Form **990**

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 2018

Depa	artment of the Tre	easury vice				ers on this form as i instructions and the					n to Pu spectio	
			vear or tax v	ear heginning 0.7	/01/18 =	and ending 06/	30/19	III MAIN OF THE SECOND		- 1	· ·	
_	Check if applicable		of organization	cur sogniminge :	// 1.	. 19		- 4	D Employer	dentification	number	
_	Address change	1		Junior Ach	ievement o	of the Triad	d Inc		The same	DOM: N		
\equiv		Doing b	usiness as	J J.	The same of the sa		3 I R	- 1	56-08	344838	1	
\square	Name change	Number	and street (or P.O	box if mail is not delive	ered to street address)		Roor	n/suite	E Telephone	number	y	
	Initial return			ne Avenue	g .				336-2	299-43	39	
	Final return/ terminated	City or I	own, state or proving	nce, country, and ZIP or	foreign postal code			- 1				
\equiv	Amended return		ensboro		NC 27408-7	606			G Gross rec	eipts\$	727	,265
품		1	and address of princ	•			н	a) Is this a gro	up return for	subordinates 7	Yes	X No
Ш	Application pendir	- 044		McCracke				-		7	Yes	□ w
				ıline Aveı			H(b) Are all sub-		_	٠ لــ	INO
		11.00	ensboro		NC 27	408		If "No,"	attach a list	(see instruction	ons)	
1	Tax-exempt stat				(insert no.) 4	947(a)(1) or 527				gen)		
_			riadja.d	org				c) Group exer			Company of the wave war	- 370
<u>K</u>	Form of organiza			st Association	Other >		L Year of	formation: 19	965	M State of	gal domici	e NC
_P		Summary										
	1 Briefly	describe th	e organization	s mission or most	significant activit	ies:	grenzione	Basa William V				1.1 - 1.1
ည	То	inspir	e and pr	epare young	g people to	ies: o succeed in	n a glo	bal ec	onomy.	1111111111111111		(()) = (())
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Governance				····		51551645555551951561959	\$ (\$ \$ \$ \$ \$ \$ \$ \$ \$ \$			300000000000000000000000000000000000000	Bentana	1011515
ဖိ	2 Check	this box	if the organ	nization discontinue	ed its operations	or disposed of more	than 25%	of its net a				
•ర		_		e governing body	•					22		
Activities						t VI, line 1b)				22		
Ξ			•	-		, line 2a)				9		
Act				mate if necessary)						808		_
	7a Total u	inrelated bu	ısiness revenue	e from Part VIII, co	olumn (C), line 12			en e				0
_	b Net un	related bus	iness taxable i	ncome from Form	990-T, line 38			Prior Yea	7b	Curr	ent Year	0
				III. 15 41-3			-		,468		698,	182
ne								011	, 100		050,	102
Revenue			evenue (Part \						562			616
Re				lumn (A), lines 3, 4		10)		-12	,271		-14,	
						1e)			,759		684,	
-						n (A), line 12)		000	7.00			0
				(Part IX, column (A			*(*(*)*)					0
				•		A), lines 5–10)		363	,622		418,	534
Ses				art IX, column (A),	0 44-1		STREET, ST.		/		,	0
Expenses			-	IX, column (D), lir	ne 25) >	157,879	10.00					
X					d 11f-24e)			204	,542		224,	512
						ne 25)			,164		643,	
				ct line 18 from line		100000000000000000000000000000000000000	0.000		,595		41,	561
5%	10 IVEAGII	45 1000 CAD	cooo. Cabilat				Begi	nning of Curi	rent Year		of Year	
Net Assets or	20 Total a	assets (Part	X, line 16)			economico de los comones			,049	1,	060,	
AB	21 Total li	iabilities (Pa	art X, line 26)						,885			741
25	22 Net as	sets or fund	d balances. Su	btract line 21 from	line 20			921	,164		964,	<u>118</u>
P	art II	Signatur										
U	nder penalties	of perjury, I	declare that I ha	ve examined this ret	urn, including accor	mpanying schedules a	ind statement	s, and to the	best of m	y knowledge	and bel	ief, it is
tn	ue, correct, an	d complete.	Declaration of pr	eparer (other than of	ficer) is based on a	all information of which	n preparer na	s any knowi	eage.			
					((,)	(A) A			Date			
Sig	gn 📝	Signature of		_	7	U/(0) [7	gr 22 02	Dale			
He	re			McCracker	n Wall	Y Pr	esider	nt & (CEO			
_			name and title					Tosts	T.	if PTI	N	_
_		Type preparer's	name		Preparer's signalure			Date	Check			-
Pai	Dine	la L Brid			Linda L Brid				19 self-em		127521	2002000
		name		tson Neal	. & Compa	ny, LLP		Fi	rm's EIN	20-1	.3933	002
Use	Only			x 2367		0065				226 2	70 0	2022
		address >		sboro, NO	775-21-95-39-5-38-95-78-	g(241-04)		PI	hone no	336-3		
Mar	the IRS die	cues this re	turn with the n	reparer shown about	ove? (see instruct	ions)				X	Yes	No

orm 990 (2018) Junior Achieve	ment of the Triad	I Inc56-0844838	(G(0) D)	V7 Page 2
Part III Statement of Program	Service Accomplishments		V U	
	ntains a response or note to			
1 Briefly describe the organization's missi	on:	- 1800-0		
To inspire and prepar	ce young people to	succeed in a	global econo	my .
			ones con en carreiro en con-	
(6. Bijik esserina (6. Bije es vere vere vere en		reason and the control of the contro	and the second second second	
	7			
2 Did the organization undertake any sign				Yes X No
prior Form 990 or 990-EZ?			and an arrangement of the second	165 21 110
If "Yes," describe these new services or 3 Did the organization cease conducting,		it conducte any program		
services?	of make significant changes in now	it conducts, any program	ſ	Yes X No
If "Yes." describe these changes on Sch	nedule O			
4 Describe the organization's program ser		s three largest program service	es, as measured by	
expenses. Section 501(c)(3) and 501(c)	(4) organizations are required to rep	ort the amount of grants and	allocations to others,	
the total expenses, and revenue, if any,		·		
4a (Code:) (Expenses \$ School Programs - Pro kindergarten through taught by trained vo- professionally design programs fully corre- on the key content a entrepreneurship.	ograms are designe 12th grade to own lunteer role model ned and rigorously late with state ed	ed to empower and their economics from the local current current current continuational continua	cal community criculum mate ent standard	ney are , using rials. The s and focus
4b (Code:) (Expenses \$ N/A	including grants	of\$) (Revenue \$	
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4c (Code:) (Expenses \$	including grants	of\$) (Interestate & page and and	CANCELLA CONTRACTOR OF THE STATE OF THE STAT
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41.00	shadula O \			
4d Other program services (Describe in So	including grants of\$) (Revenue \$)
(Expenses \$				
4e Total program service expenses ▶	432,084			

