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JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. 1801 LIBBIE AVENUE, SUITE 203 RICHMOND, VA 23226

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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## \*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

ax year beginning JUL 1 . 2020 and ending JUN 30 . and ending JUN 30

Open to Public

Α	For the	2020 calendar year, or tax year beginning $$ JUL $1$ , $2020$ $$ and ending	<u>J</u> UN 30, 2021	
В	Check if applicable:	C Name of organization	D Employer identific	cation number
	Address change	JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.		
	Name change	Doing business as	54-08033	25
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  1801 LIBBIE AVENUE, SUITE 203	•	7-8855
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	968,407.
	Amende return	RICHMOND, VA 23226	H(a) Is this a group re	eturn
	Application		for subordinates	? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
				list. See instructions
		E ► WWW.JUNIORACHIEVEMENT.ORG/WEB/JA-CENTRALV		
			/ear of formation: $1966$ $_{ m N}$	I State of legal domicile: VA
P		Summary		
Governance	1 E	Priefly describe the organization's mission or most significant activities: $\overline{ t TO}$ INSPI	RE AND PREPAR	E YOUNG
rns	2 0	Check this box  if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.
ove	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	50
ত		lumber of independent voting members of the governing body (Part VI, line 1b)		50
Activities &	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)	5	12
ĭŧ	6 T	otal number of volunteers (estimate if necessary)	6	158
₽cti		otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	bΛ	let unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)	1,386,524.	962,116.
Revenue	1	Program service revenue (Part VIII, line 2g)	28,848.	0.
Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	901.	41.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-31,700.	-32,492.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,384,573.	929,665.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,500.	5,000.
	l	Benefits paid to or for members (Part IX, column (A), line 4)	0. 695,614.	0. 514,320.
ses	15 8	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.000	0.
Expenses	16a ⊦	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Ä	b		668,176.	594,319.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,371,290.	1,113,639.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	13,283.	-183,974.
J.C	19 F	16 10 11 11 11 11 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	<b>20</b> T	otal assets (Part X, line 16)	4,376,739.	3,947,200.
Ass	21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	179,538.	146,209.
Net	22 1	let assets or fund balances. Subtract line 21 from line 20	4,197,201.	3,800,991.
P	art II	Signature Block		-,,
Und	ler penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	/ knowledge and belief, it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of which prep		•
Sig	n	Signature of officer	Date	
He		JENNIFER BOYLE, PRESIDENT AND CEO Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		MELISSA A. SIKES	11/11/21 if self-employs	P01261580
	-	Firm's name ▶ BROWN EDWARDS & COMPANY, LLP	Firm's EIN	54-0504608
		Firm's address 1802 BAYBERRY COURT, SUITE 300	5 2	
	·	RICHMOND, VA 23226	Phone no. (8	04) 282-6000
Ma	y the IR	S discuss this return with the preparer shown above? See instructions	1	X Yes No

