Forr		90	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (			OMB No. 1545-0047		
(Rev. January 2020) Do not enter social security numbers on this form as it may be made public.								
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
<u>A</u> F	or th			nding J	UN 30, 2020			
B c a	heck if				D Employer identifie	cation number		
JUNIOR ACHIEVEMENT OF OREGON								
	Change AND SW WASHINGTON, INC.							
-	_chang Initial	<u>v</u>	usiness as					
-	_returr  Final		and street (or P.O. box if mail is not delivered to street address) R SE FOSTER RD.	oom/suite	E Telephone number 503-238-			
	lreturr termi	1,377,972.						
	ated Amer		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$			
	_returr ]Appli _tion		nd address of principal officer:RYAN DECKERT		H(a) Is this a group re for subordinates			
L	pend		AS C ABOVE		H(b) Are all subordinates in			
<u> </u>	- av.ev		<b>X</b> 501(c)(3) $501(c)()$ (insert no.) $4947(a)(1)$ or	527		list. (see instructions)		
			JAORSWWA.ORG		H(c) Group exemption			
			X Corporation Trust Association Other ►	L Year		State of legal domicile: OR		
	irt I	Summary						
-	1	Briefly describ	be the organization's mission or most significant activities: ${f SEE}$ $f S$	CHEDU	LE O			
Activities & Governance		-						
srne	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as			
9 NO	3	Number of vo	ting members of the governing body (Part VI, line 1a)			42		
ي م	4	Number of inc	of independent voting members of the governing body (Part VI, line 1b)			42		
es	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)			23		
iviti	6		of volunteers (estimate if necessary)			3259		
Act			d business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated	business taxable income from Form 990-T, line 39		7b	0.		
					Prior Year	Current Year		
ne	8		and grants (Part VIII, line 1h)		1,388,744.	995,699.		
Revenue	9		ce revenue (Part VIII, line 2g)		467,360. 16,519.	324,810.		
Rei			come (Part VIII, column (A), lines 3, 4, and 7d)		28,549.	18,370. 4,937.		
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,901,172.	1,343,816.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,072.	3,600.		
			nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0,072.	5,000.		
ses	14	•	to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		831,334.	872,019.		
			undraising fees (Part IX, column (A), line 11e)		0.	0,2,019.		
Expense			ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 270, 13	8.				
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		710,920.	620,144.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,548,326.	1,495,763.		
	19	-	expenses. Subtract line 18 from line 12		352,846.	-151,947.		
or					ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		3,863,324.	3,829,860.		
Ass d Ba	21		(Part X, line 26)		118,338.	224,062.		
Fun	22		fund balances. Subtract line 21 from line 20		3,744,986.	3,605,798.		
	irt II	Signatur		•				
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of my	y knowledge and belief, it is		
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.			

Sign Here	Signature of officer <b>RYAN DECKERT, PRESIDEN</b> Type or print name and title	IT	Date		
	Print/Type preparer's name	Preparer's signature	Date c		
Paid	TODD D. MASSINGER	TODD D. MASSINGER		elf-employed P0007588	
Preparer	Firm's name 🕨 HOFFMAN, STEWARD	-	Firm's E	EIN ▶ 93-0743240	)
Use Only	Firm's address 💊 3 CENTERPOINTE I	DRIVE, SUITE 300			
	LAKE OSWEGO, OR	97035-8663	Phone r	no.503-220-5900	)
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes	No
		and the second strategies the second		F 000	(0010)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

	JUNIOR ACHIEVEMENT OF OREGON	
Form	990 (2019) AND SW WASHINGTON, INC. 93-0384007 Page	<b>2</b> •
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	JUNIOR ACHIEVEMENT'S PURPOSE IS TO INSPIRE AND PREPARE YOUNG PEOPLE TO	
	SUCCEED IN A GLOBAL ECONOMY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	10
•		
3	5 5, 5 5 5 <u>, 7 5</u>	10
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,096,295. including grants of \$ 3,600.) (Revenue \$ 324,810.	•)
	JUNIOR ACHIEVEMENT MOVES OUR MISSION FORWARD THROUGH EXPERIENTIAL,	
	VOLUNTEER-LED PROGRAMS THAT PROMOTE WORK READINESS, ENTREPRENEURSHIP	
	AND FINANCIAL LITERACY. DURING THE YEAR ENDING JUNE 30, 2020, THE	
	ORGANIZATION SERVED 48,803 STUDENTS, PROVIDING OVER 300,000 HOURS OF	
	CURRICULUM AND EXPERIENCE TO OREGON AND SW WASHINGTON YOUTH.	
	JUNIOR ACHIEVEMENT PROVIDES PROGRAMS TO STUDENTS FROM KINDERGARTEN	
	THROUGH 12TH GRADE IN THESE MAIN CATEGORIES: K-12 IN-CLASS PROGRAMS, JA	A
	BIZTOWN, JA FINANCE PARK, STOCK MARKET CHALLENGE AND CAREERS IN GEAR.	
	IN PARTNERSHIP WITH THE EDUCATION AND BUSINESS COMMUNITIES, JA IS	
	TRANSFORMING THE STUDENT EXPERIENCE BY BRINGING RELEVANCE, AUTHENTICITY	Y
	AND APPLICATION INTO EVERYDAY LEARNING TO ENERGIZE STUDENTS AROUND	
	ACADEMICS AND THEIR FUTURE POSSIBILITIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
чы		_ '
4c	(Code:         ) (Expenses \$) (Revenue \$)	_ )
		—
4d	Other program services (Describe on Schedule O.)	
Ψu		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ►     1,096,295.	
_ <u>4e</u>		

 JUNIOR ACHIEVEMENT OF OREGON

 Form 990 (2019)
 AND SW WASHINGTON, INC.