Form 990 (2018) Junior Achievement of the Triad Inc56-0844838 Part IV Checklist of Required Schedules

Pa	rt 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,"			NO
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II			-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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 provide advice on the distribution or investment of amounts in such funds or accounts? If			17
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
4.4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			1
	of its total 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		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l l		75
	foreign investments valued at \$100,000 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		w
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		х
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	- 17	_	- 11
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		41
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
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
_	domestic government on Part IX, column (A), line 17 in 165, complete Schedule 1, 1 and 1 and 11	10000	990	(2016

_Pa	art IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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 Schedule J	23	y'	х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K, If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		-AL
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		х
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
31	Did the organization required by the complete schedule w, r are placed by the complete schedule w. The complete schedule w, r are placed by the complete schedule with the comp			
32	and the Orbertal At Dad II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		х
~~	related organization? If "Yes," complete Schedule R, Part V, line 2	30		-28
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
30	19? Note . All Form 990 filers are required to complete Schedule O.	38	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
7.55%	Check if Schedule O contains a response or note to any line in this Part V		person	Ш
		r	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
		For	n 990	J (2018)

Form 990 (2018) Junior Achievement of the Triad Inc56-0844838

Exiter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year coverno by this return If all tests the calendary year ending with or within the year coverno by this return If all tests the is reported on line 2st, did the organizate in file all required federal employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a. bit if vess, has it filed a Form 900-T for this year? If Yor to line 3b, provide an explanation in Schedulo 0 3b. At any time during the calendary ear, did the organization have a minest nt, or a significant or authority over, a financial account in a foreign country. Year, did the organization have reminest nt, or a significant or authority over, a financial account in a foreign country. Year, did the organization have a minest nt, or a significant or authority over, a financial account in a foreign country. Year. See instructions for fifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See Was the organization party to prohibited tax scheller fransaction at any time during the tax year? 5a Did any taxable party mofily the organization that it was or is a party to a prohibited tax scheller fransaction? 5b If "Yes" did the organization indiction that were not tax deductibles as charitable contributions? 6c Constitutions that may recolve deductible contributions under section 174(c). 7b Uses a filt of the organization receives a payment in excess of \$75 made party as a contribution and party for goods and services provided to the prayer? 7c If "Yes" did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the prayer? 8c Did the organization receive and payment in excess of \$75 made party as a contribution and party for which it was required to fire from \$822? 9c Did the organization receive a payment in exc	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vac	No
Statements, filed for the calendar year ending with or within the year covered by this return. Note, if the suam of lines is and 2e is greater than 250, you may be required to e-file (see instructions) 3 if the organization have unreaded business gross inchem 61 \$100 or more during the year? b if I 'Yes,' has at lified a Form 990-T for this year? If 'No' to line 30, provide an explanation in Schedule O. 4 A rary time during the calendary year, of the organization have an interest in control or more during the year? 5 if 'Yes,' onter the name of the foreign country; levuch as a bank account, securities account, or here financial accountly? 5 if 'Yes,' onter the name of the foreign country; levuch as a bank account, securities account, or here financial accountly. 5 if Yes,' onter the name of the foreign country; levuch as a bank account, securities account, or here financial accountly. 5 if Yes,' onter the name of the foreign country; levul as a bank account, securities account, or here financial accountly. 5 if Yes,' onter the name of the foreign country; levul as a bank account, securities account, or here financial accountly. 5 if Yes,' onter the name of the foreign country; levul as a bank account, securities account, or here financial accountly. 5 if Yes,' onter the name of the foreign country; levul as a bank account, securities account, or here financial accounts of the comparation of the organization file Form 8886-T? 5 if Yes,' onter the name of the foreign country; levul as a bank account, securities and the organization file Form 8886-T? 5 if Yes,' onter the name of the organization file Form 8886-T? 5 if Yes,' onter the name of the organization file Form 8886-T? 6 if Yes,' onter the name of the organization file Form 8886-T? 6 if Yes,' onter the name of the organization file Form 8886-T? 7 if Yes,' organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 if Yes,' indicate the number of Forms 8282 filed d	20	Enter the number of employees reported on Form W.3. Transmittel of Wage and Tay		105	No
b if at least one is reported on line 2at, do the organization file all required fedoral employment tax returns? No. 1 if the sum of lines is a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross is isomore of \$1,500 or more during the year? 3b If Yes, 'has it filed a Form 590-If for this year? If Yo' to fire 3b, provide an explanation in Schedule O 3b Id A tarry time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country. Yes 3c If Yes, 'enter the name of the foreign country. Yes 3c If Yes in fire the name of the freign country. Yes 3c Was the organization aparty to a prohibilot tax sheller transaction at any time during the tax year? 5c If Yes' to fine 5a or 8b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If Yes' to fine 5a or 8b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If Yes' to fine 5a or 8b, did the organization file Form 8886-17 5d Does the organization receive a mutual gross recolpis that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable as charitable contributions or gifts were not tax deductable? 7 organization state may receive deductable contributions under section 178(c). 8b If Yes, 'did the organization network and the paper? 8c If Yes, 'did the organization network and the paper? 9c If Yes, 'did the organization netwer and two sets of \$75 made party as a contribution and party for goods and services provided to the paper? 9c If Yes, 'did the organization netwer any funds, directly or indirectly, on a personal benefit contract? 9c If Yes, 'did the organization netwer any funds, directly or indirectly, on a personal benefit contract? 9c If Yes, 'indicate the number of Forms 8282 filed during the year? 9c Did the organization netwer any funds, dire	4d				
Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-life (see instructions) 10 If "Yes," nat lifed a form 350 of the cognization have unrelated business gross income of \$1,000 or more during the year? 11 If "Yes," at lifed a form 350 of the thin year? If "No" to line 3b, provide an explanation in Schedule O 12 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other authority over, a financial accountry (such as a bank account, securities account, or other financial accounts)? 12 If "Yes," enter the name of the foreign country is the securities account or other financial accounts (FBAR). 13 Was the organization a party to a prohibitod tax sheller transaction at any time during the tax year? 14 Did any taxoble party notify the organization file Form 888-17 15 Did any taxoble party notify the organization file Form 888-17 16 Did any taxoble party notify the organization file Form 888-17 16 Did see the organization has unaul gross recipite that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 16 Did any taxoble party notify the organization file Form 888-17 17 Organizations that may receive deductible contributions under section 470(c). 18 Did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor. 18 If "Yes," indicate the number of Forms 8282 filed during the year 19 Did the organization received a contribution of the value of the goods or services provided? 19 Did the organization entity the dinor of the value of the goods or services provided? 20 Did the organization received accordination of case, boats, singlanes, or other vehicles, did the organization file a Form 108-17 21 Did the organization received a contribution of underly, to pay premiums on a personal benefit contract? 22 Did the organization received and c	h	Statements, med for the calendar year criding with the year covered by the retain	2b	x	
3 al Ut the organization have unrelated business gross income of \$1,000 or more during the year? 3 al If "Yes," has it filed a Form 300-To fire his year? "Yes" or in al 3, your voice an explanation in Schedulo O 3 b If "Yes," and it filed a Form 300-To fire his year? "Yes" or in al 3, your voice an explanation of other during the calendar year, did the organization have an interest in, or a signature or other authority over, a fire fire fire fire fire fire fire fire	D		170		
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		If "Yes," complete Form 4720, Schedule O.	For	m 990	(2010