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:  TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.
	TO BE THE ESSENTIAL PARTNER IN RELATIONSHIPS BETWEEN THE EDUCATORS,
	BUSINESS LEADERS AND COMMUNITY PARTNERS OF CENTRAL VIRGINIA FOR THE
	BENEFIT OF ALL OUR YOUTH. TO BRING ROLE MODELS FROM OUR BUSINESS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No  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 \$ 648,396 • including grants of \$ 5,000 • ) (Revenue \$)
	HIGH SCHOOL PROGRAMS - AS HIGH SCHOOL STUDENTS BEGIN TO POSITION
	THEMSELVES FOR THEIR FUTURE, THERE ARE MANY UNANSWERED QUESTIONS ABOUT
	WHAT LIES AHEAD. JUNIOR ACHIEVEMENT'S HIGH SCHOOL PROGRAMS HELP
	STUDENTS MAKE INFORMED, INTELLIGENT DECISIONS ABOUT THEIR FUTURE, AND
	FOSTER SKILLS THAT WILL BE HIGHLY USEFUL IN THE BUSINESS WORLD. 6,674
	STUDENTS SERVED.
	SIONEWIS SEKAED.
	105 217
4b	
	MIDDLE SCHOOL PROGRAMS - THE MIDDLE GRADES PROGRAMS BUILD ON CONCEPTS
	THE STUDENTS LEARNED IN JUNIOR ACHIEVEMENT'S ELEMENTARY SCHOOL PROGRAM
	AND HELP TEENS MAKE DIFFICULT DECISIONS ABOUT HOW TO BEST PREPARE FOR
	THEIR EDUCATIONAL AND PROFESSIONAL FUTURE. THE PROGRAMS SUPPLEMENT
	STANDARD SOCIAL STUDIES CURRICULA AND DEVELOP COMMUNCIATION SKILLS THAT
	ARE ESSENTIAL TO SUCCESS IN THE BUSINESS WORLD. 7,913 STUDENTS SERVED.
	440.050
4c	(Code:) (Expenses \$113, 252. including grants of \$) (Revenue \$)
	ELEMENTARY SCHOOL PROGRAMS - JA'S ELEMENTARY SCHOOL PROGRAMS ARE THE
	FOUNDATION OF ITS K-12 CURRICULA. SIX SEQUENTIAL THEMES, EACH WITH
	FIVE HANDS-ON ACTIVITIES, AS WELL AS AN AFTER-SCHOOL EXPERIENCE, WORK
	TO CHANGE STUDENTS' LIVES BY HELPING THEM UNDERSTAND BUSINESS AND
	ECONOMICS. 2,479 STUDENTS SERVED.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 956,965.
	Form <b>990</b> (2020)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	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			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	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	- ' '		<del></del>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			١
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a	24a 24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<del></del>
_,	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<sub>v</sub>
25 -	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<del>  ^</del>
b	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?			1
Da	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Щ
rai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, tool for the calendary over arridary what or within the year covered by this roturn  b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2s is greater than 250, you may be required to 6-die ges instructions)  3a Did the organization have unrolated business gross income of \$1,000 or more during the year?  3a If Yes, "has it filed a Form 990-T for this year? If "No! to files 3b, provide an explanation on Schedule 0  3b If "Yes," a time to filed a Form 990-T for this year? If "No! to files 3b, provide an explanation on Schedule 0  3c If Yes, "has the the name of the foreign country."  5a If "Yes," a file the name of the foreign country."  5a Was the organization and you a prohibet tax sheriter transaction and any time during the tax year?  5a Was the organization and you a prohibet tax sheriter transaction and any time during the tax year?  5b If any taxable party notify the organization that it was or is a party to a prohibeted tax sherter transaction?  5c If "Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax sherter transaction solid any contributions that were not tax deductibles or membrations."  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or chirables contributions?  7b Organizations that may receive deductible contributions under section 170(c).  8c If If Yes, "Identify the section of Yes, and party as a contribution and quarity for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8c If If Yes, "Identify the organization include with every solicitation and express the payor of the yellow to file Form 2822?  7c Organizations that may receive deductible organization such as a formation and any time of the yellow				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Notes if the sum of lines 1a and 2a is greater than 260, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary are, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country level, as a bank account, securities account, or other financial accounts?  5a If If Yes, if one the name of the regine country.  5a Was the organization apenty to prohibited tax schelter transaction at any time during the tax year?  5b If Yes, if one is a or 5b, did the organization that it was or is a party to a prohibited tax schelter transaction?  5c If Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax schelter transaction?  5c If Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax schelter transaction or it is a prohibited tax schelter transaction and the organization are year to a prohibited tax schelter transaction or it is	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 more during the year?  3a Did the organization make unrelated business gross income of \$1,000 more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account; securities account; or other financial account)?  4a Stream and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is ferancial control year.  5b If "Yes," erret the name of the foreign country \$\frac{1}{2}\$ be a bank account; securities account; or other financial accounts (FBAR).  5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5ce Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization and party to a prohibited tax shelter transaction?  5b If "Yes," did the organization file Form 88881?  6a Does the organization and party section 170(c).  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization seekle asymetric excess of \$15 made party as a contribution and party for poots and services provided to the payor?  7c X  7d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c If If Yes, "did the organization order seekle any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If If If the organization news destribution of qualifi		filed for the calendar year ending with or within the year covered by this return 2a 12			
3a   X   X   1   1   1   1   1   1   1   1	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, *has it flied a Form 990 T for this year? # Yeb' to time 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (secund as a bank account, secundies account, or other financial account)?  4a X  b If Yes, *inster the name of the foreign country }  5b Ease instructions for fliing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c 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 transaction?  5b If Yes' to line Sa or 5b, did the organization file Form 888617  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c Does the organization have a must gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen on tax deductible as charitable contributions?  6c Does the organization shall may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contribution an express statement that such contributions or gifts were not tax deductible.  7 organizations that may receive deductible contribution or gene section 170(c).  8 b If Yes, *Indicate the number of Forms 2822 fleed during the year  10 b If Yes, *Indicate the number of Forms 2822 fleed during the year  11 b If we organization received an contribution of qualified intellectual property, did the organization flee form 1880 as required?  7 or granization received a contribution of property, did the organization flee a Form 1098 C?  8 Sponsoring organization received an admittability of property is expressed fr		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organization aparty to a prohibited tax whether transaction?  5a Was the organization in the organization the financial accounts (FBAR).  5a Was the organization that it was or is a party to a prohibited tax whether transaction?  5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible from 88867?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when cotta deductible as charitable contributions?  6b Wreen not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8a Ut the organization stat any receive deductible contributions under section 170(c).  8b If Y'es," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions?  7b If Y'es," did the organization include with every solicitation and express statement that such contributions or grifts were not tax deductible on ontributions under section 170(c).  8b If Y'es," did the organization include deductible contributions under section 170(c).  9c If Y'es," inclicate the number of Forms 8282 filed during the year  10c If the organization sell, exchange, or otherwisels dispose of tangible personal property for which it was required to the ferom 8888 as required?  10c If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  10c If the organization received a contribution of outsilled intellectual property, did the organization file a Form 10880?  10c If the organization received a contribution of out	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the interval of the contributions are part of the foreign country (such as a bank account, securities account, or other financial account)?  b if 'Yes,' retret 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 aparty to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c I 'Yes' to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shefter transaction?  5c I organization state annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization state may receive deductible contributions under section 170(c).  a bid the organization receive a payment in excess of \$75 made party as a contribution of any party for goods and services provided to the payor?  7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7 b If yes,' indicate the number of Forms 8282 flied during the year  6 b Id the organization received a contribution of payment in excess of the goods or services provided?  6 b If Yes,' indicate the number of Forms 8282 flied during the year  6 b Id the organization cerviced a contribution of cars, boats, airplanes, or other vehicles, did the organization flies Form 8899 as required?  7 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flies a Form 1098-C7  8 Sponsoring organization have excess business holdings at any time during the year?  9 a India the organization have excess business holdings at any time during the year?  9 a India the org	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶  Sae instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization of 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 transaction?  5b X  c If "Yes' to line Sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c C  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization state in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  6b If "Yes," included the number of Forms 8282 filed during the year  7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised, or least the organization file a Form 1098 C?  8 Sponsoring organization make a distribution to a donor, donor advisor, or related	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t			7c		Λ
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sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b	_		711		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		_ <u>^</u>
		If "Yes," complete Form 4720, Schedule O.	Form	000	(2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	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	50	)		
	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	50	)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct 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 9	990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		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 approximately appr					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
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 rea					
	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 Re	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napte	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	in Schedule O how this was done			12c	X	
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 approva	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
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 arrangements	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	oarticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-T (Section 501(c)(	3)s only	/) avail	lable
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records 🕨			
	THE ORGANIZATION - (804) 217-8855					
	1801 LIBBIE AVENUE SUITE 203, RICHMOND, VA 23226					

