 | | f contributions to (during year) | | | |
| 3 | | f grants from (during year) | | | |
| 4 | | t end of year | | | |
| 5 | - | | writing that the assets held in donor advised | | |
| | | | exclusive legal control? | | Yes 🔛 No |
| 6 | | | dvisors in writing that grant funds can be us | | |
| | | | or donor advisor, or for any other purpose co | • | |
| Pa | impermissible prive | | ganization answered "Yes" on Form 990, Par | | |
| | | | | t iv, line <i>i</i> | |
| 1 | | servation easements held by the organizat of land for public use (for example, recrea | · · · · · · · · · · · · · · · · · · · | interioally | important land area |
| | | f natural habitat | Preservation of a c | | important land area |
| | | of open space | | | |
| 2 | | | fied conservation contribution in the form of a | conserv | ation easement on the last |
| 2 | day of the tax year | a b . | | | Held at the End of the Tax Year |
| а | | | | 2a | |
| b | | | | | |
| c | • | | ucture included in (a) | ··· | |
| d | | | after 7/25/06, and not on a historic structure | | |
| | | | · | | |
| 3 | | | leased, extinguished, or terminated by the or | | n during the tax |
| | year 🕨 🔄 | | | | |
| 4 | Number of states | where property subject to conservation ea | sement is located 🕨 | | |
| 5 | | tion have a written policy regarding the pe | | | |
| | | | t holds? | | |
| 6 | Staff and voluntee | r hours devoted to monitoring, inspecting, | handling of violations, and enforcing conservation | ation eas | ements during the year |
| _ | | <u> </u> | | | |
| 7 | | es incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | n easemei | nts during the year |
| • | ►\$ | | \sim | | |
| 8 | | | ve satisfy the requirements of section 170(h)(| | Yes No |
| 9 | | | on easements in its revenue and expense sta | | |
| 5 | , | 6 | note to the organization's financial statement | | |
| | | ounting for conservation easements. | | 5 1121 000 | |
| Pa | | | f Art, Historical Treasures, or Othe | er Simil | ar Assets. |
| | | the organization answered "Yes" on Form | | | |
| 1a | If the organization | elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement and | balances | sheet works |
| | of art, historical tre | asures, or other similar assets held for pu | blic exhibition, education, or research in furth | erance of | public |
| | service, provide in | Part XIII the text of the footnote to its fina | ncial statements that describes these items. | | |
| b | If the organization | elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement and bal | ance shee | et works of |
| | art, historical treas | ures, or other similar assets held for public | exhibition, education, or research in further | ance of pu | ublic service, |
| | provide the followi | ng amounts relating to these items: | | | |
| | (i) Revenue inclu | ded on Form 990, Part VIII, line 1 | | ► | \$ |
| | (ii) Assets include | ed in Form 990, Part X | | ► | \$ |
| 2 | If the organization | received or held works of art, historical tre | asures, or other similar assets for financial ga | ain, provid | le |
| | - | unts required to be reported under FASB A | - | | |
| а | | | | | \$ |
| - | | | | | |
| ι μа | For Doporwork D | eduction Act Notice see the Instruction | s for Form 990 | | Schedule D (Form 990) 2021 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