 Part IV
 Checklist of Required Schedules

93-0384007	Page 3
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		v
_	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,			v
	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			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,		х	
<b>L</b>	Part VI	11a	<u>л</u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	dit		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
ŭ	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		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	<u></u>

Form **990** (2019)

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	990 (2019) AND SW WASHINGTON, INC. 93-0384	007	Р	age <b>4</b>
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			v
00	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	23	х	
<b>24</b> a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	Schedule L, Part I	25b		X
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%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	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 lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			v
~~	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		<b>V</b> -	
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ום b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a10Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0	5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
-				·

JUNIOR ACHIEVEMENT OF OREG	JONTOR	K ACHIEVEMENT	Or	OKEGON
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Form	990 (2019) AND SW WASHINGTON, INC.		93-0384	007	P	age <b>5</b>
Par						0
					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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)				
3a				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	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	anization 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 contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
	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	as req	uired			37
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X X
f				7f 7g		
g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		•		
0				8		
9	Sponsoring organizations maintaining donor advised funds.			00		
a h	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			ื่อม		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form **990** (2019)

	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 1a 42			
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 42			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	

	statements available to the public during the tax year.
n	State the name address and telephone number of the person who possesses the organization?

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	SUZANNE MADDUX - 971-255-4950

		-			
7830 SE	FOSTER	RD.,	PORTLAND,	OR	97206-5140

Form 990 (	2019) 🗛	AND SW	WASHINGTON,	INC.		93-0384	007	Pag
Part VI	Governance, Ma	anagemei	nt, and Disclosure	For each "Yes	" response to lines 2 through	7b below, and for a '	"No" r	esponse

•	•	•	•	•		•	•	•	•	

Form 990 (	(2019)	AND	SW	WASHING	CON,	INC.			93-0
Part VII	Compensation	of Of	ficers	, Directors,	Truste	es, Key	Employees,	Highest	Compensated
	Employees, an	d Inde	epend	lent Contrad	ctors				

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

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

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

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

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

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

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

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

See 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d I	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALEX GESCHKE	1.00	<u> </u>	-	0	1×	Ξæ	Œ			
DIRECTOR		x						0.	0.	0.
(2) ANN VAN GORDON	1.00									
DIRECTOR		x						0.	0.	0.
(3) BARBARA MATHEY	1.00									
SECRETARY		X		Х				0.	0.	0.
(4) BEHZAD HOSSEINI	1.00									
PAST CHAIRMAN		Х						0.	0.	0.
(5) BOB STRADER	1.00									_
DIRECTOR		Х						0.	0.	0.
(6) BRAD HOGAN	1.00									_
DIRECTOR		X						0.	0.	0.
(7) BRANDON MANNING	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(8) CLARK COSART	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(9) COLIN CARVEY	1.00							0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(10) DARRYL HOROWITZ	1.00	x						0.	0.	0.
DIRECTOR (11) DAVID BUDD	1.00	<u>^</u>						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) DAVID WEBER	1.00							0.	•	<u>_</u>
VICE CHAIRMAN - FUNDING	1.00	x		x				0.	0.	0.
(13) DEANNA BURGER	1.00									
DIRECTOR		x						0.	0.	0.
(14) FRANCIE STACEY	1.00									
DIRECTOR		x						0.	0.	0.
(15) GEOFF HANKERSON	1.00									
DIRECTOR		x						0.	0.	0.
(16) GEORGE SCHMIDT	1.00									
DIRECTOR	_	х						0.	0.	0.
(17) GRANT WORD	1.00									
DIRECTOR		х						0.	0.	0.
000007 04 00 00										Earm <b>990</b> (2010)

JUNIOR ACHIEVEMENT O	F OREGON
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Form 990 (2019) AND SW WA								-	93-0384	4007	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	<b>es</b> (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	(do box offic	not c	(C Pos heck ss per nd a d	<b>C)</b> ition <sup>more</sup> rson	<b>)</b> than is bot	one h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F)</b> stimat nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensa rom th janiza d rela anizat	ne tion ted
(18) HARLEY SPRING DIRECTOR	1.00	x						0.	0	•		0.
(19) J.T. SMITH	1.00											•
VICE CHAIRMAN - STUDENT IMPACT	1 0 0	X		X				0.	0	•		0.
(20) JASON NORRIS	1.00	x		x				0.	0			0
TREASURER (21) JEFF ADEN	1.00	^						0.	0	•		0.
DIRECTOR	1.00	x						0.	0			0.
(22) JIM PETERSON	1.00									•		
DIRECTOR		x						0.	0			0.
(23) JOEL DULLUM	1.00											-
DIRECTOR		x						0.	0	•		0.
(24) JOEL STUART	1.00											
DIRECTOR		х						0.	0	•		0.
(25) KATHY ALLWORTH	1.00											~
DIRECTOR	1 00	X						0.	0	•		0.
(26) L. DAVID ERICKSEN	1.00	x						0.	0			0.
DIRECTOR								0.	0			0.
1b Subtotal c Total from continuation sheets to Part VI								157,945.	0		1.6	09.
d Total (add lines 1b and 1c)								157,945.	0			09.
2 Total number of individuals (including but n							no r		,000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s			•	•	-					3		x
4 For any individual listed on line 1a, is the su								her compensation from				
and related organizations greater than \$150			•					•	•	4	х	
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch	pers	son .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co										isation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.		<u></u>	
(A) Name and business	address	NC	ONE	Ξ				(B) Description of s	ervices	Compe	<b>C)</b> Insatio	on
							_					
							_					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