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson i	than is bot	h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated Lary Amployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAPHNE MARTIN	20.00	7,		Ψ,				122 706	0	12 161
PRESIDENT/CEO	20 00	Х		Х				133,786.	0.	13,161.
(2) TAMARA RIDENOUR	20.00	X		x				39,773.	0.	712.
PRESIDENT/CEO (3) BENNY BOWMAN	1.00	^		^				33,113.	0.	/12•
CHAIR	1.00	X		x				0.	0.	0.
(4) VALERIE A. HEINZ	1.00			<u> </u>				0.	0.	<u> </u>
VICE CHAIR	1.00	x		X				0.	0.	0.
(5) ANDREW C. CARINGTON	1.00							0.	0.0	
SECRETARY		x		x				0.	0.	0.
(6) CHRIS CROWE	1.00							_	-	
CHAIR, BOARD GOVERNANCE		Х						0.	0.	0.
(7) ANNIE CAI LARSON	1.00									
CHAIR, DIVERSITY, EQUITY, & INCLUSIO		Х						0.	0.	0.
(8) ROB FISHER	1.00									
CHAIR, FINANCE & AUDIT		Х		Х				0.	0.	0.
(9) DUANE WILLIAMS	1.00								_	_
CHAIR, FUNDRAISING		Х						0.	0.	0.
(10) AMY MILLER	1.00									
CO-CHAIR, MISSION ADVANCEM		Х						0.	0.	0.
(11) ANGELA ROISTEN	1.00	١							•	•
CO-CHAIR, MISSION ADVANCEM	1 00	Х						0.	0.	0.
(12) SARAH MARTIN	1.00	٠,,							0	0
IMMEDIATE PAST CHAIR	1 00	Х						0.	0.	0.
(13) KATHY HOUGHTALING	1.00	X						0.	0.	0.
DIRECTOR (14) JOANNA BERGERON	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(15) JAMIE BILLINGSLEY	1.00	Δ						0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(16) LARRY BROWN	1.00	<del></del>							<u> </u>	<u></u>
DIRECTOR		x						0.	0.	0.
(17) KATIE BURNETT	1.00									
DIRECTOR		х						0.	0.	0.
032007 12-23-20										Form <b>990</b> (2020)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(C	<del>)</del>			(D)	(E)	(F)
Name and title	Average	(do		Posi			one	Reportable	Reportable	Estimated
	hours per	(do not che box, unless		ss per	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	d a di	recto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	# 왕			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		9	ubeus		(W-2/1099-MISC)		organization and related
	below	dual tr	tional	١. ا	yoldı	st cor	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RON CAREY	1.00									
DIRECTOR		Х						0.	0	. 0.
(19) ANITRA CASSAS	1.00									
DIRECTOR		Х						0.	0	0.
(20) BRIAN COMBS	1.00									
DIRECTOR		Х						0.	0	. 0.
(21) AMANDA DICKERSON	1.00							_	_	
DIRECTOR	1 00	X						0.	0	0.
(22) HELEN DOW	1.00								0	
DIRECTOR	1 00	Х						0.	0	0.
(23) TERRYE ENSLOW DIRECTOR	1.00	Х						0.	0	. 0.
(24) OLATOKUNBO FAMAKINWA	1.00	21						0.	0	• •
DIRECTOR	1.00	Х						0.	0	. 0.
(25) DANIELLE FITZ-HUGH	1.00									
DIRECTOR		Х						0.	0	0.
(26) KAY GOTSHALL	1.00									
DIRECTOR		Х						0.	0	
1b Subtotal							ightharpoons	173,559.	0	
c Total from continuation sheets to Part VI								0.	0	
d Total (add lines 1b and 1c)							<u> </u>	173,559.	0	. 13,873.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportable	1
compensation from the organization										
0 5:11										Yes No
3 Did the organization list any <b>former</b> officer,										3 X
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								har companation from		3 X
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	•				•			•		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of comper	sation from
the organization. Report compensation for	the calendar y	ear (	endi	ng w	/ith	or w	ithir	n the organization's tax y	year.	
<b>(A)</b> Name and business	addross	NT/	\ <b>N</b> TT	,				<b>(B)</b> Description of s	onvices	(C) Compensation
Name and pusitiess	audiess	11/	INC	<u> </u>			$\dashv$	Description of s	ervices	Compensation
							$\dashv$			
_							_			
							_			
2 Total number of independent contractors (ii	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than	