Form	990 (2018) Junior Achievement of the Triad Inc56-0844838			age 6
Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd fo	a "N	Vo"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ir	nstruc	
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management	_	- 0	
	- Diblia la cacacita a filas	1	Yes	No
1a		W		
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			l
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	Х
6	Did the organization have members or stockholders?	6	-	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			- v
	one or more members of the governing body?	7a	-	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			· V-
	stockholders, or persons other than the governing body?	7b	-	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v	
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		do 1	122
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	, 00	Yes	No
	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	10a	100	X
	Did the organization have local chapters, branches, or affiliates?	IVa	-	- 41
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a		1 I a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a		12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	Х	
14	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		Х
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	and the state of t			
	with 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 its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None		4 (4 (4 (4)	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶			
J	acqueline McCracken Wall 3220 Northline Avenue	20	0 4	220
G	reensboro NC 27408 336	- 49	9-4	239

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the org	ganization nor a	ny re	elate	d org	ganiz	zation	CO	mpensated any current off	icer, director, or trustee.	
(A) Name and Tille	(B) Average hours per week (list any	box	(C) Position o not check more than one x, unless person is both an ficer and a director/trustee)				an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organizalion (W-2/1099-MISC)	(VV-2/1099-WISC)	organization and related organizations
(1) John Brandberg						Ħ				
Chairman	2.00	x		x				0	0	0
(2) Andrea Bunn										
Dev. Committee Chair	1.00	x						0	0	0
(3) John Chapman										
	1.00									
Director	0.00	X	_	_	_	Ш	_	0	0	0
(4) Shereif Danial	1					Ш				
Secretary	1.00	x		x				0	0	0
(5) Neal Davis										
Director	1.00	x						o	0	0
(6) Jim Donnelly	0.00	<u> </u>								
***	1.00			x				o	o	0
Chair Elect	0.00	X		^		H		0	0	
(7) Gregory Hare	1.00									
Director	0.00	x						0	0	c
(8) Melissa Harmsto										
	1.00									
Director	0.00	X				\sqcup		0	0	0
(9) Troy Heflin										
	1.00								_	ļ ,
Director	0.00	X		├-	Н		_	0	0	0
(10) Cyndi M. Holt	1 00									
Director	1.00	x						0	0	0
(11)Laurie Jamison										
	1.00								o	0
Director DAA	0.00	X		L_	Ш	Ш	_	0		Form 990 (2018

Form 990 (2018) Junior Achievement of the Triad Inc56-0844838

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and litle Average hours per week (list any hours for			nol c , unle cer ar	Pos heck ss pe	c) ition more rson i	than o	one an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		f on	
Publ	related organizations below dotted - line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	n Co	11 17 3	organization and related organization	d
(12) Brian Mann	1.00											
Director	0.00	X						0	0			0
(13) Vernon McHam	1											
Director	1.00	x						0	0			0
(14) Matthew Mulr												
	1.00	.							o			0
Past Chairman (15) Tracy Myers	0.00	X		Х	_	-	-	0	0			
(10) ITACY MYCLD	1.00	ĺ										
Director	0.00	x						0	0			0
(16) Jonathan Per	1											
Director	1.00	x						0	0			0
(17) Tandra Redd	0.00	Ť	П									-
\$7450548851114281400198800000980800000	1.00											
Director	0.00	X						0	0			0
(18) Lori Roberts	1.00											
Director	0.00	x						0	0			0
(19) Steve Scott												
Director	1.00	x						0	0			0
1b Sub-total		in Alestas	(4)6,4(4		r toka e	(((((((((((((((((((•					
c Total from continuation sho		, Se	ctior	ı A	O(E)	100		84,000				,353
d Total (add lines 1b and 1c) Total number of individuals (in	actuding but not	limit	ed to	tho	ا م	sted	aho	84,000	n \$100,000 of			, 333
reportable compensation from				, 1110	JC 11	oica					10	es No
3 Did the organization list any f	iormer officer, d	irecto	or, oi	r trus	stee,	key	em	ployee, or highest comper	nsated			
employee on line 1a? If "Yes,	" complete Sche	dule	J fo	r su	ch ii	ndivid	lual			state i	3	X
4 For any individual listed on lin organization and related organization	ne ra, is the sur inizations greate	n or r tha	repo an \$1	150,0	e co)00?	rnper 'If "Y	es,'	complete Schedule J for	such			
individual				3000.0	2310-01	111111		01841019419419419419494		X193288 - 3	4	X
5 Did any person listed on line for services rendered to the or	organization? If	Yes,	" COI	npei nple	te S	ched	ule	J for such person	Or individual	oronii.	5	x
Section B. Independent Contrac	tors											
Complete this table for your f compensation from the organ	ive highest com	pens	ated	inde ation	eper for	ident the c	cor	ntractors that received mor	e than \$100,000 of vithin the organization's ta:	x year.		
	(A) d business address								(B) tion of services		Comp	C) ensation
1,0110.301								•				
				_			_					
												