93-0384007

Form 990 AND SW WA		93-038	4007							
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	byee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I I		Reportable	Reportable	Estimated
	hours	(cl	neck	c all '	that	app	ly)	compensation	compensation	amount of
	per					0		from	from related	other
	week (list any	يت.				plo ye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-271033-10100)	organization
	related	ee or	Istee			en sate		(		and related
	organizations	l trus	nal tru		oyee	omp(				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	рц	lns	θ	Key	Hig	Par			
(27) MARK PAYTON	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(28) MEGAN BISHOP	1.00	x						0.	0.	0
DIRECTOR	1.00	<u> </u>						0.	0.	0.
(29) MIKE KAIEL	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(30) MIKE STROMME DIRECTOR	1.00	x						0.	0.	0.
(31) NIKKI KOBLIHA	1.00	^					<u> </u>	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(32) ROB MACNAUGHTON	1.00									
DIRECTOR		x						0.	0.	0.
(33) RONAN EGGLESTON	1.00									
CHAIR		x		x				0.	0.	0.
(34) ROY HUTCHISON	1.00									
DIRECTOR		X						0.	0.	0.
(35) STEVE BALLARD	1.00									
DIRECTOR		Х						0.	0.	0.
(36) STEVE GRAY	1.00								_	_
DIRECTOR		X						0.	0.	0.
(37) TYLER KRIEG	1.00									
DIRECTOR		X						0.	0.	0.
(38) TYLER W. TIETZ	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(39) BRIAN DAY	1.00	v						0	0.	0
DIRECTOR (40) JD PODLESNIK	1.00	X						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(41) MICHELLE TAFT	1.00					-	-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(42) TRAVIS WOOD	1.00								0.	
DIRECTOR		x						0.	0.	0.
(43) RYAN P. DECKERT	40.00							•••		
PRESIDENT		1		x				157,945.	0.	1,609.
								,		
		1								
										1 600
Total to Part VII, Section A, line 1c								157,945.		1,609.

#### JUNIOR ACHIEVEMENT OF OREGON Form 990 (2019) AND SW WASHINGTON, INC.

Pa	rt \	/	Statement of Rev	venue					
			Check if Schedule O c	contains a respons	e or note to any li	ne in this Part VIII	(B)		
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
						Total revenue	function revenue		from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ι.		Membership dues			-			
An G			Fundraising events		74,987.				
Sift: ar /			Related organizations		-				
inil Imil			Government grants (contri						
rtion S		f	All other contributions, gifts, g	grants, and					
the			similar amounts not included	above 1f	920,712. 27,262.				
on tr		g	Noncash contributions included in	lines 1a-1f 1g \$	27,262.				
<u>a C</u>		h	Total. Add lines 1a-1f			995,699.			
					Business Code				
vice	2	а	JA BIZTOWN PR CONTRACT REVE		713990 713990	246,696. 78,114.	246,696. 78,114.		
Servine		b	CONTRACT REVE	NUE	/13990	/0,114.	/0,114.		
Sen S		C d							
Program Service Revenue		d			-				
Pro		e f	All other program service	revenue	-				
		' a	Total. Add lines 2a-2f			324,810.			
	3	<u> </u>	Investment income (includ						
			other similar amounts)			18,370.			18,370.
	4		Income from investment o						
	5		Royalties		🕨				
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a 4,800		-			
		b	Less: rental expenses	6b 0		-			
			Rental income or (loss)	6c 4,800	<u>· </u>	4,800.			4,800.
	_		Net rental income or (loss)	) (i) Securities		4,000.			4,000.
	'	а	Gross amount from sales of assets other than inventory	7a		-			
		h	Less: cost or other basis	78		-			
e		~		7ь					
Revenue		с	Gain or (loss)	7c					
Re			Net gain or (loss)						
Other	8	а	Gross income from fundraisin	ng events (not					
ð			including \$ 74	<b>,987.</b> of					
			contributions reported on	· ·					
			Part IV, line 18						
			Less: direct expenses	·····	ы 34,156.				1 2 7
			Net income or (loss) from t	т т	<b>▶</b>	137.			137.
	9	а	Gross income from gaming	-					
		h	Part IV, line 19 Less: direct expenses			-			
			Net income or (loss) from g	·····					
	10		Gross sales of inventory, l		<b>F</b>				
			and allowances		Da				
		b	Less: cost of goods sold	····· —	Db				
			Net income or (loss) from s						
S					Business Code				
eou	11	а							
llan		b							
Miscellaneous Revenue		С			-		ļ		ļ
Ä			All other revenue						
	L		Total. Add lines 11a-11d			1,343,816.	324,810.	0.	23 307
	12		Total revenue. See instructio	115	🕨	н'гяг'ото.	JZ4,010.	U •	23,307.

#### JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC.

Form 990 (					WASHINGTON,	]
Part IX	Sta	tement of	Functio	onal	Expenses	

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

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	,	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	3,600.	3,600.		
•	individuals. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	174,271.	121,990.		52,281
6	Compensation not included above to disqualified	_/_/_/_/			01/101
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	533,277.	389,317.	65,423.	78,537
8	Pension plan accruals and contributions (include	,	,		
-	section 401(k) and 403(b) employer contributions)	51,537.	37,377.	5,312.	8,848
9	Other employee benefits	54,861.	39,010.	6,016.	8,848
10	Payroll taxes	58,073.	41,992.	5,473.	10,608
11	Fees for services (nonemployees):				
а	Management				
b					
с					
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	23,831.	8,164.	7,429.	8,238 8,625
12	Advertising and promotion	21,563.	12,938.		8,625
13	Office expenses	139,554.	79,806.	15,609.	44,139
14	Information technology	29,337.	17,603.	5,867.	5,867
15	Royalties	~			
16	Occupancy	35,797.	22,296.	5,542.	7,959
17	Travel	19,171.	15,346.	956.	2,869
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 200	700	750	750
19	Conferences, conventions, and meetings	2,298.	782.	758.	758
20	Interest	100 510	110 711	1 0 0 1	1 0.01
21	Payments to affiliates	122,513. 77,701.	112,711. 69,931.	4,901.	4,901
22	Depreciation, depletion, and amortization	23,596.	20,921.	1,605.	1,070
23	Insurance	43,390.	20,921.	I,005.	1,070
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM MATERIALS	92,474.	92,474.		
b	CAPITAL CAMPAIGN- BIZTO	21,718.			21,718
c	SUMMER CAMP EXPENSE	8,309.	8,309.		
d	VOLUNTEER TRAINING	1,882.	1,728.	154.	
е	All other expenses	400.	-	400.	
25	Total functional expenses. Add lines 1 through 24e	1,495,763.	1,096,295.	129,330.	270,138
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

JUNI	.OR	ACHIEVEMENT	OF.	OREGON
	<b>CT.T</b>		T 37/	<b>.</b>

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ...... (A) (B) Beginning of year End of year 388,692. 218,038. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 347,133. 211,346. 3 3 Pledges and grants receivable, net 88,525. 102,091. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 58,213. Prepaid expenses and deferred charges 45,737. 9 9 **10a** Land, buildings, and equipment: cost or other 4,053,557. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 1,763,146. 2,299,122. 2,290,411. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 775,898. 690,695. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 88,412. Other assets. See Part IV, line 11 88,871. 15 15 3,863,324. 3,829,860. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 55,825. 29,943. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 62,513. 5,339. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 188,780. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 118,338. 224,062. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 and complete lines 27, 28, 32, and 33. 3,654,105. 3,449,846. 27 27 Net assets without donor restrictions 90,881. Net assets with donor restrictions 28 28

Net Assets or Fund Balances 155,952. Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,744,986. 3,605,798. 32 Total net assets or fund balances 32 3,863,324. 3,829,860. 33 33 Total liabilities and net assets/fund balances ....

Form **990** (2019)

# AND SW WASHINGTON, INC.

Form 990 (2019)

	JUNIOR ACHIEVEMENT OF OREGON				
Form	AND SW WASHINGTON, INC.	93-038	4007	Pa	ge <b>12</b>
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)		1,34		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,49		
3	Revenue less expenses. Subtract line 2 from line 1	3	-15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		3,74		
5	Net unrealized gains (losses) on investments	5		3,5	
6	Donated services and use of facilities	6	1	6,7	91.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-4	59.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		~ ~ ~		~ ~
	column (B))	10	3,60	5,7	98.
Pa	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		01	х	
a	Were the organization's financial statements audited by an independent accountant?		2b	л	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
-					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review or committee that assumes responsibility for oversight of the		2c	х	
	review, or compilation of its financial statements and selection of an independent accountant?		20	21	
30	If the organization changed either its oversight process or selection process during the tax year, explain on Sc As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Jd		-	3a		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		Ja		
U U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		1
	or addits, explain with on oblicative of and describe any steps taken to undergo such addits			990	(2019)
				500	ຸຼຼຸບເອ)