| | | | ACHIEVEMEN | | | N | | - | | | |
|------|--------|---|---------------------------|-----------|--------------------------|----------------|---------------|-----------------------|------------|------------|-----------|
| Sche | dule [| | WASHINGTON | | | | | | | 84007 | |
| Par | t III | Organizations Maintaining | Collections of A | rt, His | storical Tr | easures, o | or Othe | r Simila | r Asse | ts(continu | ed) |
| 3 | | g the organization's acquisition, acce ction items (check all that apply): | ssion, and other record | ls, chec | ck any of the | following that | at make sig | gnificant u | ise of its | | |
| а | | Public exhibition | d | | Loan or exc | hange progra | am | | | | |
| b | | Scholarly research | е | | | 0,0 | | | | | |
| с | | Preservation for future generations | | | | | | | | | |
| 4 | Prov | ide a description of the organization's | s collections and explai | n how t | hev further t | he organizati | on's exem | not purpos | se in Par | † XIII | |
| 5 | | ng the year, did the organization solic | | | | | | | | C / MII. | |
| Ŭ | | e sold to raise funds rather than to be | | | | | | | | Yes | |
| Par | t IV | | | ¥ | | | | | | | |
| 1 41 | | reported an amount on Form 990, | - | | e organizatio | answereu | | 0111 990, | Fait IV, | 1110 9, 01 | |
| 10 | le th | e organization an agent, trustee, cust | | lion (for | contribution | o or other or | eata pat i | adudad | | | |
| Ia | | | | | | | | | | 7 | |
| | | orm 990, Part X? | | | | | | | ····· ∟ | Yes | └── No |
| b | IT "Ye | es," explain the arrangement in Part λ | (III and complete the to | llowing | table: | | | | | American | |
| | | | | | | | | | | Amount | |
| | | nning balance | | | | | | | | | |
| d | | tions during the year | | | | | | | | | |
| е | Distr | ibutions during the year | | | | | | 1e | | | |
| f | Endi | ng balance | | | | | | 1f | | | |
| 2a | Did t | he organization include an amount or | n Form 990, Part X, line | 21, for | escrow or c | ustodial acco | ount liabilit | y? | L | Yes | No No |
| b | lf "Ye | es," explain the arrangement in Part > | | | | | | | | | |
| Par | t V | Endowment Funds. Complete | te if the organization an | swered | d "Yes" on Fo | orm 990, Parl | t IV, line 10 | Э. | | | |
| | | | (a) Current year | (b) l | Prior year | (c) Two yea | rs back 🛛 🌔 | d) Three ye | ars back | (e) Four y | ears back |
| 1a | Begi | nning of year balance | | | | | | | | | |
| | | ributions | | | | | | | | | |
| с | | nvestment earnings, gains, and losse | | | | | | | | | |
| | | ts or scholarships | | | | | | | | | |
| | | r expenditures for facilities | | | | | | | | | |
| e | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| | | inistrative expenses | | | | | | | | <u> </u> | |
| g | | of year balance | | | | <u> </u> | | | | | |
| 2 | | ide the estimated percentage of the o | • | | 1g, column (a | a)) held as: | | | | | |
| а | | d designated or quasi-endowment | | _% | | | | | | | |
| b | | nanent endowment | % | | | | | | | | |
| С | | endowment | _% | | | | | | | | |
| | The | percentages on lines 2a, 2b, and 2c s | should equal 100%. | | | | | | | | |
| 3a | Are t | here endowment funds not in the pos | ssession of the organiza | ation th | at are held a | ind administe | ered for th | e organiza | ation | _ | |
| | by: | | | | | | | | | | es No |
| | (i) l | Inrelated organizations | | | | | | | | . 3a(i) | |
| | (ii) F | Related organizations | | | | | | | | 3a(ii) | |
| b | lf "Ye | es" on line 3a(ii), are the related orgar | izations listed as requir | red on S | Schedule R? | | | | | . 3b | |
| 4 | Desc | ribe in Part XIII the intended uses of | the organization's endo | wment | funds. | | | | | | |
| Par | t VI | Land, Buildings, and Equip | oment. | | | | | | | | |
| | | Complete if the organization answe | ered "Yes" on Form 990 |), Part I | V, line 11a. S | See Form 990 |), Part X, I | ine 10. | | | |
| | | Description of property | (a) Cost or o | ther | (b) Cost | or other | (c) Ac | cumulated | k l | (d) Book | value |
| | | | basis (investr | nent) | basis | (other) | depi | reciation | | . , | |
| 1a | Land | | | | | 4,688. | | | | 1,194 | ,688. |
| | | lings | | | | 2,470. | 2 | 59,57 | | | ,892. |
| | | ehold improvements | | | | 5,525. | | 30,78 | | | ,738. |
| | | pment | | | | 1,073. | | $\frac{38}{48}, 12$ | | | ,945. |
| | | r | | | | 9,276. | | $\frac{10,12}{27,24}$ | | | ,027. |
| | | lines 1a through 1e. (Column (d) mus | | X col | | | <u>+</u> | _ , , 4 3 | | 2,157 | |
| IULD | . Aud | intes la unough re. (Column (d) mus | a cyuai i onni 330, Fall | л, сош | י שווו <i>(</i> ם) ווויו | | | | | -, | , _ , |