SEE PART VII, SECTION A CONTINUATION

Form **990** (2020)

\$100,000 of compensation from the organization

Part VII Section A. Officers, Directors, To								Componented Employ	54-080	3343
(A)	(B)	Inpid	уее	:s, ai		ngn	esi	(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
Name and title	hours	(c	heck				lv)	compensation	compensation	amount of
	per	<del> </del>			lilat	upp 	',	from	from related	other
	week					ee/		the	organizations	compensation
	(list any	ctor				oldm		organization	(W-2/1099-MISC)	from the
	hours for	or dire	0			ted e		(W-2/1099-MISC)		organization
	related	stee	ruste			oen sa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	lividu	stitutio	Officer	yemp	jhest	Former			
(05)	line) 1 • 0 0	Ĕ	ši .	JO.	Ke	宝	Р			
(27) LEE HANNAH DIRECTOR	1.00	X						0.	0.	0
(28) KYLE HARKRADER	1.00	122						0.	0.	•
DIRECTOR	1.00	X						0.	0.	0
(29) ANDREA HARLOW	1.00	125						0.	· ·	0
DIRECTOR		x						0.	0.	0
(30) MITCHELL W. HASSELL	1.00	<del></del>								
DIRECTOR		x						0.	0.	0
(31) KRISTIN HENSHAW	1.00									
DIRECTOR		Х						0.	0.	0
(32) WILL HERSHEY	1.00									
DIRECTOR		Х						0.	0.	0
(33) ROBERT HUEBNER	1.00									
DIRECTOR		Х						0.	0.	0
(34) CHRISTINA JOHNSON	1.00	١								
DIRECTOR	1 00	Х						0.	0.	0
(35) STEPHANIE KARFIAS	1.00	١,,								
DIRECTOR	1.00	Х						0.	0.	0
(36) TODD KOCH	1.00	x						0.	0.	0
DIRECTOR (37) DEBBIE LENNICK	1.00	^						0.	0.	0
DIRECTOR	1.00	X						0.	0.	0
(38) TOBY LESLIE	1.00	122						0.	0.	0
DIRECTOR	100	X						0.	0.	0
(39) CHRIS LUCY	1.00	<del> </del>						•	•	
DIRECTOR		x						0.	0.	0
(40) ANDREW MILLER	1.00									
DIRECTOR		Х						0.	0.	0
(41) TED OSWALD	1.00									
DIRECTOR		Х						0.	0.	0
(42) ANA REILLY	1.00									
DIRECTOR		Х						0.	0.	0
(43) BENJAMIN ROSS	1.00							_	_	_
DIRECTOR		Х						0.	0.	0
(44) MATTHEW SCHAAF	1.00	۱							_	_
DIRECTOR	1 00	Х						0.	0.	0
(45) GERARD SHAIA	1.00	٠,							_	_
DIRECTOR	1 00	Х		$\vdash$		$\vdash$		0.	0.	0
(46) JOHN SLIMAN DIRECTOR	1.00	X						0.	_	_
. 1   0   0   10   10   10	- 1	ΙĀ	1	. 1	1	i l	ì	ı U.	0.	0