				_								
2 Total number of independent	contractors (inc	udin	g bu	t not	lim	ited t	o th	ose listed above) who	0			
received more than \$100,000	or compensation	ni tre	orn ti	ie o	yan	Zalic	/II P		U		Form \$	990 (2018)

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Busn. Code

684,607

_	
_	
0	9,385
	Form 990 (2018)

616

11a b c

b Less: direct expenses

10a Gross sales of inventory, less returns and allowancesb Less: cost of goods sold

d All other revenue

Total. Add lines 11a-11d

12 Total revenue. See instructions

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

DAA

Form **990** (2018)

Form 990 (2018) Junior Achievement of the Triad Inc56-0844838

	int IX Statement of Functional Ex	omplete all columns. All o		implete column (A).	
	Check if Schedule O contains a respond include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	8b, 9b, and 10b of Part VIII.	nend	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	HON			A V
2	Grants and other assistance to domestic				P. Total
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		40.550	0 005	40 650
	trustees, and key employees	90,353	40,659	9,035	40,659
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	267,446	184,784	17,349	65,313
8	Other salaries and wages Pension plan accruals and contributions (include	207,440	101//01	11/313	03/323
0	section 401(k) and 403(b) employer contributions	9,660	4,347	966	4,347
9	Other employee benefits	23,552	10,598	2,356	10,598
10	Payroll taxes	27,523	16,921	2,091	8,511
11	Fees for services (non-employees):			-	
а	Management				
b	Legal				
С	Accounting	10,606		10,606	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	445		445	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				0.001
12	Advertising and promotion	3,505	318	296	2,891
13	Office expenses	7,357	3,298	407 332	3,652 1,350
14	Information technology	4,366	2,684	332	1,350
15	Royalties	27,246	16,751	2,070	8,425
16	Occupancy	11,998	11,998	2,010	0,123
17 18	Payments of travel or entertainment expenses	11,990	11,550		
10	for any federal, state, or local public officials				
19					
20	Interest				
21	Payments to affiliates	29,746	29,746		
22	Depreciation, depletion, and amortization	9,284	5,708	705	2,871
23	Insurance	5,705	5,111	117	477
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	60 400	04 400	2 500	0 500
a	Materials and supplies	90,429	84,403	3,500	2,526 80
b	Staff education/training	14,812	14,712	2,782	1,203
C	Bank fees Bad Debt	3,985	-	4,102	3,600
ď	All other expenses	1,428	46	6	1,376
25	Total functional expenses. Add lines 1 through 24e	643,046	432,084	53,083	157,879
26		515/510		32,133	
	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 (2018

art		e da sas i llas	in this Dort V			П
	Check if Schedule O contains a response or note	e to any line	in this Part X	(A)		(B)
	Terms of the state		2.0	Beginning of year		End of year
1	Cash—non-interest bearing	N 1075 2	a mill	117,212	1	185,873
2			ELEMAN SANTERS MALE	37,473	2	41,049
3	Pledges and grants receivable, net	mai primitin	man, arm, and a	141,440	3	156,957
4		4,804	4	3,086		
5						
	trustees, key employees, and highest compensated er		,			
	Complete Part II of Schedule L	5				
6	0.0000000000000000000000000000000000000	ersons (as de	fined under section		-	
	4958(f)(1)), persons described in section 4958(c)(3)(B)					
	sponsoring organizations of section 501(c)(9) voluntary	y employees	beneficiary			
	organizations (see instructions). Complete Part II of So		6			
7 8	Notes and loans receivable, net	TOUGHUE HERE	sporting and the second		7	
8				5,049	8	4,530
9	A STOREM THE DESIGNATION OF THE PARTY OF THE			2,300	9	1,150
10	a Land, buildings, and equipment; cost or					
	other basis. Complete Part VI of Schedule D	10a	851,896			
t	other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	10b	206,446	609,288	10c	645,450
11	Investments—publicly traded securities		unionana and representation		11	
12	Investments—other securities. See Part IV, line 11		where are sent and the state of	22,483	12	22,764
13		ASSESSMENT OF THE PARTY OF THE			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		1074111111111111111		15	
16	Total assets. Add lines 1 through 15 (must equal line	34)	JAN. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	940,049	16	1,060,859
17	Accounts payable and accrued expenses	5,758	17	23,880		
18	Grants payable	enteroner terro	000000000000000000000000000000000000000		18	
19	Deferred revenue		*****		19	
20	490000040000000000000000000000000000000	17.55.1	Summananemenanë		20	
21	Escrow or custodial account liability. Complete Part IV	of Schedule	D		21	
22						
	trustees, key employees, highest compensated employ	yees, and				
22	disqualified persons. Complete Part II of Schedule L	000000000000000000000000000000000000000	TOTAL STREET, THE TAXABLE PARTY OF THE TAXABLE PARTY.		22	
23	Secured mortgages and notes payable to unrelated the				23	6E 000
24		200000	reprosentation (24	65,000
25						
	parties, and other liabilities not included on lines 17-24			13,127	25	7,861
	of Schedule D			18,885	25 26	96,741
26				10,000	20	20,112
	Organizations that follow SFAS 117 (ASC 958), ch	,	A and			
27	complete lines 27 through 29, and lines 33 and 34			756,041	27	734,807
27				144,617	28	208,805
28	Danis and the said of the said			20,506	29	20,506
29	Organizations that do not follow SFAS 117 (ASC §	258) check	hore and	20,200		
	complete lines 30 through 34.	Jooj, Check				
30	· -				30	
31	5720(5)	ent fund			31	
27 28 29 30 31 32					32	
33	T () () () () () () () () ()			921,164	33	964,118
100	Total liabilities and net assets/fund balances		+ 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	940,049	34	1,060,859