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury				Public Charity Status and Public Support         Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.         ► Attach to Form 990 or Form 990-EZ.         ► Go to www.irs.gov/Form990 for instructions and the latest information.								I	OMB No. 1545-0047 <b>2019</b> Open to Public		
Intern	al Reven	nue Service			Go t	to www	v.irs.go	v/Form9	90 fo	r instruct	ions and t	he latest i	nformation.		Inspection
Nan	ne of t	he organizati						EMENT STON,		F OREC	SON				r identification number 03-0384007
Pa	rt I	Reason									omplete th	nis part.) S	ee instructior	ıs.	
The	organi	ization is not a						-							
1 2 3 4		A church, cor A school des A hospital or	nventior cribed i a coope search c	n of chu n <b>sectio</b> erative h	urche <b>on 1</b> 7 hosp	es, or as <b>70(b)(1</b> ) pital serv	ssociati <b>)(A)(ii).</b> vice org	on of chu (Attach S ganizatior	urche: Sched n desc	s describe lule E (For cribed in <b>s</b>	ed in <b>sectio</b> m 990 or 9 s <b>ection 17</b> 0	on <b>170(b)(</b> 90-EZ).) <b>0(b)(1)(A)(i</b>	1)(A)(i). ii).	<b>\)(iii).</b> Enter	the hospital's name,
5		An organizati	on oper	ated for	r the	) benefi <sup>ı</sup>	t of a co	ollege or	unive	rsity owne	ed or opera	ated by a g	overnmental	unit descril	bed in
		section 170	(b)(1)(A)	)(iv). (Co	ompl	lete Par	rt II.)								
6 7	X	A federal, sta An organizati section 170(I	on that	normall	ly rec	ceives a	a substa							the genera	I public described in
8		A community	trust de	escribe	d in s	section	n 170(b)	)(1)(A)(vi)	. (Cor	mplete Pa	rt II.)				
9		An agricultura or university of university:													
10			on that	normal	lv rec	ceives:	(1) mor	e than 33	3 1/39	6 of its su	pport from	contributi	ons, member	ship fees, a	and gross receipts from
11 12															
		-	-			-		•						-	Check the box in
		lines 12a thro													
а		7											ganization(s),		v aivina
-						-		-			•	-	ctors or trust	••••••	
		organizatio	-			-									561212
b		٦ <sup>-</sup>									ction with i	ts support	ed organizati	ion(s), by ha	avina
						-	-						ontrol or man		-
		organizatio	-					-							
с			. ,			-					l in conneo	tion with,	and functiona	ally integrat	ed with,
		its supporte												, ,	
d		۰. ۲	-							-			with its suppo	orted organ	ization(s)
		that is not f	unction	ally inte	egrat	ted. The	e organi	zation ge	eneral	lly must sa	atisfy a dis <sup>.</sup>	tribution re	quirement ar	nd an attent	tiveness
		requiremen	t (see ir	nstructio	ons).	. You m	nust co	mplete P	art IV	/, Section	s A and D	, and Part	<b>V</b> .		
е		Check this	box if th	ne organ	nizat	tion rec	eived a	written c	letern	nination fr	om the IRS	S that it is a	а Туре I, Туре	e II, Type III	
		functionally													
f	Ente	er the number	of supp	orted o	rgan	izations	s								
<u> </u>		vide the followi		mation	abo						(iv) Is the ora	anization listed			
	(1	i) Name of suppo organization				(ii) EIN	N	(describ	oed on	ganization lines 1-10 structions))	in your govern Yes	ing document?	(v) Amount o support (see i	,	(vi) Amount of other support (see instructions)
Tota	al														

# Schedule A (Form 990 or 990 EZ) 2019 AND SW WASHINGTON, INC.

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	966,200.	1007329.	986,846.	1388744.	995,699.	5344818.	
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	966,200.	1007329.	986,846.	1388744.	995,699.	5344818.	
5	The portion of total contributions	-		-		-		
•	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
							536,025.	
~							4808793.	
	Public support. Subtract line 5 from line 4.						4000795.	
		() 0015	(1) 0010	() 0017	( 1) 0010	() 0010	(0 T + )	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015 966, 200.	(b) 2016 1007329.	(c) 2017 986,846.	(d) 2018 1388744.	(e) 2019 995,699.	(f) Total 5344818.	
	Amounts from line 4	900,200.	100/329.	900,040.	1300/44.	995,099.	JJ44010.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	10 100	12 000	10 501		00 170		
	and income from similar sources $\dots$	10,198.	13,008.	18,501.	21,763.	23,170.	86,640.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	27,939.	57,754.	66,448.	23,305.	137.	175,583.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						5607041.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,118,011.	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stop	here						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2019 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	85.76 %	
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	85.92 %	
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization	I			► X	
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization qual							
17a								
-	17a 10% -facts-and-circumstances test - 2019. 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 meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"				-	-		
h	10% -facts-and-circumstances tes							
~	more, and if the organization meets th	-						
	organization meets the "facts-and-cire							
12	Private foundation. If the organization							
18	rivate iounuation. Il the organizatio	IT UIU HOL CHECK à		a, 100, 17a, 01 17k			s 🔽 🗖 🗖	

Schedule A (Form 990 or 990-EZ) 2019

Part II

# Schedule A (Form 990 or 990-EZ) 2019 AND SW WASHINGTON, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(6	<b>e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3									
-	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
-	ization's benefit and either paid to								
	or expended on its behalf								
F									
5	The value of services or facilities								
	furnished by a governmental unit to								
-	the organization without charge								
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons	<u> </u>							
Ľ	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.)								
	ndar year (or fiscal year beginning in)	(-) 0015	(1-) 0010	(-) 0017	(4) 0010		-) 0010		
	-	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(6	<b>e)</b> 2019	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital								
13	assets (Explain in Part VI.)								
	First five years. If the Form 990 is for	the organization'	l le firet socond thi	I rd fourth or fifth t	tax yoar as a soctio	I 501/		l	
17	-	the organization	s mst, second, th		-	-			
50	check this box and stop here	ic Support De	rcontago				<u></u>		
	-			a a li viacia (f))					
	Public support percentage for 2019 (I		•			15			%
	Public support percentage from 2018					16			%
30	ction D. Computation of Inves		•						
17	1 0			ine 13, column (f))		17			%
	Investment income percentage from 2					18			%
<b>19</b> a	133 1/3% support tests - 2019. If the	-					%, and line $$	17 is not	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation		ÞL	
k	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore tha	n 33 1/3%,	and _	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted o	rganization	▶[	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structio	ons	▶[	