Schedule D (Form 990) 2021

| JUNI | IOR | ACHIEVEMENT | OF | OREGON |
|------|-----|-------------|-----|--------|
| AND | SW | WASHINGTON, | INC | 2. |

| Schedule D (Form 990) 2021 AND SW WASH | IINGTON, INC. | 9 | 03-0384007 _{Page} 3 |
|---|----------------------------|--|------------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | an Farm 000 Dart IV line : | | |
| Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or | and of year market yelus |
| | (b) BOOK value | (c) Method of Valuation. Cost of | end-oi-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line | 25. |
| 1.(a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 25.) | | |

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... 🗴

| Schedule D (Form 990) 2021 AND SW WASHINGTON, INC. | 93- | 0384007 Page 4 |
|---|----------|------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 888,413. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 4. | |
| b Donated services and use of facilities 2b | | |
| c Recoveries of prior year grants 2c | | |
| d Other (Describe in Part XIII.) 2d -6,73 | 8. | |
| e Add lines 2a through 2d | 2e | -147,382. |
| 3 Subtract line 2e from line 1 | | 1,035,795. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII.) 4b | | |
| c Add lines 4a and 4b | 4c | 0. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 1,035,795. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p | per Retu | rn. |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 | 1,231,035. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities 2a | | |
| | | |
| b Prior year adjustments | | |
| | | |
| b Prior year adjustments 2b | | |
| b Prior year adjustments 2b c Other losses 2c | | 0. |
| b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d | | 0. 1,231,035. |
| b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d | | |
| b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 Subtract line 2e from line 1 | | |
| b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2d 3 Subtract line 2e from line 1 4 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a | 3 | 1,231,035. |
| b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2d 3 Subtract line 2e from line 1 4 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a b Other (Describe in Part XIII.) 4b | 3 4c | 1,231,035. |

JUNIOR ACHIEVEMENT OF OREGON

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

PART X, LINE 2:

MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS UNDERTAKEN ANY UNCERTAIN

TAX POSITIONS. ACCORDINGLY, NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS

BEEN RECORDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET CHANGE IN BENEFICIAL INTEREST IN OCF FUND

-6,738.

| SCHEDULE G | Suppleme | ntal Information Regarding | g Fun | drais | ing or Gaming | Acti | vities | OMB No. 1545-0047 | |
|--|---|---|--|--|--|---------|--|--|--|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | or 19, | or if the | 2021 | |
| Department of the Treasury | | Attach to Form 990 |) or Fo | rm 99 | 0-EZ. | | | Open to Public | |
| Internal Revenue Service | | to www.irs.gov/Form990 for inst | | | the latest informat | ion. | Employer | | |
| Name of the organizatio | | ACHIEVEMENT OF ORE WASHINGTON, INC. | 1GON | | | | 93-038 | identification number 84007 | |
| | sing Activities complete this par | Complete if the organization answ t. | ered "Y | 'es" oi | n Form 990, Part IV, | line 1 | 7. Form 990 |)-EZ filers are not | |
| Indicate whether th a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees list | ne organization rais tions l email solicitations itations plicitations on have a written o ted in Form 990, P D highest paid indiv | sed funds through any of the followi e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs | ation of ation of I fundra I (inclue profess | non-g gover aising ding o sional f | overnment grants nment grants events fficers, directors, trus undraising services? | stees | ์ 🗌 า | /es No to be | |
| (i) Name and addres or entity (fund | ss of individual | (ii) Activity | have c | Did raiser ustody ntrol of utions? | (iv) Gross receipts from activity | tò (c | Amount paie or retained b fundraiser ted in col. (i) | (v) Amount paid to (or retained by) | |
| | | | Yes | No | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | ioh tha arrania | | | | | | over the | | |
| 3 List all states in wh or licensing. | ich the organizatio | on is registered or licensed to solicit | contrib | outions | s or has been notified | u IT IS | exempt fror | n registration | |
| | | | | | | | | | |
| | | | | | | | | | |

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

Schedule G (Form 990) 2021

JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC.