	CHIEVEM	ĽΝ'.	r (	)F	CI	<u>:Ν'</u>	ľRZ	AL VA, INC.	54-080	3325
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	yee	s, a	nd F	ligh	est	Compensated Employ	yees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per					Ė	Ė	from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	or di	ee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l frus		ee	npen				organizations
	below	dualt	rtiona	L	nplo)	st cor	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) D. KEITH SLOANE	1.00									
DIRECTOR		Х						0.	0.	0.
(48) KIM TRENTHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(49) LEAH WALDER	1.00									
DIRECTOR		Х						0.	0.	0.
(50) PAUL WARD	1.00									
DIRECTOR		Х						0.	0.	0.
(51) THERESA WILLS	1.00									
DIRECTOR		Х						0.	0.	0.
(52) SHERRI WYATT	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
		-								
		1								
	-									
		1								
		1								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c										

Pa	I L V	4111			- in their Deut VIII			
			Check if Schedule O contains a response	e or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S S	_	_	Federated campaigns 1a					000000000000000000000000000000000000000
ant								
٩٥				197,932.				
ifts,			Fundraising events 1c Related organizations 1d	171,752.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	140,458.				
Sir			All other contributions, gifts, grants, and	110,1301				
her		٠	similar amounts not included above 11	623,726.				
Q <sup>‡</sup>		~	Noncash contributions included in lines 1a-1f	153.				
o d		_			962,116.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-1f	Business Code	302,110.			
	•	_		Business Code				
vice	2							
Ser		b						
We'r		C						
gra Re		d						
Program Service Revenue		e	All other program conting revenue					
			All other program service revenue					
-	3	y	Total. Add lines 2a-2f					
	3		other similar amounts)		41.			41.
	4		Income from investment of tax-exempt bond					
	5		Royalties	1				
	J		(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(1) 1 010011011				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worth line one or (loss)					
			Gross amount from sales of (i) Securities					
	′	а	assets other than inventory 7a	(11) 5 (11) 5				
		h	Less: cost or other basis					
ā		J	and sales expenses 7b					
Revenue		_	Gain or (loss) 7c					
3eV		ч	Net gain or (loss)	<b></b>				
ē			Gross income from fundraising events (not					
듄	Ŭ	_	including \$ 197,932. of					
_			contributions reported on line 1c). See					
			Part IV, line 18	a 6,250.				
		b	Less: direct expenses 8					
			Net income or (loss) from fundraising events	-	-32,492.			-32,492.
			Gross income from gaming activities. See					
	-	-	Part IV, line 19 9	a				
		b	Less: direct expenses 9					
			Not be a second of the second					
			Gross sales of inventory, less returns					
			and allowances 10	)a				
		b	Less: cost of goods sold 10	)b				
			Net income or (loss) from sales of inventory	<b>&gt;</b>				
s				Business Code				
Miscellaneous Revenue	11	а						
ane		b						
e e		С						
Ais H		d	All other revenue					
		е	Total. Add lines 11a-11d	<b>)</b>				
	12		Total revenue. See instructions	<b>&gt;</b>	929,665.	0.	0.	-32,451.

### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	mplete column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	F 000	F 000		
	individuals. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	202,392.	155 042	42,502.	4 0 4 7
_	trustees, and key employees	404,394.	155,843.	44,502.	4,047
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	244,130.	216,216.	25,288.	2,626
7	Other salaries and wages	244,130.	210,210.	23,200.	2,020
8	Pension plan accruals and contributions (include	4,009.	3 088	837.	84
0	section 401(k) and 403(b) employer contributions)	29,594.	3,088. 28,299.	1,174.	121
9	Other employee benefits	34,195.	26,339.	7,151.	705
10	Payroll taxes  Fees for services (nonemployees):	34,133.	20,333.	7,131.	705
11	` ' ' '				
a					
b		29,605.	22,804.	6,191.	610
q	5 F	25,005.	22,004.	0,151.	010
d e					
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	25,465.	19,810.	5,148.	507
14	Information technology	24,330.	22,187.	1,951.	192
15	Royalties	,	,	,	
16	Occupancy	77,970.	62,815.	13,796.	1,359
17	Travel	141.	109.	29.	3
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19.	15.	4.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	258,612.	258,612.		
23	Insurance	9,501.	7,318.	1,987.	196
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	PARTICIPATION FEES	128,893.	99,282.	26,955.	2,656
b	BAD DEBTS	17,000.	13,095.	3,555.	350
С	FUNDRAISING	3,791.			3,791
d	PROGRAM MATERIALS	3,538.	3,538.		
е	All other expenses	15,454.	12,595.	2,602.	257
25	Total functional expenses. Add lines 1 through 24e	1,113,639.	956,965.	139,170.	17,504
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 if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