# Schedule A (Form 990 or 990-EZ) 2019 AND SW WASHINGTON, INC.

Yes No

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	res	INO
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
ð		
9a		
9b		
9c		
10a		
10b		

# JUNIOR ACHIEVEMENT OF OREGON Schedule A (Form 990 or 990-EZ) 2019 AND SW WASHINGTON, INC.

Part IV Supporting Organizations (continued)

	Gupporting 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	-		
800	tion D. All Type III Supporting Organizations	1		
000	tion D. An Type in Supporting Organizations		Vaa	No
4	Did the exercitation provide to each of its supported exercitations, by the last day of the fifth month of the		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 <b>Part VI</b> how	-		
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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)	-		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990 EZ) 2019 AND SW WASHINGTON, 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.

INC.

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

7 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 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 AND SW WASHIN		g anizations (continued)	3-0384007 Page 7
Secti	on D - Distributions		(continucu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

			ACHIEVEMENT		
Schedule A	(Form 990 or 990-EZ) 2019	AND SW	WASHINGTON,	INC.	93-0384007 Page 8
Part VI	Supplemental Infor	mation De-	wide the explanations	quired by Part II, line 10; Part II, line	17a or 17b: Dort III line 10:
	Dart IV Section A lines 1	2 2h 2a 4h		a, 11b, and 11c; Part IV, Section B	lines 1 and 2: Dart IV Section C
	line 1: Part IV Section D I	2, 30, 30, 40	, 40, 5a, 0, 9a, 90, 90, 11 Part IV Section E lines	a, TID, and TIC, Fail IV, Section B to 2a 2b 3a and 3b: Part V line 1	1; Part V, Section B, line 1e; Part V,
	Section D lines 5.6 and 3	$1105 \ge a110 = 3$ , 8. and Dart V	Soction E lines 2 5 an	d 6. Also complete this part for any	additional information
	(See instructions.)	o, anu fan v,	Section E, lines 2, 5, and	a 6. Also complete this part for any	

(Forr	HEDULE D n 990)		OMB No. 1545-0047 <b>2019</b> Open to Public				
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest informat	ion.	Inspection		
Nam	e of the organizati		OF OREGON		ployer identification number		
	-	AND SW WASHINGTON,			93-0384007		
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accou	unts.Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.				
			(a) Donor advised funds	<b>(b)</b> Fur	ids 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	•		advisors in writing that grant funds can be us				
			or donor advisor, or for any other purpose co				
Pa	impermissible priv		ganization answered "Yes" on Form 990, Pa				
1		servation easements held by the organizat	-	rriv, mie i			
•		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	historically	important land area		
		f natural habitat	Preservation of a	-	•		
		n of open space					
2			fied conservation contribution in the form of	a conserv	ation easement on the last		
_	day of the tax year				Held at the End of the Tax Year		
а				2a			
b	Total acreage rest						
с	Number of conser		ucture included in (a)				
			after 7/25/06, and not on a historic structure				
	listed in the National Register 2d						
3			leased, extinguished, or terminated by the o		n during the tax		
	year 🕨						
4	Number of states	where property subject to conservation ea	sement is located				
5	0	tion have a written policy regarding the pe	<b>e</b> , 1 , <b>e</b>				
		orcement of the conservation easements i					
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation eas	sements during the year		
_		<u> </u>					
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easeme	nts during the year		
•		viction accoment reported on line 2(d) abov	is action the requirements of acction 170(h)				
8		•	ve satisfy the requirements of section 170(h)		Yes No		
9			ion easements in its revenue and expense si				
5		•	note to the organization's financial statemen				
		ounting for conservation easements.		to that do			
Pa			f Art, Historical Treasures, or Oth	er Simi	ar Assets.		
		f 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	d balance	sheet works		
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furt	nerance 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 ba	lance she	et works of		
	art, historical treas	sures, or other similar assets held for public	c exhibition, education, or research in further	ance of p	ublic service,		
		ing amounts relating to these items:					
					\$		
	(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 g	ain, provid	le		
	-	unts required to be reported under FASB A	-				
а							
IHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2019		