Form	990 (2018) Junior Achievement of the Triad Inc56-0844838				Pag	e 12
	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			4,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,0	
3	Revenue less expenses. Subtract line 2 from line 1	3	S		1,5	
4	Net assets or fund balances at beginning of year (must equal Part X, Ilne 33, column (A))	4		92	1,1	
5	Net unrealized gains (losses) on investments	5		J.		111
6	Donated services and use of facilities	6			1,2	283
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			Children		
	33, column (B))	10		96	4,1	118
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		-1-12/1-1		AND IN	
			F		Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.			.		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.00	0.000	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1			
	reviewed on a separate basis, consolidated basis, or both:		1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	2b	х	
b	Were the organization's financial statements audited by an independent accountant?		arran -	2D		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	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				х	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		-
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			20		x
	the Single Audit Act and OMB Circular A-133?		000000000	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			3b		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	1151935	24400-1		990	(2018)

Form 990 (2018) Junior Achievement of the Triad Inc56-0844838

	(A) Name and title	(B) Average hours per week (list any hours for	bo	k, unle	Pos check ess pe	rson	than o is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimat amount other ompens: from the	t of ation
	Publ	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	n Co		organiza and rela organizat	ated
(20) Martin Smith	1.00											
	rector	0.00	x						0	0			C
(21	.) Steve Swetoh	a 1.00											
Dir	ector	0.00	x						0	0			C
(22) Adrienne Wal												
	animier	1.00	x		x				o	o			(
(23		cCracken		al			П						
Pre	esident & CEO	40.00			x				84,000	o			6,353
110	saluent & Cho	0.00			A				01,000				0,000
F4140	calcinitativa e cualizaria de la figura de la Medica de la electrica de la medica de la electrica de la electr	Control action and action of the			_		_	_					
588	1440304110501110501111111111111111111												
- E-1-1	na lissura i se degració accedida e és de L												
C 85%	CONTRACTOR AND SOME TO ACTUATION SERVICES SAID												
1b	Sub-total				2,611	100000		>	84,000				6,353
	Total from continuation sh		, Se	ctio	ı A		537	>					
2	Total (add lines 1b and 1c) Total number of individuals (i	ncluding but not			tho	se li	sted	abo	ve) who received more that	an \$100,000 of			
	reportable compensation fron	71			-	_							Yes No
3	Did the organization list any temployee on line 1a? If "Yes,	f ormer officer, d " complete Sche	irecte	or, o	r tru:	stee, ch ii	, key	em _i lual	ployee, or highest comper	nsated		3	
4	For any individual listed on lin organization and related orga	ne 1a, is the sun	n of	геро	rtabl	e co	mper	ısati	ion and other compensatio	on from the	1000000	4	
5	individual Did any person listed on line	1a receive or a	ccrue	e cor	nper	nsati	on fro	m a	any unrelated organization	or individual	(175757)		
Sect	for services rendered to the ion B. Independent Contract		Yes	" co.	mple	te S	ched	ule	J for such person		an arrow	5	
1	Complete this table for your	ive highest com	pens	sated	ind	eper	ndent	cor	tractors that received mor	e than \$100,000 of	, woode		
-	compensation from the organ	(A) d business address	comp	ens	ation	TOF	tne c	aier	ndar year ending with or w	(B) tion of services	year.	Cor	(C) mpensation
	IVania an	d business address							Безопр	HOTT OF SETVICES			ngorrodusis
					_								
-													
2	Total number of independent received more than \$100,000	contractors (inc	ludin	g bu	t no	t lim	ited t	o th	ose listed above) who				
544	received more than \$100,000	or compensation	#1 III	JIII (IC U	ydi	Lall					Form	990 (201

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.

2018

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer Identification number Name of the organization 56-0844838 Junior Achievement of the Triad Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s) (vI) Amount of (iv) Is the organization (v) Amount of monetary (III) FIN (III) Type of organization (i) Name of supported other support (see (described on lines 1-10 listed in your governing support (see organization document? instructions) instructions) above (see instructions)) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2018 Junior Achievement of the Triad Inc56-0844838

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.)

Sec	tion A. Public Support			2.00			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	309,458	286,823	350,053	329,620	467,325	1,743,279
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	309,458	286,823	350,053	329,620	467,325	1,743,279
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
2	shown on line 11, column (f)						117,432
6	Public support. Subtract line 5 from line 4 ::tion B. Total Support						1,625,847
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
				350,053	329,620	467,325	1,743,279
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,202	286,823	48	100	616	13,527
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.)		58,991	168,813	240,941	207,281	676,026
11	Total support. Add lines 7 through 10						2,432,832
12	Gross receipts from related activities, etc	. (see instructions)	(140)	0.0000000000000000000000000000000000000	(6006)01186010001000000000000		77,492
13	First five years. If the Form 990 is for the		st, second, third, f	ourth, or fifth tax ye	ear as a section 5	601(c)(3)	. —
Coo	organization, check this box and stop he				*******		
	tion C. Computation of Public			(0)		14	66.83 %
14	Public support percentage for 2018 (line 6	o, column (1) divided	by line 11, colur	nn (1))		15	67.30%
15	Public support percentage from 2017 Sch 33 1/3% support test—2018. If the orga	iedule A, Part II, IIn	e 14 martinarios inchi	20000000000000000000000000000000000000	22 1/20/ as mare		67.30 76
16a	box and stop here . The organization qua				33 1/3/6 01 111016	, CHECK IIIIS	▶ X
b	33 1/3% support test—2017. If the organization qua				15 is 33 1/3% or	more check	2.110.012.02.22
b	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—2				16a. or 16b. and I		******
	10% or more, and if the organization med						
	Part VI how the organization meets the "organization			•	•	-	▶□
b	10%-facts-and-circumstances test—2	017. If the organiza	tion did not check	a box on line 13.	16a, 16b, or 17a.	and line	Additional -
	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization n						
	aumorted erapsization	andres assumes					• [
18	Private foundation. If the organization d	id not check a box	on line 13, 16a, 1	6b, 17a, or 17b, ch	neck this box and	see	
	instructions						▶