93-0384007 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | of fundraising event contributions and gr | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|---|-------------------|--------------|------------------|-----------------------|
| | | | GOLF | | (add col. (a) through |
| | | BOWL-A-THON | TOURNAMENT | 1 | col. (c) |
| Ð | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | Gross receipts | 25,123. | 57,016. | 33,284. | 115,423. |
| 2 | Less: Contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | 25,123. | 57,016. | 33,284. | 115,423. |
| 4 | Cash prizes | 175. | 500. | | 675. |
| 5 | Noncash prizes | | 6,839. | | 6,839. |
| benses | Rent/facility costs | 1,380. | 10,000. | 14,545. | 25,925. |
| Direct Expenses | Food and beverages | 94. | 4,200. | 600. | 4,894. |
| ة 8 | Entertainment | 495. | | | 2,495. |
| 9 | | 493. | 3,123. | 5,481. | 9,097. |
| 10 | D Direct expense summary. Add lines 4 through | 49,925. | | | |
| 11 | 1 Net income summary. Subtract line 10 from I | ine 3, column (d) | | ▶ | 65,498. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | | |
|--|------|--|----------------------------|--|--------------------|---|--|--|
| Rev | 1 | Gross revenue | | | | | | |
| es | 2 | Cash prizes | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | | |
| Direct E | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | └── Yes% └── No | └── Yes% └── No | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | ► | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | |
| 9 | En | ter the state(s) in which the organization condu | ucts gaming activities: | | | | | |
| | ls t | the organization licensed to conduct gaming a No," explain: | ctivities in each of these | states? | | Yes No | | |
| | | | | | | | | |
| 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: | | | | | | | | |
| N | | | | | | | | |

| Sob | edule G (Form 990) 2021 | | | ACHIEVEMENT WASHINGTON, | T110 | | 93-0 | 38/ | 1007 | 7 Page 3 |
|-----|--|-----------|---------|-----------------------------|--------------|----------------------------------|--------------|----------|---------|-----------------|
| - | | | | | | | | _ | | Ť |
| | Does the organization conduct ga | | | | | | | | Yes | └── No |
| 12 | Is the organization a grantor, bene | | | | | | | | | |
| | to administer charitable gaming? | | | | | | | | Yes | └── No |
| | Indicate the percentage of gaming | | | | | | 1 | | 1 | |
| | The organization's facility | | | | | | r | 13a | _ | % |
| | An outside facility | | | | | | | 13b | | % |
| 14 | Enter the name and address of the | e person | wno | prepares the organizatio | n's gaming/s | special events books and re- | coras: | | | |
| | Name | | | | | | | | | |
| | Address 🕨 | | | | | | | | | |
| 15a | Does the organization have a cont | ract with | ı a thi | rd party from whom the o | organization | receives gaming revenue? | | | Yes | 🗌 No |
| b | If "Yes," enter the amount of gami | ng reven | ue re | ceived by the organizatio | on 🕨 \$ | and the a | mount | | | |
| | of gaming revenue retained by the | | | | · | | | | | |
| c | If "Yes," enter name and address | | | | | | | | | |
| | | | | , | | | | | | |
| | Name 🕨 | | | | | | | | | |
| | Address 🕨 | | | | | | | | | |
| 16 | Gaming manager information: | | | | | | | | | |
| | | | | | | | | | | |
| | Name | | | | | | | | | |
| | Gaming manager compensation | ▶ \$ | | | | | | | | |
| | Description of services provided | ▶ | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Director/officer | Em Em | ploye | e 🗌 Indep | pendent con | tractor | | | | |
| 47 | Mandatan, diatributiana; | | | | | | | | | |
| | Mandatory distributions: | atata lav | | alca abaritabla diatributi | no from the | acming proceeds to | | | | |
| d | Is the organization required under | | | | | | | | Yes | |
| h | retain the state gaming license? | | | , atata law ta ba diatribut | | | unt in the | | 165 | |
| D | | | | | ed to other | exempt organizations or spe | int in the | | | |
| Pa | organization's own exempt activitient IV Supplemental Inform | | | | uirod by Pa | rt I, line 2b, columns (iii) and | (v): and Par | + 111 1 | linos Q | 0h 10h |
| 1 4 | 15b, 15c, 16, and 17b, as | | | - | - | | (v), anu Fai | L III, I | ines 9 | , 90, 100, |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Schedule G | G (Form 990) | AND SW WASHINGTON, | INC. | 93-0384007 Page 4 |
|------------|-------------------|--|------|-------------------|
| Part IV | Supplemental Info | AND SW WASHINGTON, rmation (continued) | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