ct Notice, see ah 932051 10-02-19

		ACHIEVEMENT		NC		0.2	0204007
-		WASHINGTON,					0384007 Page 2
	t III Organizations Maintaining C			-			, ,
3	Using the organization's acquisition, accession	on, and other records,	check any of the	e following that	make sign	ificant use o	f its
	collection items (check all that apply):						
а	Public exhibition	d		change progra			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain I	how they further	the organizatio	n's exempt	t purpose in	Part XIII.
5	During the year, did the organization solicit or	r receive donations of	art, historical tre	asures, or othe	er similar as	sets	
	to be sold to raise funds rather than to be ma	intained as part of the	e organization's o	collection?			Yes No
Par	t IV Escrow and Custodial Arrang	gements. Complete	e if the organizati	on answered "	Yes" on Fo	rm 990, Part	IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contributio	ons or other as	sets not inc	luded	
	on Form 990, Part X?		-				Yes No
b	If "Yes," explain the arrangement in Part XIII a						
							Amount
с	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo					)	Yes No
	If "Yes," explain the arrangement in Part XIII.				-		
Par							
		(a) Current year	(b) Prior year	(c) Two years		Three years ba	ack (e) Four years back
1a	Beginning of year balance		(2) · · · · · · · · · · · ·	(0)	(		
	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships						
	Other expenditures for facilities						
e							
f	and programs Administrative expenses						
-	End of year balance		line 1a column				<u> </u>
2	Provide the estimated percentage of the curr	-		(a)) neiù as.			
a	Board designated or quasi-endowment		%				
a	Permanent endowment	%					
С	· · · · · · · · · · · · · · · · · · ·	6					
•	The percentages on lines 2a, 2b, and 2c should be the second seco	•					
за	Are there endowment funds not in the posses	ssion of the organizati	ion that are held	and administer	red for the o	organization	
	by:						Yes No
	(i) Unrelated organizations						
_	(ii) Related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related organization			?			3b
4	Describe in Part XIII the intended uses of the		ment funds.				
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answered						
	Description of property	(a) Cost or oth		st or other	(c) Accu		(d) Book value
		basis (investme	· · ·	s (other)	depred	ciation	1 104 600
	Land			94,688.			1,194,688.
	Buildings			32,470.		7,954.	404,516.
с	Leasehold improvements			22,641.		4,783.	637,858.
d	Equipment			74,482.		7,885.	36,597.
	Other			29,276.	11	2,524.	16,752.
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X,	column (B), line	10c.)		►	2,290,411.

Schedule D (Form 990) 2019

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

#### Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (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. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-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. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 (a) Description of liability (b) Book value 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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... X

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2019 AND SW WASHINGTON, INC.			93-0	0384007 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,356,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-3,573.		
b	Donated services and use of facilities	. 2b	16,791.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d	-459.		
е	Add lines 2a through 2d			2e	12,759.
3	Subtract line 2e from line 1			3	1,343,816.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,343,816.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		n Expenses 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	1,495,763.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
d e	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2d		2e	0.
	Other (Describe in Part XIII.)	2d		2e 3	0. 1,495,763.
е	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d			
е 3	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d			
e 3 4 a b	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d			
e 3 4 a b	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2d		3 4c	1,495,763.
e 3 4 a b c 5	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d		3	

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

-459.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$				or 19	, or if the	2019
Department of the Treasury		Attach to Form 99						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for inst			the latest informat	ion.		Inspection
Name of the organization		ACHIEVEMENT OF OR	EGON				Employerid	lentification number
Part I Fundrais		WASHINGTON, INC. Complete if the organization answ	vorod "N	(oc" o	Eorm 000 Part IV	lino 1		
	complete this par		ereu i	65 01	TTOITI 990, Fait IV,		17.101113904	
1 Indicate whether the	e organization rais	sed funds through any of the follow	-					
a Mail solicitati	ions email solicitations				overnment grants			
<b>b</b> Internet and <b>c</b> Phone solicit			ation of al fundra		nment grants events			
d In-person sol		<b>3</b> <u> </u>						
•		or oral agreement with any individua	•	•				
		art VII) or entity in connection with	-		-		Ye 🛄 Ye	
compensated at le	•	viduals or entities (fundraisers) purs	suant to	agree	ements under which	the fi	undraiser is to	De
							<u> </u>	
(i) Name and address		(ii) Activity	(III) fundi have c	Did aiser ustody	(iv) Gross receipts	tò (o	Amount paid or retained by	(vi) Amount paid to (or retained by)
or entity (fund	raiser)	(iiy) totivity	or cor	itrol of utions?	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
Total				•				
Total 3 List all states in whi	ch the organizatio	on is registered or licensed to solici	contrik		s or has been notified	d it is	exempt from	registration
or licensing.		-9						

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

Schedule G (Form 990 or 990-EZ) 2019

# JUNIOR ACHIEVEMENT OF OREGON Schedule G (Form 990 or 990 EZ) 2019 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 aross receipts areater than \$5.000.

	of fundraising event contributions and gr	1	· · · · · · · · · · · · · · · · · · ·	<b>v</b> 1	ts greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF		(add col. (a) through
		BOWL-A-THON	TOURNAMENT	1	
υ		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	Gross receipts	49,822.	40,958.	18,500.	109,280.
2	Less: Contributions	42,192.	31,400.	1,395.	74,987.
3	Gross income (line 1 minus line 2)	7,630.	9,558.	17,105.	34,293.
4	Cash prizes	67.	1,750.	45.	1,862.
<i>"</i> 5	Noncash prizes			1,395.	1,395.
Expenses	Rent/facility costs		4,600.	2,123.	6,723.
Direct Ex	Food and beverages		4,808.	1,170.	5,978.
<u>ة</u> 8	Entertainment	518.	2,000.	2,500.	5,018.
9	Other direct expenses	1,374.	1,383.	10,423.	13,180.
10		h 9 in column (d)		►	34,156.
11	Net income summary. Subtract line 10 from I	ine 3. column (d)		▶	137.