### Part X | Balance Sheet

Part	Λ	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			603,933.	1	594,630
	2	Savings and temporary cash investments	269,295.	2	484,542		
	3	Pledges and grants receivable, net		2,097,513.	3	1,722,543	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,538.	8	0
⋖	9	Prepaid expenses and deferred charges			15,175.	9	15,029
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,385,003.			
	b	Less: accumulated depreciation		1,254,547.	1,387,285.	10c	1,130,456
'	11	Investments - publicly traded securities				11	
- 1 -	12	Investments - other securities. See Part IV, line				12	
'	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4 276 720	15	2 047 200
	16	Total assets. Add lines 1 through 15 (must equ		1	4,376,739.	16	3,947,200
	17	Accounts payable and accrued expenses			39,080.	17	35,434
	18	· / · · · · · · · · · · · · · · · · · ·			18	25 000	
	19	Deferred revenue				19	25,000
	20 24	Tax-exempt bond liabilities				20	
- 1.	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
. ا E	ഹ	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate		F		24	
	2 <del>4</del> 25	Other liabilities (including federal income tax, pa					
1	25	parties, and other liabilities not included on line	•				
		of Schedule D	3 11 27)	. Complete Fait A	140,458.	25	85,775
	26	Total liabilities. Add lines 17 through 25			179,538.	26	146,209
		Organizations that follow FASB ASC 958, che					.,
Ses		and complete lines 27, 28, 32, and 33.		, and the second			
	27	Net assets without donor restrictions			2,100,089.	27	2,257,125
<u> </u>	28	Net assets with donor restrictions			2,097,112.	28	1,543,866
		Organizations that do not follow FASB ASC 9					
[		and complete lines 29 through 33.					
၀ဋ္ဌ ၂ န	29	Capital stock or trust principal, or current funds				29	
, şe	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	ncome,	or other funds		31	
ğ   ;	32	Total net assets or fund balances			4,197,201.	32	3,800,991
;	33	Total liabilities and net assets/fund balances .	<u></u>		4,376,739.	33	3,947,200

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		9,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	1,11		
3	Revenue less expenses. Subtract line 2 from line 1	3	-18		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 4	1,19	<u>7,2</u>	<u>01.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-21	2,2	36.
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	3,80	0,9	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization JUNIOR ACHIEVEMENT OF CENTRAL VA 54-0803325 TNC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2020 JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. 54-0803325 Page 2

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

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

000	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						_
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	_
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (					14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			▶∟
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	check a box on line	e 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 test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and <b>st</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟

(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.)

	qualify under the tests listed b	elow, please comp	olete Part II.)							
	ction A. Public Support					,				
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2,438,315.	1,613,577.	1,375,226.	1,386,524.	962,116.	7,775,758.			
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	114,303.	103,733.	94,391.	41,275.	6,250.	359,952.			
3	Gross receipts from activities that						_			
	are not an unrelated trade or bus-									
	iness under section 513									
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to		2 225 534	44 004	E2 006	47 025	2 422 455			
_	the organization without charge	2.552.616	2,295,631.	44,004.	52,806.	•				
	Total. Add lines 1 through 5	2,552,618.	4,012,941.	1,513,621.	1,480,605.	1,015,391.	10,575,176.			
7 <i>a</i>	Amounts included on lines 1, 2, and	10 777	16 717	76 716	12 12E	50 407	266 002			
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	48,777.	46,747.	76,716.	43,435.	50,407.				
	amount on line 13 for the year	48,777.	46,747.	76 716	12 12E	50,407.	0.			
	Add lines 7a and 7b	40,///•	40,/4/.	76,716.	43,435.	50,40/.				
8	Public support. (Subtract line 7c from line 6.)						10,309,094.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,552,618.	4,012,941.	1,513,621.	1,480,605. <b>755.</b>	1,015,391.	910.			
	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	28.	35.	51.	755.	41.	910.			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)	2,552,646.	4,012,976.	1,513,672.	1,481,360.	1,015,432.	10,576,086.			
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizati	ion,			
_							<u></u>			
	ction C. Computation of Publ									
	Public support percentage for 2020 (I					15	97.48 %			
	Public support percentage from 2019					16	97.73 %			
	ction D. Computation of Inves									
17	Investment income percentage for 20	<b>)20</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.01 %			
18	Investment income percentage from 2					18	.01 %			
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box c	on line 14, and line	15 is more than 3	3 1/3%, and line 1				
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qualif	ies as a publicly su	ipported organiza	tion	►X			
	b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
b	33 1/3% support tests - 2019. If the	organization did n	Of Check a box on	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b		-								

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	- Gu		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	F		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
n 9	90 or 99	10-F7	2020