JUNIOR ACHIEVEMENT OF OREGON

| SCI | HEDULE J | Compensation Information | OMB No. 1 | 1545-004 | 7 | | |
|-------|-----------------------|---|--------------------------|----------|------|--|--|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | 20 | 21 | | | |
| - | - | Compensated Employees | ΖU | | | | |
| Depar | tment of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | Open to | Publi | C | | |
| | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | Inspection | | | | |
| Nam | e of the organizatio | | er identification number | | | | |
| | | AND SW WASHINGTON, INC. 93-03 | 38400 | 7 | | | |
| Pa | rt I Question | s Regarding Compensation | | | | | |
| | | | | Yes | No | | |
| 1a | Check the appropr | iate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or o | , , , , , , , , , , , , , , , , , , , | | | | | |
| | Travel for com | | | | | | |
| | | cation and gross-up payments | | | | | |
| | Discretionary | spending account Personal services (such as maid, chauffeur, chef) | | | | | |
| | | | | | | | |
| b | • | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| • | | provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | | | |
| | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | |
| | trustees, and office | ers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | | | |
| 2 | ladiaata which if a | | | | | | |
| 3 | | ny, of the following the organization used to establish the compensation of the organization's | | | | | |
| | | ector. Check all that apply. Do not check any boxes for methods used by a related organization to | | | | | |
| | · | ation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | | | | | | | |
| | | compensation consultant Compensation survey or study ther organizations X Approval by the board or compensation committee | | | | | |
| | | ther organizations $\begin{tabular}{c} \underline{X} \end{bmatrix}$ Approval by the board or compensation committee | | | | | |
| 4 | During the year did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| - | | lated organization: | | | | | |
| а | • | ce payment or change-of-control payment? | 4a | | Х | | |
| | | ceive payment from a supplemental nonqualified retirement plan? | | | X | | |
| | | ceive payment from an equity-based compensation arrangement? | | | X | | |
| Ū | | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | | | | | | | |
| | Only section 501(| c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | |
| | contingent on the r | | | | | | |
| а | • | | 5a | | Х | | |
| | | ration? | | | Х | | |
| | | or 5b, describe in Part III. | | | | | |
| | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | |
| | contingent on the r | | | | | | |
| | | | 6a | | Х | | |
| | | ration? | | | Х | | |
| | | or 6b, describe in Part III. | | | | | |
| | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | 7 | | Х | | |
| | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | | |
| | - | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | . 8 | | Х | | |
| | | id the organization also follow the rebuttable presumption procedure described in | | | | | |
| | | n 53.4958-6(c)? | 9 | | | | |
| | | | le J (Forn | n 990) | 2021 | | |

JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC.

Schedule J (Form 990) 2021

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

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

93-0384007

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

| | | (B) Breakdown of W | /-2 and/or 1099-MIS compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|---------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) RYAN P. DECKERT | (i) | 165,594. | 2,352. | 0. | 6,718. | 9,059. | 183,723. | 0. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Page 2

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

| SCHEDULE O | OMB No. 1545-0047 | | |
|--|---|------|------------------------------|
| (Form 990) | Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | 2021 | |
| Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | | Open to Public Inspection |
| Name of the organization | JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC. | | identification number 384007 |

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JUNIOR ACHIEVEMENT (JA) IS A NONPROFIT YOUTH ORGANIZATION WHOSE CORE

PURPOSE IS TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL

ECONOMY.

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

FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING. FORM

990 IS REVIEWED BY MEMBERS OF THE FINANCE COMMITTEE PRIOR TO SUBMISSION TO

THE FULL BOARD.

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

THE ORGANIZATION ANNUALLY OBTAINS CONFLICT OF INTEREST QUESTIONNAIRES FOR

MONITORING AND COMPLIANCE.

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

THE ORGANIZATION USES A THIRD PARTY COMPENSATION SERVICE TO MANAGE ITS

COMPENSATION PROCESS.

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

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET CHANGE IN BENEFICIAL INTEREST IN OCF ENDOWMENT FUND -6,738.

PPP LOAN FORGIVENESS

TOTAL TO FORM 990, PART XI, LINE 9

FORM 990, PART XI, LINE 2C:

THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR REGARDING

THE OVERSIGHT OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS OR THE

SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANT THAT AUDIT THE

FINANCIAL STATEMENTS OF THE ORGANIZATION.