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Sec	tion A. Public Support	quamy union		/ H		This is a second		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		JUC			ノリ	W	V
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		Į.				1	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b				-		-	
8	Public support. (Subtract line 7c from							
000	tion B. Total Support							
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
	· · · · · · · · · · · · · · ·	(a) 2014	(b) 2015	(6) 2010	(u) 2017	(6) 201	-	(i) rotal
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.) First five years. If the Form 990 is for the	organization's fi	ret second third	fourth or fifth tay	vear as a section	501(c)(3)		
14	organization, check this box and stop her			Tourist, or man tax		001(0)(0)		▶ □
Sec	tion C. Computation of Public S							
15	Public support percentage for 2018 (line 8			umn (f))			15	%
16	Public support percentage from 2017 Sche						16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2018 (I			13, column (f))	or our annexages	marateria de	17	%
18	Investment income percentage from 2017						18	%
19a	33 1/3% support tests—2018. If the orga	anization did not o	check the box on I	ine 14, and line 1	5 is more than 33	1/3%, and lir	ne	
	17 is not more than 33 1/3%, check this bo							******
b	33 1/3% support tests-2017. If the orga	anization did not d	check a box on line	e 14 or line 19a, a	and line 16 is more	than 33 1/3	%, and	
	line 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization die	d not check a box	x on line 14, 19a,	or 19b, check this	box and see instr	uctions	97.55 - 57.5	

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018

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

Section	A.	All	Sup	porting	Organ	izations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		-
10a		
10b	or 990-l	

Schedule A (

	le A (Form 990 or 990-EZ) 2018 Junior Achievement of the Triad Inc56-084483	8		Page 5
Par	t IV Supporting Organizations (continued)			(M/M/G)
44	the the constant of the control of the fill of the following appears		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	160	
h	A family member of a person described in (a) above?	11b	7	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	7	
	on B. Type I Supporting Organizations	1110		
-	on at type treatpoining organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		View	61-
V-411			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1		
Secti	the supported organization(s). on D. All Type III Supporting Organizations			
0000	on birth type in supporting enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instruction	ns).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	truction	-1	
С	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see inst	ractions	o/-	
2 A	activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.	3b		

Check here if the organization satisfied the Integral Part Test as a qualifying trust of			
instructions. All other Type III non-functionally integrated supporting organizations attion A - Adjusted Net Income	s must com	(A) Prior Year	(B) Current Yea
Net short-term capital gain	11	1 6 45	
Recoveries of prior-year distributions	2	The state of the s	N- Y
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
ollection of gross income or for management, conservation, or			
aintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
etion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see			
structions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
50000000000000000000000000000000000000			
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
ee instructions).	5		
Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
Multiply line 5 by .035.	7		
Recoveries of prior-year distributions	8		
Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
mergency temporary reduction (see instructions).	6		

Junior Achievement of the Triad Inc56-0844838 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2019. Add lines 3j 8 Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

e Excess from 2018

Part VI Supplemental Information. Provide the III, line 12; Part IV, Section A, lines 1, 2, 3 B, lines 1 and 2; Part IV, Section C, line 1 3a, and 3b; Part V, line 1; Part V, Section	explanations reals, 3c, 4b, 4c, 5; Part IV, Section B, line 1e; Part	ia, 6, 9a, 9b, 9c, 11a, 11 on D, lines 2 and 3; Part t V, Section D, lines 5, 6	; Part II, line 17a or 17b; Part b, and 11c; Part IV, Section IV, Section E, lines 1c, 2a, 2b , and 8; and Part V, Section E
Part II, Line 10 - Other Income		nal information. (See inst	ructions.)
100 00 100 100 100 100 100 100 100 100		225 000	
Government revenue	\$	235,000	
Donated materials	\$	26,594	**************************************
Net special event income	\$	414,432	
ELECTIVE BELLEVERENCE CONTROL			
	STATES TO SELECT STATES		
#2.225.232.2121254.645284.455.21,042.00.44.0131.410.1131.410.113.F414118.64.930.00			MIRROR CONTRACTOR CONT
Comparing the property of the	oneno concuenció		
VALITATE STREET PROTESTER STREET			5112-00-00-00-00-00-00-00-00-00-00-00-00-00
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2. ATTITUS ETTA ERESEEDES DE DESPENANTAMENTO EXAMES EN REGIOTI O		SOURCE SEE HOUSE ASSETS TO THE	+ 6000 Personal description (1000 1000 1000 1000 1000 1000 1000 10
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3 (4.4.1.4.2.1.4.1.4.4.4.4.4.4.4.4.4.4.4.4.	recorder Since State		

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

2018

Name of the organization

Employer identification number

Junior Achie	evement of the Triad Inc 56-0844838						
Organization type (check	: one):						
Filers of:	Section						
Form 990 or 990-EZ X 501(c)(3) (enter number) organization							
	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						
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.						
Special Rules							
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during literary, or education	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.						
contributor, during contributions totale during the year for General Rule app	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						
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,						

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 1 of 2 Page 2
Employer identification number Name of organization

Juni	313		-0844838
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,784	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 23,000	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		\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions \$ 14,999	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	Name, audress, and zir + 4	\$ 92,188	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2018)	Pa	ge 2 of 2 Page 2
Name of o	rganization or Achievement of the Triad Inc		Employer identification number 56-0844838
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 15,000	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
8		\$ 21,423	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
S SSSS		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
Econom		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(# Sept. 885e		\$	Person Payroll Noncash (Complete Part II for

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 2018 Open to Public Inspection