За

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

Schedule A (Form 990 or 990-EZ) 2020 JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. 54-0803325 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations				
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.						
Sect	ion 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					
Sect	ion 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 Part VI):						
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 0.015 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 0.035.	6					
_7_	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
_3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
_4_	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-functional	ılly integrat	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. 54-0803325 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	tion D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	4 Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		<i>(</i> 2)	/···\		(***)		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

A (Form 990 or 990-EZ) 2020 JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. 54-08033.	
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Se line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 16 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	ction C,
 (See instructions.)	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No. 1545-0047

2020

Name of the organization

JUNIOR ACHIEVEMENT OF CENTRAL VA,

Employer identification number

54-0803325

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 20,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>15,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$18,382.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	- Trumo, addi oco, and En 11	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$31,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 22,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	- Trumo, addi ooo, and En 11	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$7,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$13,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	Name, audi ess, and Zir + 4	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

## JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

**Employer identification number** 

Name of organization

54-0803325 JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.

**Employer identification number** 54-0803325

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	<b>\$</b>	annig on molations, and other only contact ration	caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	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 bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

## 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

i		. '	, ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		137,862.	132,406.	5,456.
e Other		2,247,141.	1,122,141.	1,125,000.
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X. colur	mn (B), line 10c.)	•	1,130,456.

Schedule D (Form 990) 2020

Schedule D	(Form 990) 2020	00
D ////	1	<b>O</b> .11.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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.	F 000 D+ IV II	444 Oca Farma 000 Bart V Bras 45	
Complete if the organization answered "Yes"	Description	Fird. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) DOOK Value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	e 15.)	<b>&gt;</b>	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability		,	(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCE			85,775.
(3)			·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	<b>&gt;</b>	85,775.
2 Liability for upportain toy positions. In Dort VIII. provide		to the erganization's financial statements t	

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) 2020

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

38,742.

032054 12-01-20

Schedule D	(Form 990) 2020	JUNIOR	ACHIEVEMENT	OF	CENTRAL	VA,	INC.	54-0803325	Page 5
Part XIII	(Form 990) 2020 Supplemental In	formation (cont	inued)						
_									
_									

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service	<b>▶</b> Go	to www.irs.gov/Form	990 for instr	uction	s and	the la	atest informat	ion.		Insped		
Name of the organization												
		ACHIEVEMENT							54-080			
	ing Activities complete this par	<ul> <li>Complete if the organi</li> <li>t.</li> </ul>	ization answe	ered "Y	es" o	n Form	n 990, Part IV,	line 1	7. Form 990	-EZ filers	are not	
1 Indicate whether the	e organization rais	sed funds through any	of the followi	ng acti	vities.	Check	k all that apply					
a Mail solicitat	ions	е					ment grants					
	email solicitations	s f	_		-		-					
c Phone solicit		g	Special	fundra	aising	events	3					
d In-person so			and the state of	l (! l	-11:	<b></b>		_4				
2 a Did the organization		or oral agreement with a Part VII) or entity in conn								'es	No	
• • •		viduals or entities (fund					-				NO	
compensated at le			raiocro, paroc	dant to	ugio	511101110	diaci willon		indialoci lo t	0.00		
						1		l		.		
(i) Name and addres	s of individual	(**) A - 41 - 44		(iii) fundr	Did raiser ustody	(iv) G	iross receipts	( <b>v)</b> /	Amount paid or retained b	(VI) 🖰	Amount paid	
or entity (fund	draiser)	(ii) Activity	/	or cor	ustody itrol of utions?	fro	om activity	1	fundraiser ted in col. (i)	10 (01	to (or retained by) organization	
				<u> </u>		<u> </u>		1131	led in coi. (i)			
				Yes	No	-						
						1				-		
Total												
3 List all states in whi		on is registered or licens			oution	s or ha	as been notified	d it is	exempt from	l n registra	tion	
or licensing.		g										

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. 54-0803325 Page 2

Pa	irt i	Fundraising Events. Complete if the of fundraising event contributions and given the fundraising event contributions and given the fundraising event contributions.	-				· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	(a) Eve	nt #1	(b) Event #2	2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event	type)	(event type	e)	(total number)	Coi. (C)
Revenue	1	Gross receipts	9	,130	153,5	547.	41,505.	204,182.
	2	Less: Contributions	9	,130	147,2	297.	41,505.	197,932.
	3	Gross income (line 1 minus line 2)			6,2	250.		6,250.
	4	Cash prizes						
es	5	Noncash prizes			2,7	708.		2,708.
suad	6	Rent/facility costs						
Direct Expenses	7	Food and beverages			9,3	333.		9,333.
_	8	Entertainment						0.6 504
	9	Other direct expenses		513	•		3,000.	26,701. 38,742.
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from		. ,				-32,492.
Pa								, -
		\$15,000 on Form 990-EZ, line 6a.	_					1
Revenue			<b>(a)</b> Bi	ngo	(b) Pull tabs/ins bingo/progressive		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue						
ses	2	Cash prizes						
Expen	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor		%		%	└── Yes % ☐ No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column	(d)			<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, c	olumn (d)			<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:		_	e states?			Yes No
		ere any of the organization's gaming licenses r Yes," explain:			_		year?	Yes No
	-							

Sch	edule G (Form 990 or 990-EZ) 2020 JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. 54-0	0803325	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 formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
			<del>//</del>
	An outside facility	130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \(\bigs\) \(\bigs\)		
,	If "Yes," enter name and address of the third party:		
٠	in 163, Chick hame and address of the third party.		
	Name		
	Address -		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	<u> </u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	∴ L Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	, , ,		

Schedule G	G (Form 990 or 990-EZ)	JUNIOR	ACHIEVEMENT	OF	CENTRAL	VA,	INC.	54-0803325	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (cont	tinued)						
•									
-									
•									
-									
					-				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	ame of the organization  JUNIOR ACHIEVEMENT OF CENTRAL VA, INC.									
Part I	General Information on Grants a	and Assistance								
С	oes the organization maintain records riteria used to award the grants or assi escribe in Part IV the organization's pr	stance?				•				
Part I						anization answered "	Yes" on Form 990. Par	t IV. line 21. for any		
	recipient that received more than						,	, , ,		
1 (a	a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
	nter total number of section 501(c)(3) a							<b>&gt;</b>		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HALL OF FAME FUTURE LAUREATE SCHOLARSHIP	1	2,500.	0.		
JA STARTUP WINNER	2	2,500.	0.		
Part IV   Supplemental Information. Provide the information r	equired in Part I, lin	ie 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:	GOLIOT ADGIL	TDC ADE DA	TD MO MILE	VIDOINIA FOO	
THE HALL OF FAME FUTURE LAUREATE					
COLLEGE SAVINGS PLAN TO BE UTILIZ	ED FOR QU	ALIFIED HI	GHER EDUCA	TION EXPENSES	
FOR THE RECIPIENTS.					

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#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. **Employer identification number** 54-0803325

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations  X Approval by the board or compensation committee						
4	During the view did any page listed on Farm 000 Dark VIII Coation A line to with respect to the filing						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
_	organization or a related organization:	4a	х				
a	a Receive a severance payment or change-of-control payment?						
C	Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?	4b 4c		X			
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	+0					
	The storage of lines 4a o, list the persons and provide the applicable amounts for each item in a cini.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	<u> </u>			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2020

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(i)							
(ii							
(i)							
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[6]							
(ii							
(0)							
(ii						-	
(i)							
(ii							

Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
PART I, LINE 4A:						
TAMARA RIDENOUR - \$32,500						
PART I, LINE 7:						
BONUS WAGES PAID TO DAPHNE MARTIN IN THE AMOUNT OF \$15,000 ON OCTOBER 23,						
2020.						

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF CENTRAL VA, INC. **Employer identification number** 54-0803325

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY INTO THE CLASSROOM TO DELIVER EDUCATIONAL PROGRAMS ABOUT FINANCIAL LITERACY, WORK READINESS AND ENTREPRENEURSHIP, ENHANCED BY THEIR OWN REAL WORLD EXPERIENCES.

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

A COPY OF THE FORM 990 IS PRESENTED TO THE AUDIT AND FINANCE COMMITTEE FOR REVIEW BEFORE BEING FILED.

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

CONFLICT OF INTEREST FORMS ARE FILLED OUT BY BOARD MEMBERS ANNUALLY WHEN PARTICIPATION AGREEMENTS ARE COMPLETED.

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

PRESIDENT'S SALARY IS COMPARED TO OTHER MARKETS BY EQUI COMP, AND IS ALSO REVIEWED BY CHAIRMAN OF THE BOARD AND EXECUTIVE COMMITTEE. PRESIDENT REVIEWS PERFORMANCE FOR OTHER OFFICERS AND EMPLOYEES AND COMPARES TO OTHER MARKETS THROUGH EQUI COMP. BOARD ALSO REVIEWS THROUGH THE BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE ON THE GIVERICHMOND.ORG WEBSITE.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  JUNIOR ACHIEVEMENT OF CENTRAL	VA, INC.	Employer identification number 54-0803325
FORM 990, PART XI, LINE 9, CHANGES IN NET A	ASSETS:	
IN-KIND REVENUE FOR DONATED SERVICES AND US	SE OF FACILITIE	S 107,026.
IN-KIND EXPENSES FOR DONATED SERVICES AND U	JSE OF FACILITI	ES -319,262.
TOTAL TO FORM 990, PART XI, LINE 9		-212,236.