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 %	Yes%	Yes%	
	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)			
	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming action of the organization licensed to conduct gaming action of the organization of the org	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:		-	year?	Yes No

JUNIOR ACHIEVEMENT OF OREGON	
Schedule G (Form 990 or 990-EZ) 2019 AND SW WASHINGTON, INC.	93-0384007 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13</b> a %
<b>b</b> An outside facility	
<ul> <li>Enter the name and address of the person who prepares the organization's gaming/special events books an Name ►</li> </ul>	nd records:
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming reven	ue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and a of gaming revenue retained by the third party ▶ \$	the amount
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation $\blacktriangleright$ \$	
Description of services provided	
Director/officer Employee Independent contractor	
<ul><li>17 Mandatory distributions:</li><li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to</li></ul>	
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations of	
organization's own exempt activities during the tax year <b>s</b> <b>Part IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii)	
	and (v); and Part III, lines 9, 90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

AND SW WASHINGTON, INC.	JUNIOR	ACHIEVEMENT	OF OREGON
	AND SW	WASHINGTON,	INC.

Schedule G	G (Form 990 or 990-EZ)	AND SW WASHIN	GTON, INC.	93	8-0384007 Page 4
Part IV	a (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			

SCHE	DULE J	Compensation Information	OMB No.	1545-004	7			
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	2019				
-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
Departmen	at of the Treasury	Attach to Form 990.	Open to	Publi	с			
	Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of	f the organization				nber			
			38400	7				
Part I	Question	s Regarding Compensation						
				Yes	No			
1a Ch	eck the appropri	iate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
Par	<b>-</b> · · ·	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	charter travel Housing allowance or residence for personal use						
	Travel for com							
	7	cation and gross-up payments Health or social club dues or initiation fees						
	Discretionary s	spending account Personal services (such as maid, chauffeur, chef)						
	•	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	<b>1</b> b					
	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
trus	stees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
<b>.</b>								
		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						
est	- ·	ation of the CEO/Executive Director, but explain in Part III.						
	☐ Compensatior							
		compensation consultant						
		ther organizations X Approval by the board or compensation committee						
4 Dui	ring the vear. did	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
		lated organization:						
•		ce payment or change-of-control payment?	4a		Х			
		ceive payment from, a supplemental nonqualified retirement plan?			Х			
		ceive payment from, an equity-based compensation arrangement?			Х			
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,							
On	ly section 501(c	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						
	ntingent on the r							
	•		5a		Х			
		zation?			Х			
		or 5b, describe in Part III.						
6 For	r persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	ntingent on the r							
			6a		Х			
		zation?			Х			
		or 6b, describe in Part III.						
7 For	r persons listed o	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						
	•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х			
		lid the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?	9					
			ule J (Forr	n 990)	2019			

#### JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC.

Schedule J (Form 990) 2019

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.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) RYAN P. DECKERT	(i)	157,945.	0.	0.	1,609.	0.	159,554.	0
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (;;)							
	(ii) (i)							
	(I) (II)							
	(i) (ii)							

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Schedule J (Form 990) 2019

#### 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) 2019

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(Fo	rm 990)						201	
		Complete if the org	anizations	answered "Yes" o	n Form 990, Part IV, lines 29	or 30.	2013	J
	ment of the Treasury	Attach to Form 990					Open to Pu Inspectio	
	ernal Revenue Service Form990 for instructions and the latest information.							
Name	e of the organizatio		-		N	Employer ider		
Der		AND SW WASHI	NGTON,	INC.		93-	038400	7
Pa	TT Types of	f Property	(a)	(b)	(a)	10	0	
			(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	<b>(d)</b> Method of c noncash contrib	letermining	nts
4	Art Marka of art				Form 990, Part VIII, line 1g			
1 2		asures						
2		erests						
4		ations						
4 5								
		sehold goods						
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8		ty						
9		ly traded						
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11	Securities - Partne trust interests	ership, LLC, or						
12	Securities - Miscel							
13	Qualified conserva	ation contribution -						
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29		nization completed Form 82		• •				
	for which the orga	inization completed form oz	.00, Fait IV,	Donee Acknowledg	29		Ye	s No
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JUd		-	-	• • • •	d which isn't required to be us			
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L.		for the entire holding period	۱ 				30a	
	,	the arrangement in Part II.		oguiroo the review	of any nonstandard and the	iono?		x
31					of any nonstandard contribut	IUI IS ?	31	
32a	-	-		-	cit, process, or sell noncash			x
							32a	
	If "Yes," describe				<b>,</b> ,,, , ,,, ,			
33	-		column (c) fo	or a type of propert	y for which column (a) is chec	ked,		
	describe in Part II.				•	<b>.</b>		
LHA	For Paperwork	Reduction Act Notice, see	the Instruc	ctions for Form 99	υ.	Schedule	M (Form 99	iU) 2019

Schedule M	(Form 990) 2019		ACHIEVEMENT WASHINGTON,		93-0384007	Page <b>2</b>
Part II	Supplementa	I Informatio	<b>on.</b> Provide the informat	tion required by Part I, lines 30b, 32b, and tions, the number of items received, or a co	33 and whether the organiza	tion
	this part for any a	dditional inforn	nation.			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.

EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

93-0384007

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

JUNIOR ACHIEVEMENT OF OREGON

AND SW WASHINGTON,

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

-459.

FORM 990, PART XI, LINE 2C:

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON, INC.	Employer identification number 93-0384007
THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YE.	AR REGARDING
THE OVERSIGHT OF THE ORGANIZATION'S AUDITED FINANCIAL STA	TEMENTS OR THE
SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANT THAT AUDI	T THE
FINANCIAL STATEMENTS OF THE ORGANIZATION.	