Ju	nior Achievement of the Triad Inc	ection	56-0844838
Par		unds or Other Similar Fund	ds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
	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 th	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's ex		
	Did the organization inform all grantees, donors, and donor advisors in		
(only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose	
		CONTRACTOR STATE OF THE STATE O	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" or	Form 990, Part IV, line 7.	
1 .	Purpose(s) of conservation easements held by the organization (chec		
T	Preservation of land for public use (e.g., recreation or education)	Section 1	/ important land area
- 1	Protection of natural habitat	Preservation of a certified h	nistoric structure
ı	Preservation of open space	<u> </u>	
2 (Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a	a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
a -	Total number of conservation easements		2a
			0.
	Number of conservation easements on a certified historic structure in		
	Number of conservation easements included in (c) acquired after 7/25		
			2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the or	rganization during the
	ax year ▶		
4 1	Number of states where property subject to conservation easement is	s located >	
5 I	Does the organization have a written policy regarding the periodic mo	onitoring, inspection, handling of	
,	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conserv	vation easements during the year
ı			
	Amount of expenses incurred in monitoring, inspecting, handling of vi ▶ \$	olations, and enforcing conservation	easements during the year
	Does each conservation easement reported on line 2(d) above satisf	v the requirements of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Von No
9	In Part XIII, describe how the organization reports conservation easer	ments in its revenue and expense st	tatement, and
i	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
	t III Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or	t, Historical Treasures, or on Form 990, Part IV, line 8.	Other Similar Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958),		nt and balance sheet
14 1	works of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research	in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its finan		
	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	works of art, historical treasures, or other similar assets held for publi		
	public service, provide the following amounts relating to these items:		
,	(i) Revenue included on Form 990, Part VIII, line 1		5
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, of	or other similar assets for financial q	gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958		
	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
or P	Assets included in Form 990, Part X approved to the Instructions for Form 9	90.	Schedule D (Form 990) 201

Sche	dule D (Form 990) 2018 Junior Ac	chievement	of the Tri	<u>.ad Inc56-0</u>	844838			Pag	
Pa	rt III Organizations Maintaining	g Collections of	Art, Historical	Treasures, or O	ther Sim	lar Ass	ets (co	ontinue	ed)
3	Using the organization's acquisition, accessicollection items (check all that apply):	on, and other records	, check any of the fo	llowing that are a sig	nificant use	of its			
а	Public exhibition	d ∏ L	oan or exchange pro	grams					
b	Scholarly research	еПо	ther		and Market and Company	COL			
С	Preservation for future generations		The state of the s		1				
4	Provide a description of the organization's c	ollections and explain	how they further the	organization's exemi	ot purpose i	n Part	< y		
·	XIII.	2.02324112 31114 3117	180000			0.0 000			
5	During the year, did the organization solicit	or receive donations of	of art historical treas	ures or other similar					
3	assets to be sold to raise funds rather than						Υe	e 🗍	No
Da	art IV Escrow and Custodial A		dait of the organization	ins conections		all control		3	110
го	Complete if the organization		" on Form 990, F	Part IV, line 9, or	reported	an amou	unt on	Form	
	990, Part X, line 21.								_
	Is the organization an agent, trustee, custod included on Form 990, Part X?		60-000-00-000-00-0-0-000-00-0-00-0-0-0-	or other assets not	SALE FOR STREET	STATEMENT	Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XII	and complete the fol	llowing table:		_				
							Amoun		
С	Beginning balance		Prince Control Table Control		1	:			
d	Additions during the year	descuting the trade on some			_10	d l			_
	Distributions during the year					9			
	Ending balance		HARRY MINOREDALONS		11				=3
	Did the organization include an amount on f	orm 990. Part X. line	21. for escrow or cu	stodial account liabilit	v?		Ye	s	No
	If "Yes," explain the arrangement in Part XIII					Paramanan Parama	ш.		
	rt V Endowment Funds.	CHOCK HOLD II THE G	planta in the second						
	Complete if the organization	n answered "Yes"	on Form 990 F	Part IV line 10					
-	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years bad	ck
	<i>,</i>	22,483	21,295	19,278		28,825	(e) ou	28,8	_
	Beginning of year balance	22,403	21,293			20,023		20,0	-
	Contributions			506					-
C	Net investment earnings, gains, and								
	losses	281	1,188	2,511		-1,335			61
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs			1,000		8,212			
f	Administrative expenses								
g	End of year balance	22,764	22,483	21,295		L9,278		28,8	25
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g. column (a)) held as:					
_ a	Board designated or quasi-endowment	%	(73, 00.0 (2)	,					
	Permanent endowment > %	TANKS TO SEE THE SECOND							
	Temporarily restricted endowment ▶	%							
·	141	300100100							
	The percentages on lines 2a, 2b, and 2c sh		P						
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are neid and	a administered for the			ſ	Van I	
	organization by:						[a m		Vo.
	(i) unrelated organizations						3a(i)	Х	-
	(ii) related organizations					C+ (1 * c+ + 5 (c+	3a(ii)		<u>x</u> _
	If "Yes" on line 3a(ii), are the related organization					vanusarea ea	_3b_		_
4	Describe in Part XIII the intended uses of the		wment funds.						_
Pa	rt VI Land, Buildings, and Equ	ıipment.	VP HULE FOR DOORSE FLE	A SANCHE I TORONICO A DESCRIPTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTIO	2000		1149		
	Complete if the organization	n answered "Yes'	' on Form 990, F	Part IV, line 11a.	See Form	990, Pa	art X, li	ne 10.	_
	Description of property	(a) Cost or other ba	sis (b) Cost or of	ther basis (c) /	Accumulated		(d) Book	value	
		(investment)	(othe	r) de	preciation				
1a	Land		38	6,371			38	6,37	71
	D. 9.45			5,998	120,3	56		5,64	
	Leasehold improvements								
	Equipment		Я	19,527	86,0	90		3,43	37
	Others					_			
	Other								

