Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning JUL 1 , 2024, and ending JUN 30 , 20 25

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer
JUNIOR ACHIEVEMENT OF OKLAHOMA, INC.

EIN or SSN
73-0757053

Name and title of officer or person subject to tax JOHN CURZON
DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	4,991,850.
2a	**Form 990-EZ** check here		b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize MORSE & CO., PLLC to enter my PIN 57053

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 2/20/202

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 73895683147

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature Jason Cobb Date 2/19/26

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 **and ending** JUN 30, 2025

B Check if applicable: Address change; Name change; Initial return; Final return/ termin-ated; Amended return; Applica-tion pending

C Name of organization
JUNIOR ACHIEVEMENT OF OKLAHOMA, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 3947 S. 103RD EAST AVENUE — Room/suite

City or town, state or province, country, and ZIP or foreign postal code
TULSA, OK 74146

D Employer identification number
73-0757053

E Telephone number
(918) 663-2150

G Gross receipts $ 5,260,008.

F Name and address of principal officer: JOHN CURZON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes [X] No [ ]

H(b) Are all subordinates included? Yes [ ] No [ ]
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.JAOK.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1966 **M** State of legal domicile: OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	35
6	Total number of volunteers (estimate if necessary)	6	4387
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,342,190.	4,463,185.
9	Program service revenue (Part VIII, line 2g)	301,925.	333,455.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,800.	63,666.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	308,660.	131,544.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,046,575.	4,991,850.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,164,714.	1,390,356.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 267,677.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,127,982.	1,421,733.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,292,696.	2,812,089.
19	Revenue less expenses. Subtract line 18 from line 12	1,753,879.	2,179,761.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,201,600.	11,108,534.
21	Total liabilities (Part X, line 26)	541,701.	1,108,202.
22	Net assets or fund balances. Subtract line 21 from line 20	7,659,899.	10,000,332.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 02/20/2026

JOHN CURZON, DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name: JASON T. COBB	Preparer's signature: Jason Cobb	Date: 2/19/26	Check if self-employed	PTIN: P01649298

Firm's name: MORSE & CO., PLLC — Firm's EIN: 45-3705962

Firm's address: 6060 S AMERICAN PL ST E, TULSA, OK 74135-4351 — Phone no. 918-749-1040

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Oklahoma Return of Organization Exempt from Income Tax

Name of Organization:	Federal Employer Identification Number:
JUNIOR ACHIEVEMENT OF OKLAHOMA, INC	73-0757053

Amount from line 14 on page 1 ____ 00

Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 4 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

15	Donations from your refund	☐ $2 ☐ $5 ☐ $ _____		15	00
16	Add lines 14 and 15 and enter amount			16	00
17	Amount to be refunded to you (line 13 minus line 16)		**Refund**	17	00

Direct Deposit Note: →

All refunds must be by direct deposit. See Direct Deposit Information on page 5 for details.

Is this refund going to or through an account that is located outside of the United States? ☐ **Yes** ☐ **No**

Deposit my refund in my: ☐ **Checking Account** ☐ **Savings Account**

Routing Number:

Account Number:

18	Tax Due (if line 7 is larger than line 12 enter tax due)		**Tax Due**	18	00
19	For delinquent payment, add penalty of 5% plus interest at 1.25% per month			19	00
20	Underpayment of estimated tax interest	Annualized ☐		20	00
21	Total tax, penalty and interest due - Add lines 18-20; pay in full with return		**Balance Due**	21	00

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee	Date	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.	Signature of Preparer	Date
John Curzon	02/20/2026	X	Jason Cobb	2/19/26
Printed Name: JOHN CURZON			Printed Name of Preparer: JASON T. COBB	
Title: DIRECTOR	Phone Number: 9186632150		Phone Number: 9187491040	Preparer's PTIN: P01649298

SCHEDULE 512-E-X: AMENDED RETURN SCHEDULE (See instructions on page 3)

A Did you file an amended Federal income tax return? ☐ Yes ☒ No

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B If this return is being filed due to a Federal audit, **provide** a complete copy of the RAR.

C Explanation or reason for amended return (**provide** all necessary schedules):

Do not staple documentation to this form. To attach items, please use a paper clip.

Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.