(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of Hability (b) Book value (1) Federal income taxes (2) Accrued liabilities (6,001) (3) Security deposits (1,860) (4)	Part VII	Form 990) 2018 Junior Achievement of Investments—Other Securities.			
(a) Backgroun of security (b) Book value (c) Method of valuation (cot of grand-dywer random value (c) Method of valuation (cot of grand-dywer random value (c) Financial defivatives (c) Cot of grand-dywer random value (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 9	90, Part X, line 12.
(1) Financial defivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(a) Description of security or category		(c) Method	of valuation:
(2) Closely-held equity interests (3) Other (4) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(including name of security)	9.4	Cost or end-of-y	ear market valué
(3) Other (4) (6) (7) (8) (9) (9) (10) ((1) Financial	derivatives			11711
(A) (B) (C) (C) (D) (C) (D) (E) (F) (G) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (g) Memored of investment (g) Memored of investment (g) Memored of investment (g) Memored of investment (g) Memored (g) Memored of investment (g) Memored of investment (g) Memored (g		eld equity interests			
(B) (C) (C) (D) (E) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	10115				
(C) (D) (E) (E) (F) (G) (G) (H) Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation (d) Method of valuation (d) Method of valuation (d)					
(C) (E) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(E) (F) (G) (G) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(F) (S) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, li (a) Description of Investment (b) Book value (c) Metrod of valuation: Cost or end-of-year metrical value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, li (a) Description (b) Book (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. (a) Description of liability (b) Book value (b) Book value (c) Federal income taxes (c) Accrued 1 labilities (c) 1,860 (d)					
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, ii (a) Description of investment (b) Book value (c) Matricul of valuation: Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, ii (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. see Form 990, Part X, ii (b) Book (1) (c) (d) (d) (e) (f) (e) (f) (f) (g) (g) (g) (h) Book value (h) Book value (h) Book value (l) Federal income taxes (2) Accrued 1.1abilities (6,001) (3) Security deposits (1,360)	Charles Landers				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		성계 전기로 보고 보고 있다. 전기			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, li (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end of-year method valuation: Cost or end of-year method value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, li (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued 1 abbilities (6,001) (3) Security deposits 1,860 (4)					
Part VIII	The second second second second second	n (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (h) (h) Book (h) (h) Book (h) (h) Book (h) (h) (h) Book (h)		Investments—Program Related.		25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, id (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, id (b) Brook (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued 1 Liabilities (6,001) (3) Security deposits 1,860 (4)	Christian Inches	Complete if the organization answered "Yes"			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) > Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued 1 liabilities (2) Accrued 1 liabilities (3) Security deposits (4)		(a) Description of investment	(b) Book value	1	
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, li (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X of line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued 1 iabilities (3) Security deposits (4)					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, li (a) Description (b) Book (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X of line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued liabilities (2) (3) Security deposits (1,860) (4)	A 640.6				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (b) Book value (1) (1) Federal income taxes (2) Accrued liabilities (5, 001 (3) Security deposits (1, 860 (4))					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, li (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued 1iabilities (4) (3) Security deposits (4)	0.0247				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued 1iabilities 6,001 (3) Security deposits 1,860 (4)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued 1 liabilities 6,001 (3) Security deposits 1,860 (4)	GV.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued 1 Liabilities (4) (3) Security deposits (4)					
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7,861 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Total revenue, gains, and other support per audited financial statements				Return	1.9
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ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, Line 4 - Intended Uses for Endowment Funds Contributions to the endowment fund will be held in perpetuity. An annual spending rate distribution as calculated byt the Community Foundation of Greater Greensboro will be used to support operations. Part XI, Line 2d - Revenue Amounts Included in Financials - Other Special event direct expenses - revenue offset \$ 8,937 Part XII, Line 2d - Expense Amounts Included in Financials - Other Special event direct expense - materials expense \$ 8,937	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		**************************************	5	643,04
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Schedule D (Form 990) 2018 Junior Achievement of the	Triad	Inc56-0844838	Page 5
Part XIII Supplemental Information (continued)			
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SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization 56-0844838 Junior Achievement of the Triad Inc Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have custody or (iv) Gross receipts (or retained by) (or retained by) (i) Name and address of individual (li) Activity organization from activity fundraiser listed in or entity (fundraiser) control of col. (i) ontributions? Yes No 2 3 5 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing:

Schedule G (Form 990 or 990-EZ) 2018 Junior Achievement of the Triad Inc56-0844838 Page 2

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

	_	gross receipts	greater than \$5,000.			
a)		Pub	(a) Event #1 Hall of Fame (event type)	(b) Event #2 Spring Cultivat (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	116,685	27,022	17,921	161,628
		Less: Contributions	103,788	20,837	17,921	142,546
	3	Gross income (line 1 minus line 2)	12,897	6,185		19,082
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	29,895		650	30,545
Expenses	7	Food and beverages		3,176		3,176
Direct	8	Entertainment				
	9	Other direct expenses	3,056	5,688	193	8,937
		Direct expense summary Net income summary, Su	42,658 -23,576			
Р	art	III Gaming. Com	nplete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990), Part IV, line 19, or re	eported more
Φ		than \$15,000 ((a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(2) 211.90	bingo/progressive bingo		col. (a) through col. (c))
<u>~</u>	1	Gross revenue			//	
Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses		T vos	Yes %	
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary	. Add lines 2 through 5 in column	(d)	K + NO. STEP OF A PARTY TO THE A STATE OF THE STATE OF TH	
	8	Net gaming income sum	mary. Subtract line 7 from line 1, o	column (d)	•	
	ls 1		ne organization conducts gaming a to conduct gaming activities in eac			Yes No
		ere any of the organization Yes," explain:	n's gaming licenses revoked, susp	ended, or terminated during the ta	x year?	Yes No
)EB					

Sche	edule G (Form 990 or 990-EZ) 2018 Junior Achievement of the Triad Inc56-0844838 Page 3
11	
12	Does the organization conduct gaming activities with nonmembers? 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
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 48
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address >
1E0	Door the organization have a contract with a third party from whom the organization receives garning
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
h	revenue? Yes No If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
D	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
·	The feet than address of the third party.
	Name The first and the second an
	1.71 St.1.11 (CS3) 1.11 St.1.11 St.1.1
	Address •
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer
47	Mandaton, distributions
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	Von I No.
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
U	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
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	See instructions.
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open 1

2018
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

Junior Achievement of the Triad Inc 56-0844838 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed by the Finance Committee and distributed to the Board of Directors prior to filing. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflict of Interest Policy and Code of Conduct are signed annually. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors determines the compensation of the President. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents, conflict of interest policy, and financial statements are available to the public upon request. Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Special event direct expenses - revenue offset 8,937 Special event direct expense - materials expense -8,937 Book / Tax Depreciation Difference \$ -1 Total

Form 4562

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number Name(s) shown on return Junior Achievement of the Triad Inc 56-0844838 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 15 Property subject to section 168(f)(1) election 9,285 16 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) 17 0 MACRS deductions for assets placed in service in tax years beginning before 2018 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment_use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. MM 27.5 yrs. S/L Residential rental ММ property S/I 27.5 yrs. MM S/L 39 yrs. Nonresidential real MM S/L property Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L C d 40-year MM S/L 40 yrs. Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 9,285 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs