# 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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2022 calen	dar year, or tax year beginning $7/01$ , 2022, and ending $6/3$	.0	, <b>20</b> 2023			
В	Check	if applicable:	C	D Employer ident	ification number			
	Па	ddress change	Junior Achievement of Oklahoma, Inc.	73-0757	053			
	$\vdash$	lame change	laa	E Telephone num				
	-	•	Tulsa, OK 74146	•				
	-	nitial return	-	<u>(918) b</u>	63-2150			
	Fi	nal return/terminated						
	ШΑ	mended return		<b>G</b> Gross receipts				
	L A	pplication pending	F Name and address of principal officer; H(a) Is this a	group return for sul	bordinates? Yes X No			
	_		Same As C Above	subordinates include attach a list. See ins	d? Yes No			
1	Tax-	-exempt status:	X   501(c)(3)   501(c) ( ) (insert no.)   4947(a)(1) or   527	attacii a iist. See iii:	structions.			
J				xemption number				
K		n of organization:	X Corporation Trust Association Other L Year of formation: 1966					
	nt l	Summar		Jan State of I	egai domicile. VI			
ITC	1		<b>y</b> be the organization's mission or most significant activities: <b>Junior Achieveme</b>	Ol-1				
	<b>'</b>							
9			d to educating students about work readiness, entrepr	reneursni	o, and			
ᇤ	İ	Ilnancia	l literacy through experiential hands-on programs.					
ë	١ ـ	<u></u>						
õ	2	Check this bo						
৺	3 4		ting members of the governing body (Part VI, line 1a)dependent voting members of the governing body (Part VI, line 1b)		14			
S	5		of individuals employed in calendar year 2022 (Part V, line 2a).		$\frac{14}{29}$			
Ę	6		of volunteers (estimate if necessary)					
Activities & Governance	72		ed business revenue from Part VIII, column (C), line 12		3 627			
4			business taxable income from Form 990-T, Part I, line 11.		0.			
		Tiet differated		ior Year	Current Year			
	8	Contributions		,770,505.	3,457,167.			
활	9		ice revenue (Part VIII, line 2g).	285,702.	309,543.			
ē	10		come (Part VIII, column (A), lines 3, 4, and 7d)					
Revenue	11		e (Part VIII, column (A), lines 5, 4, and 7d)	52,219.	52,646.			
_	12			232,906. ,341,332.	243,360.			
				341,332.	4,062,716.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)					
	14	•	to or for members (Part IX, column (A), line 4).					
v	15	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	,111,348.	1,245,677.			
Expenses	16a	Professional 1	fundraising fees (Part IX, column (A), line 11e)					
ğ	b	Total fundrais	ing expenses (Part fX, column (D), line 25) 196, 068.					
ŭ	17			881,954.	938,074.			
	18	•		,993,302.	2,183,751.			
	19	-	expenses. Subtract line 18 from line 12					
. 0		Revenue less		348,030.	1,878,965.			
ts or		Total access (		of Current Year	End of Year			
3a ta	20		s (Part X, line 26)	743,602.	5,732,584.			
Net Assets Fund Balanc	21			110,234.	109,032.			
	22			,633,368.	5,623,552.			
Pa	rt II	Signatur	e Block					
Unde	r penal	ties of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and bel	ief, it is true, correct, and			
comp	Diete. D	eciaration of prepa	rer (olher than officer) is based on all information of which preparer has any knowledge.					
Sig	<b>j</b> n	Signature of	officer Date					
He	re	Shanna	n Beeler Presiden	nt/Exec. D	)ir			
			name and title					
		Print/Type p	reparer's name Preparer's signalura Date / / C	Check if	PTIN			
D-1	: ~l	Tagon		, i i	P01649298			
Pai				on employed	101017470			
	epare e On	1		Circula CINI & C	2705060			
US	e Uii	Firm's addre	Journal of the control of the contro		-3705962			
				Phone no. 918-	-749-1040			
MAns	tha I	DC diaguag thi	s return with the preparer shown above? See instructions		X Yes No			

BAA

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete X 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х for public office? If "Yes," complete Schedule C, Part I....... 3 Χ 4 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 Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right ล to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х 7 environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х complete Schedule D, Part III. 8 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 Х 9 services? If "Yes," complete Schedule D, Part IV...... X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Χ D, Part VI..... b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Χ assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII...... 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Χ assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c 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...... Х X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X...... 11e 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.... X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a Schedule D. Parts XI and XII...... Χ 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*...... Χ 14b 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..... X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV..... Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions..... X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 lines 1c and 8a? If "Yes," complete Schedule G, Part II...... Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. Х 19 X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H...... 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.....

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III...... 22 Х 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 Х 23 24a Χ 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 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I..... 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 Χ Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II...... Χ 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Х 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV..... Х 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV..... 28h c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV..... Х 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I...... X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I...... Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, Х and Part V, line 1. X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a 35b Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI..... 37 Х X 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ..... 1a 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?...... TEEA0104L 09/01/22 Form 990 (2022)

Junior Achievement of Oklahoma, Inc 73-0757053 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2h Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... За b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q...... 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... Χ 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?..... 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions?..... b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6h not tax deductible?..... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7a services provided to the payor?..... **b** If "Yes," did the organization notify the donor of the value of the goods or services provided?..... 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7с Form 8282?..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?...... 7е X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9h 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year...... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans..... c Enter the amount of reserves on hand ...... X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?..... b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q........ 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year?.....

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?......

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

16

17

Х

Form	990 (2022) Junior Achievement of Oklanoma, inc.		ı	aye <b>u</b>			
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	anges	on	[V]			
_				. [23]			
Sec	tion A. Governing Body and Management		Yes	NI -			
	Enter the number of voting members of the governing body at the end of the tax year		res	No			
2	Enter the number of voting members included on line 1a, above, who are independent	2		X			
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	, , , , , , , , , , , , , , , , , , , ,	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)				
			Yes	No			
102	Did the organization have local chapters, branches, or affiliates?	10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
115	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	S 20-2-2-22			
ıza	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	- <u></u>					
	to conflicts?	12b	Х	ļ			
	Schedule O how this was done See. Schedule O	12c	X				
	Did the organization have a written whistleblower policy?	14	X				
14	Did the organization have a written document retention and destruction policy?	14	Λ	- 8385838			
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4=	V				
	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization See . Schedule . O	15b	Х				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed OK						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply.  X Own website  X Upon request  Other (explain on Schedule O)		)s on	ly)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail the public during the tax year.  See Schedule O	able to					
20	State the name, address, and telephone number of the person who possesses the organization's books and records.						

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			1	(C)					
(A) Name and title	(B) Average hours per	is	both a direc	an off	ficer a rustee	∋)	compensation from	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Shannan Beeler Executive Director	$-\frac{40}{0}$				х		158,184.	0.	0.
(2) Adam Albright	2		-		^		130,104.	<u> </u>	<u>~</u> .
Director	$ \frac{2}{0} - \frac{2}{0}$	Х					0.	0.	0.
(3) Dr. Kim Boyd	2				1				
Director		Х					0.	0.	0.
(4) Dr. Stacey Butterfield	2								
Director	0	X					0.	0.	0.
(5) Duane Chalmers	2								
Treasurer	0	Х		X			0.	0.	0.
(6) John Curzon	2								_
Director	0	Х					0.	0.	0.
(7) John Eaton	2								
Director	0	X			$\dashv$		0.	0.	0.
(8) Todd Gourd	2								
Director	0	Х		4	_		0.	0.	0.
_(9) Brenda Bolander		.,							_
Director	0	X	$\vdash$				0.	0.	0.
(10) Chadwick Holeman	$\frac{2}{0}-$	٠,					0.	0.	0.
Director	2	X			$\dashv$		<u> </u>	υ.	0.
(11) Mark Mote	$ \frac{2}{0} - \frac{2}{0}$	X		$_{\rm X}$			0.	0.	0.
Chairman	2	Λ		^			<u> </u>	0.	<u> </u>
(12) Clarence Oliver Director	0	Х					0.	0.	0.
(13) Pat Piper	2		$  \  $						
Director		X					0.	0.	0.
(14) Monte D McNutt	2								
Director	0	X					0.	0.	0.

Part VII   Section A. Officers, Directors, Tr	ustees, (B)	ney	Er		<u>оуе</u> :)	es,	ап	a rignest Cor	npensated Er	npioyees (continuea)
(A) Name and title	Average hours per week (list any	box offi	, unic cer a	Pos check ess pe	sition more erson direct	e than is bot or/trus	h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E)  Reportable compensation from related organizations (W-2/1099-	compensation from
	hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	MISC/1099-NEC)	MISC/1099-NEC)	the organization and related organizations
(15) Jonathan D Pinto Director (16)	2	Х						0.	0	. 0.
(17)										
(18)										
(19)										
(21)										
(22)						Announter the state of the stat				
(23)										
(24)		,				The state of the s				
(25)										
1b Subtotal								158,184. 0.	0	. <u>0.</u>
d Total (add lines 1b and 1c)								158,184.	0	. 0.
Total number of individuals (including but not lim from the organization	ited to the	se li	sted	abo	ove)	who	rec	eived more than S	\$100,000 of repor	
3 Did the organization list any former officer, direction line 1a? If "Yes,"complete Schedule J for such	tor, truste h <i>individu</i> a	e, ke al	y er	nplo	yee	, or h	nigh	est compensated	employee	Yes No
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$1	e cor 50,00	npe )0? 	nsat If "Y	tion <i>'es</i> , '	and <i>con</i>	othe	er compensation f te Schedule J for	rom 	4 X
5 Did any person listed on line 1a receive or accruing for services rendered to the organization? If "Yes	e compen s," comple	satio te S	n fre	om a dule	any <i>J fo</i>	unrel r suc	ateo h p	d organization or erson	individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compens	sated inde	pend	lent	con	trac	tors	that	received more th	an \$100,000 of	
compensation from the organization. Report com (A) Name and business add		for t	the o	cale	ndar	yea	r en	Description		(C) Compensation
								-		
Total number of independent contractors (includi \$100,000 of compensation from the organization	_	t limi	ted	to th	ıose	liste	d a	bove) who receive	ed more than	
\$100,000 of compensation from the organization	0	TTT A (								Form <b>990</b> (2022)

73-0757053 Form 990 (2022) Junior Achievement of Oklahoma, Inc. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII...... (A) Total revenue (C) Unrelated (B) (D) Related or Revenue excluded from tax exempt business function revenue under sections 512-514 revenue 1a Federated campaigns...... 1a Grants, 1b **b** Membership dues..... c Fundraising events..... 1с 14,901 Gifts, d Related organizations...... 1d e Government grants (contributions) . . . . 1e Contributions, and Other Sin All other contributions, gifts, grants, and 1f similar amounts not included above . . . 3,442,266. Noncash contributions included in 1g 264,131 h Total. Add lines 1a-1f..... 3,457,167 **Business Code** Program Service Revenue 309,543 900099 309,543 All other program service revenue.... g Total. Add lines 2a-2f..... 309,543 Investment income (including dividends, interest, and 70,585 other similar amounts) ..... 70,585 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents..... b Less: rental excenses 6b c Rental income or (loss) 6c (i) Securities (ii) Other 7a Gross amount from sales of assets 7a 39,635 other than inventory Less: cost or other basis 7b and sales expenses 57,574 c Gain or (loss) . . . . . 7c d Net gain or (loss)..... -17,939-17,9398a Gross income from fundraising events Other Revenue (not including \$\_ 14,901. of contributions reported on line 1c). 8a 272,133 **b** Less: direct expenses...... 8b 49,203 c Net income or (loss) from fundraising events...... 222,930 9a Gross income from gaming activities. 9a **b** Less: direct expenses...... 9b c Net income or (loss) from gaming activities...... Gross sales of inventory, less..... l 0a 10b **b** Less: cost of goods sold..... **Business Code** Miscellaneous 20,430 20,430 Miscellaneous Revenue

d Ail other revenue ......

e Total. Add lines 11a-11d .....

Total revenue. See instructions.....

20,430

291

604

4,062,716

0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX... (C) Management and general expenses (**D)** Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members ..... Compensation of current officers, directors, 7,909 15,818. trustees, and key employees..... 158, 183. 134,456 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0. 0 684,653 98,819 91,572. Other salaries and wages ..... 875,044. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... <u>3,6</u>60 4,333. 31,188 39,181 6,041. 7,211 97,441. 84,189 65,516 5,611 4,701. 10 Payroll taxes..... 75,828. Fees for services (nonemployees): a Management..... b Legal..... 1,976. 18,232 2,371 c Accounting..... 22,579 d Lobbying..... e Professional fundraising services. See Part IV, line 17... 9.464 f Investment management fees ..... 9,464 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) . . . . 8,703 795 624. Advertising and promotion ..... 10,122 **13** Office expenses...... 30,549 <u>11,7</u>32. 17,546. 1,271. 4,765. 2,329. 36,641 14 Information technology..... 43,735 Royalties..... 16,273. 19,527. 185,974 150,174 Occupancy...... 16 1,668. 19,065 15,395 2,002. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials..... 2,121. 26,196 2,537 Conferences, conventions, and meetings.... 30,854 Interest..... Payments to affiliates..... 9,163. 10,996 22 Depreciation, depletion, and amortization ... 104,724. 84,565. 46,604 38,252. 4,555 3,797. 23 Insurance..... Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).... 241,737 241,737 Program Materials 124,090 16,136 13,446. b Program and Support Fees 153,672 20,167. 20,167 In-Kind 10,540 10,540 d MISCELLANEOUS 7,270. 250 768. 8,288. e All other expenses..... 224,694. 196,068. 1,762,989. 2,183,751 25 Total functional expenses. Add lines 1 through 24e. . . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

Form 990 (2022) Junior Achievement of Oklahoma, Inc.

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any lin	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			419,382.	1	1,680,435.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	110,321.	3	674,651.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contrib sons	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), and persons described in section of		6			
	7	Notes and loans receivable, net	,,			7	
\$	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			45,955.	9	40,853.
Ϋ́	10a	Land, buildings, and equipment: cost or other basis.  Complete Part Vi of Schedule D	10a	3,858,783.			
	b	Less: accumulated depreciation		1,878,354.	1,910,251.	10c	1,980,429.
	11	Investments – publicly traded securities			766,942.	11	889,051.
	12	Investments – other securities. See Part IV, line 11		F		12	
	13	Investments - program-related. See Part IV, line 11.		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	,,,	490,751.	15	467,165.	
	16	Total assets. Add lines 1 through 15 (must equal line	3,743,602.	16	5,732,584.		
	17	Accounts payable and accrued expenses	81,067.	17	96,532.		
	18	Grants payable		18			
	19	Deferred revenue		19			
اير	20	Tax-exempt bond liabilities		L.		20	
ě	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	tor, or	35% ⊫		22	
-	23	Secured mortgages and notes payable to unrelated th		<u> </u>	29,167.	23	12,500.
	24	Unsecured notes and loans payable to unrelated third		=	•	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rel	ated third parties, art X of Schedule D .		25	
_	26	Total liabilities. Add lines 17 through 25			110,234.	26	109,032.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			
ā	27	Net assets without donor restrictions	<i></i>	· · · · · · · · · · · · · · · · · · ·	3,048,918.	27	3,929,874.
8	28	Net assets with donor restrictions		584,450.	28	1,693,678.	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	ck here				
þ	29	Capital stock or trust principal, or current funds		29			
ध	30	Paid-in or capital surplus, or land, building, or equipm		30			
SS	31	Retained earnings, endowment, accumulated income,				31	
t A	32	Total net assets or fund balances		· · · · · · · · · · · · · · · · · · ·	3,633,368.	32	5,623,552.
₹	33	Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	3,743,602.	33	5,732,584.
<u> </u>			TEE AOLI	11 09/01/22			Form 990 (2022)

Х

3a

Form 990 (2022)

Guidance, 2 C.F.R Part 200, Subpart F?..... b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....

BAA

TEFA0112L 09/01/22

#### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number 73-0757053 Junior Achievement of Oklahoma, Inc. Part | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.** Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type 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). (lii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (vi) Amount of other (ii) EIN (iv) Is the organization listed in your governing document? (i) Name of supported organization support (see instructions) support (see instructions) Yes No (A) (B) (D) (E)

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							
	ndar year (or fiscal year nning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
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							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc. (see ins	structions)					
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fit	fth tax year as a s	section 501(c)(3)		
	tion C. Computation of Pu							
	Public support percentage for 20						<u>%</u> %	
	Public support percentage from					1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	33-1/3% support test—2022. If to and stop here. The organization	qualifies as a pub	olicly supported or	ganization		• • • • • • • • • • • • • • • • • • • •		
b	33-1/3% support test—2021. If the and stop here. The organization	ne organization did qualifies as a pul	I not check a box olicly supported or	on line 13 or 16a, ganization	, and line 15 is 33	3-1/3% or more, che	ck this box	
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances.	test, check this b	ox and <b>stop here</b> .	. Explain in Part Vi	now	
	b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see instru	ıctions	
RΔΔ			· · · ·			Schedule A	(Form 990) 2022	

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

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

Sec	tion A. Public Support						· · · · · · · · · · · · · · · · · · ·
Calend	lar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	•					
	and membership fees received. (Do not include any "unusual grants.")	1 015 000	1 206 226	1 047 007	1,285,895.	2 102 715	7,840,845.
	Gross receipts from admissions,	1,017,892.	1,306,336.	1,047,007.	1,203,093.	3,103,113.	7,040,043.
2	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	615,078.	296,988.	42,393.	729,074.	591,846.	2,275,379.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on				Takan da		
	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						•
	organization without charge						0.
	<b>Total.</b> Add lines 1 through 5	1,632,970.	1,603,324.	1,089,400.	2,014,969.	3,775,561.	10,116,224.
/a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0,	0.
b	Amounts included on lines 2					The state of the s	
	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.	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line						
	7c from line 6.)						10,116,224.
Sec	tion B. Total Support			1		<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	Amounts from line 6	1,632,970.	1,603,324.	1,089,400.	2,014,969.	3,775,561.	10,116,224.
10a	Gross income from interest, dividends, payments received on securities loans,	1					
	rents, royalties, and income from						405 500
L	similar sources	29,508.	30,268.	23,718.	31,444.	70,585.	185,523.
IJ	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						l n
c	Add lines 10a and 10b	29,508.	30,268.	23,718.	31,444.	70,585.	185,523.
	Net income from unrelated business	237300.	00,200.	20/.20/			
	activities not included on line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in				_		
	capital assets (Explain in Part VI.) See Part VI				2,307.	20,430.	22,737.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1 662 478	1 633 592	1.113.118.	2,048,720.	3.866.576.	10,324,484.
14	First 5 years if the Form 990 is	for the organization	n's first, second.	third, fourth, or fi	fth tax vear as a s	section 501(c)(3)	
	organization, check this box and	stop here					
Sec	tion C. Computation of Pu						
15	Public support percentage for 20						97.98 %
	Public support percentage from					16	98.21 %
	tion D. Computation of Inv				ima (f)\	17	1.80 %
17	Investment income percentage f						1.80 %
18	Investment income percentage f	rom <b>zuz</b> i Schedu	e A, Mart III, line	17	d line 15 is mass	than 33 1/20/ cm	± + + + 0
19a	33-1/3% support tests-2022. If is not more than 33-1/3%, check	tne organization d this box and <b>sto</b> i	iia not cneck the l <b>5 here.</b> The oraan	oox on une 14, an ization qualifies a	ia line 15 is more is a publicly suppo	uian 55-1/5%, and orted organization	X
b	22 1/2% cupport tests2021 If	the organization d	id not check a bo	x on line 14 or lin	e 19a, and line 10	5 is more than 33-	1/3%, and
	line 18 is not more than 33-1/3%	6, check this box a	and <b>stop here.</b> Th	e organization qu	alifies as a publici	ly supported organ	nization [
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this dox and	see instructions.	· · · · · · · · · · · · · · · · · · ·

Part IV Supporting Organizations

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

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

Pa	rt IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
	a A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
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 flied 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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction 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 instruct	ions).		
	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 <b>Part VI</b> how you supported a governmental entity (see	instrue	ctions)	J.
	C The organization supported a governmental strategy becomes in a first transfer expression and governmental strategy.			<del></del>
2	Activities Test. Answer lines 2a and 2b 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>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	За		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2022 Junior Achievement of Oklahoma,	, Ind	c. 73-07	57053	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in f st complete Sections A th	Part VI), <b>See</b> Prough E.	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curren (option:	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				8888
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C – Distributable Amount			Current `	/ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	ENGINEER ERENNEN DER BERT		
2	Enter 0.85 of line 1.	2			

	temporary reduction (see instructions).	L b		
7	Check here if the current year is the organization's first as a non-functionally integ	rate	d Type III supporting organizat	ion

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

3

4

5

BAA

Schedule A (Form 990) 2022

e Excess from 2022 . . . . .

	々V □ Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	itions (continue	ed)	
Sec	tion D — Distributions			,	Current Year
1	Amounts paid to supported organizations to accomplish exempt po	ırposes		1	
2	Amounts paid to perform activity that directly furthers exempt purp in excess of income from activity	ooses of supported organi	zations,	2	
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization being the instructions.	anization is responsive (p	rovide details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2022		G Commence of the state of the		
а	From 2017	CONTROL OF THE CONTRO			
h	From 2018				
C	From 2019				
C	From 2020				
•	From 2021				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2022 from Section D, line 7:				
а	Applied to underdistributions of prior years				
ŀ	Applied to 2022 distributable amount				
- 0	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
ā	Excess from 2018				
	Excess from 2019				
•	Excess from 2020			100 G	
	Excess from 2021				

BAA Schedule A (Form 990) 2022

Junior Achievement of Oklahoma, Inc. 73-0757053

Schedule A (Form 990) 2022

Part VI Supplem

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Part III, Line 12 - Other Income

Nature and Source			2022		2021	202	0	2019_		2018
Miscellaneous	Total	\$ \$	20,430. 20,430.	\$ \$	2,307. 2,307.	\$	0.	\$	0.	\$ 0.

Page 8

# Schedule B (Form 990)

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

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number Name of the organization 73-0757053 Junior Achievement of Oklahoma, Inc. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.....

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Name of organization Junior Achievement of Oklahoma, Inc. Employer identification number 73-0757053

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Aaon  2425 S Yukon Ave  Tulsa, OK 74107	\$121 <u>,</u> 372.	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
2	Chesapeake PO Box 18496 Oklahoma City, OK 73154	\$265 <u>,</u> 125.	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	Kaufman, Wood  14209 Rouen Ct  Oklahoma City, OK 73142	\$ <u>73,200</u> .	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	The Chicago Community Foundation  33 S State St. Suite 750  Chicago, IL 60603	\$ 900,000.	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
5	Herman Meinders  14001 McAuley Blvd. Suite 100  Oklahoma City, OK 73134	\$435,000.	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
6	Love's Travel Stops & Country Store  10601 N Pennsylvania Ave  Oklahoma City, OK 73120	\$112,000.	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Junior Achievement of Oklahoma, Inc.

2 Employer identification number

73-0757053
------------

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	J.E. & L.E. Mabee Foundation 6 Desta Dr, Suite 5400 Midland, TX 79705	\$ <u>75,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Cherokee Nation Foundation  796 S Muskogee  Tahleguah, OK 74464	\$74,903.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	W&W / AFCO Steel  1730 West Reno Oklahoma City, OK 73106	\$93,844.	Person X  Payroll X  Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization Junior Achievement of Oklahoma, Inc. Employer identification number

73-0757053

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti		(OCC HISRUCIONS.)	
9	Steel	-	
		\$63,844.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		]\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
		_	
		1	
		<del> </del>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	and the second s
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		T	
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	<b>1</b>
		\$	
RΔΔ	TEEA0703L 07/22/22	Schedule	B (Form 990) (2022)

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization 73-0757053 Junior Achievement of Oklahoma, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year..... 2 Aggregate value of contributions to (during year) . . . . . . Aggregate value of grants from (during year) . . . . . . . . Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements...... 2 a 2b b Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a 2 d historic structure listed in the National Register ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X ......\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

Part III   Organizations Iviaint	aining Collecti	ons of Art, HIS	torical Treasures	, or Other Similar P	155615	COHU	<u>nueu)</u>
3 Using the organization's acquisition items (check all that apply):	on, accession, and	other records, che	ck any of the following	g that make significant u	se of its	collect	ion
a Public exhibition		d 🗍 Loan o	r exchange program				
b Scholarly research		e Other					
c Preservation for future genera	itions	ш					•
4 Provide a description of the organ Part XIII.		and explain how	they further the organ	ization's exempt purpose	e in		
5 During the year, did the organizat to be sold to raise funds rather that	an to be maintained	d as part of the org	ganization's collection	<del>? </del>	Yes		No
Part IV Escrow and Custodi reported an amount on Fol	al Arrangemen rm 990, Part X, line	<b>ts.</b> Complete if the 21.	e organization answere	ed "Yes" on Form 990, Pa	rt IV, line	9, or	
1 a Is the organization an agent, trust	ee, custodian or ot	her intermediary fo	or contributions or oth	er assets not included	Yes	Г	□ No
on Form 990, Part X? b If "Yes," explain the arrangement					165	L	_140
bir yes, explain the arrangement	III Part Alli aliu coi	ripiete trie followii	ig table.		Amount		
c Beginning balance					- Tillouit		
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an ar					Yes		No
b If "Yes," explain the arrangement						l	-
<b>2</b> , , , <b>3</b>		•				,	_
Part V Endowment Funds.	Complete if the org	anization answered	l "Yes" on Form 990, P	art IV, line 10.			
**************************************	(a) Current year	(b) Prior year	(c) Two years bad		(e) F	our year:	s back
1 a Beginning of year balance	490,751	. 572,98	81. 534,53	30. 537,386		507,	895.
<b>b</b> Contributions							
c Net investment earnings, gains,							
and losses	-18,718	76,63	38. 89,29	35. 21,859.		34,	387.
d Grants or scholarships							
e Other expenditures for facilities			45,46	19,589			757.
and programs	4,868	. 5,5					$\frac{737.}{139.}$
g End of year balance	467,165						386.
2 Provide the estimated percentage					1	3011	<del>500.</del>
a Board designated or quasi-endow		8	19, 12 (2,)				
<b>b</b> Permanent endowment	8	·					
c Term endowment		·					
The percentages on lines 2a, 2b,	and 2c should equa	ıl 100%.					
·			hat ava hald and admi	iniatored for the			
3 a Are there endowment funds not in organization by:	the possession of	the organization t	nat are nelu and aum	ilistered for the	ſ	Yes	No
(i) Unrelated organizations		, , , . , ,			. 3a(i)		X
(ii) Related organizations	.,,,,,,,,,,,,,,,,,,,,,				. 3a(ii)	Χ	
b If "Yes" on line 3a(ii), are the rela	ted organizations l	sted as required o	n Schedule R?		. 3b		X
4 Describe in Part XIII the intended	uses of the organiz	ation's endowmer	nt funds.				
Part VI Land, Buildings, and	d Equipment.						
Complete if the organization	on answered "Yes" (	on Form 990, Part	IV, line 11a. See Form	990, Part X, line 10.			
Description of property		st or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land			462,304.			462	,304.
<b>b</b> Buildings			2,443,856.	1,296,937.	1		,919.
c Leasehold improvements							
d Equipment	***************************************		695,248.	482,983.		212	,265.
e Other			257,375.	98,434.			,941.
Total. Add lines 1a through 1e. (Column	n (d) must equal Fo	rm 990, Part X, co				, 980	,429.
BAA					lule D (F		

TEEA3302L 07/06/22

Part VII	Investments -	- Other Securities.	F 000 Dart IV San	N/A	
		ganization answered "Yes" on ory (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of year market value
		ory (including name of security)	(D) DOOR VAILE	(C) Method of Valuation. Cost of end-	JI-year IIIarket Value
		, , , , , , , , , , ,			···
(3) Other					
-			***************************************		
(B)					
(C)					
(D)					
(E)					
<u>(F)</u>					
(G)					
(H)					
(I)	(h) must squal Form 000	, Part X, column (B) line 12.)			
Part VIII				N/A	
i ait viii	Complete if the org	ganization answered "Yes" on	Form 990, Part IV, line	N/A 11c. See Form 990, Part X, line 13.	
	(a) Description of ir	nvestment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
(10)					
		), Part X, column (B) line 13.)			
Part IX	Other Assets.	ranization annuared "Vas" on	Form 900 Part IV line	11d. See Form 990, Part X, line 15.	
	Complete II the ort	ganization answered tes on (a) Des	rom 990, ran iv, ime scription	TITU. See FOITH 550, Fatt A, Tille 15.	(b) Book value
(1) Bart	lesville Com	munity Foundation			125,102.
	Community Fo				15,828.
	a Community	Foundation			326,235.
(4) (5)					
(6)					
(7)					
(8)					
(9)					
(10)	(1)	Forms 000 Post V column (F	2) line 15 )		467,165.
Part X	other Liabilitie		s) line 15.)		407,103.
Edit A	Complete if the ord	ganization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1.			iption of liability		(b) Book value
	l income taxes				
(2)					
(3)					
(5)					
(6)					
(7)					
(8)					
(9) (10)					
(11)					
Total. (Column	(b) must equal Form 990	), Part X, column (B) line 25.)			
2. Liability for	uncertain tax positions. I	n Part XIII, provide the text of the fo	otnote to the organization's fi	nancial statements that reports the organization	s liability for uncertain

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements ...... 4,223,138. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments..... 100,343 b Donated services and use of facilities..... 2 b c Recoveries of prior year grants..... 2 c d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d..... 2 e 160,422. 3 4,062,716. 3 Subtract line 2e from line 1..... 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b..... 4a **b** Other (Describe in Part XIII.) ..... 40 c Add lines 4a and 4b 4,062,716. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)..... Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements..... 2,232,954. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities..... 2a **b** Prior year adjustments..... 2b 2 c **c** Other losses ..... d Other (Describe in Part XIII.) See Part XIII 49,203 e Add lines 2a through 2d..... 2e 49,203. 3 3 Subtract line 2e from line 1..... 2,183,751. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b...... 4 a b Other (Describe in Part XIII.) 40 c Add lines 4a and 4b..... 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... 2,183,751.

Part XIII Supplemental Information.

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

## Part X - FASB ASC 740 Footnote

The organization has adopted the provisions from FASB Accounting Standards Codification Topic ASC 740-10. As of June 30, 2022, the unrecognized tax benefit accrual was zero. The Organization will recognize future interest and penalties related to unrecognized tax benefits in income tax expenses, if incurred. The Organization is no longer subject to examinations by taxing authorities for years before 2018.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Junior Achievement of Oklahoma, Inc.	73-0757053	Page
Part XIII Supplemental Information (continued)		
Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990		
Direct Fundraising Expenses	\$  tal <u>\$</u>	49,203. 10,876. 60,079.
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S		
Direct Fundraising Expenses	<u>\$</u> tal <u>\$</u>	49,203. 49,203.

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

ame of the organization Junior Achievement of Oki	lahoma Tr	ıc.				73-075705	
Fundraising Activities, Comp	lete if the orga	nization ar	nswered "Y	es" on Form 990, Part	IV, line		
Form 990-EZ filers are not re	quired to comp	lete this p	art.				
Indicate whether the organization a     Mail solicitations	raised tunds thi	ougn any	of the follo	Solicitation of non-			
			e	Solicitation of gove	-		
	•		I 	Special fundraising		grants	
<u></u>			g	Special fullulaising	j events		
d In-person solicitations			and the artist at a	(	aliu a a b a wa	. humahasa ay k	• •
2a Did the organization have a writter employees listed in Form 990, Par	n or orai agreer t VII) or entity i	nent with a in connect	any individ ion with pr	ual (including officers, officers, officers)	airectors services	, trustees, or k ?	Yes X No
<b>b</b> If "Yes," list the 10 highest paid in compensated at least \$5,000 by the	dividuals or ent	ities (fund					
		Citty Did	fundraiser	4.00	(v) Ar	nount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	dy or control ributions?	(iv) Gross receipts from activity	fundra	retained by) aiser listed in olumn <b>(i)</b>	(or retained by) organization
		Yes	No				
1	***************************************						
2							
3			***************************************				
4			110				
•							
5							
6							
-							
7							
8							
9					***************************************		
		***************************************					
0							
otal							0
3 List all states in which the organiz or licensing.	ation is register	red or licer	nsed to sol	icit contributions or has	s been n	otified it is exer	

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) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add column (a)
<i>a</i> ,			Bowling (event type)	JA Golf Classi (event type)	None(total number)	through column (c)
Sure						005 004
Revenue	1	Gross receipts	194,882.	92,152.		287,034.
LL.	2	Less: Contributions	7,061.	7,840.		14,901.
	3	Gross income (line 1 minus line 2)	187,821.	84,312.		272,133.
	4	Cash prizes		- 1		
	5	Noncash prizes		1,175.		1,175.
Ses	6	Rent/facility costs	7,061.	3,920.		10,981.
xper	7	Food and beverages		33,514.		33,514.
Direct Expenses	8	Entertainment				
莅	9	Other direct expenses		3,533.		3,533.
	10	Direct expense summary. Add lines 4 thro	ough 9 in column (d)			49,203.
	11	Net income summary. Subtract line 10 fro	m line 3, column (d)			222,930.
Par		Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	ition answered "Ye	es" on Form 990, Pa	art IV, line 19, or r	reported more
		than \$15,000 on Form 990-EZ, iii	e oa.	(h) Duil tobalinatant		(d) Total gaming
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
æ	1	Gross revenue				
ses	2	Cash prizes				
≅xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, colum	ın (d)		
	ls th	er the state(s) in which the organization cone organization licensed to conduct gaming	activities in each of th	ese states?		Yes No
		e any of the organization's gaming license				<u></u>

Sche	edule G (Form 990) 2022	3-0757053	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for administer charitable gaming?	med to Yes	No
13	Indicate the percentage of gaming activity conducted in:	ŧ I	
	The organization's facility	. 13a	8
t	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		
k	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of "Yes," enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ to "Yes," enter name and address of the third party:	e? Yes ne amount	No
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
â	als the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	in the	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or s organization's own exempt activities during the tax year \$		
Pai	* IV Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	lumns (iii) and	(v);

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Schedule J (Form 990) 2022

Employer identification number

73-0757053 <u>Junior Achievement of Oklahoma, Inc.</u> **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain..... 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?...... 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: X a Receive a severance payment or change-of-control payment?..... **b** Participate in or receive payment from a supplemental nonqualified retirement plan?..... 4b X c Participate in or receive payment from an equity-based compensation arrangement?..... Χ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b Χ **b** Any related organization?..... If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Χ a The organization? 6b X **b** Any related organization?..... If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ...... 7 X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? ጸ If "Yes," describe in Part III...... If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2	and/or 1099-MISC and	or 1099-NEC compens	(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(I)-(D)	reported as deferred on prior Form 990
Shannan Beeler	(i)	145,000.	13,184.	0.	0.	16,763.	174,947.	0.
1 Executive Director	(ii)	0.	0.	0.	T	0.	0.	0.
	(i)							
2	(ii)							
	(1)							<u>                                     </u>
3	(ii)							
	(1)		<b> </b>		<u></u>	·	L	
4	(ii)							
	(i)				<u> </u>			, <u></u>
5	(ii)							
	(i)				<del> </del>		L	
6	(ii)							
	(i)		<b> </b>		<del></del>		L	<b> </b>
7	(ii)							
	(1)						<u> </u>	
8	(ii)		***************************************					
	0		<b> </b>		<b></b>	<del> </del>	<b></b>	<b> </b>
9	(ii)							
	0	<b></b> -	<b> </b>		<del></del>		<u></u>	
10	(ii)					****		-
	(i)				+		<del></del>	
11	(ii)							
10	(i)	<b></b> -	<b></b>		+	<del> </del>	<u> </u>	
12	(ii)							
15	(i) (ii)		+		<del></del>		<b>+</b>	
13	(i)							
1.4			+		<del></del>		<del></del>	
14	(ii) (i)							
15	(ii)	<u> </u>	<del> </del>		+		<u> </u>	<b> </b>
15	(1)							
16	(ii)				<b>+</b>		<del> </del>	
BAA	[(i)		TEEA4102L 07/2	F/22		<u></u>		J (Form 990) 2022

# Part III Supplemental Information

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

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

73-0757053 Junior Achievement of Oklahoma, Inc. Part I Types of Property (c) Noncash contribution (a) Check if (b) Number of Method of determining amounts reported on Form 990, applicable contributions or noncash contribution amounts items contributed Part VIII, line 1g Art - Works of art..... Art - Fractional interests..... Books and publications ..... 4 5 Clothing and household goods..... 6 Cars and other vehicles..... 7 Boats and planes..... 8 Intellectual property..... 9 10 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... 12 Qualified conservation contribution -Qualified conservation contribution - Other..... 14 15 76,686 16 Real estate - Other..... 17 18 86,010 Food inventory..... 19 20 Taxidermy..... 21 22 Scientific specimens..... 23 Archeological artifacts ..... 24 63,844 Other X 25 26 37,591 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 organization completed Form 8283, Part V, Donee Acknowledgement ..... Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a b If "Yes." describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32 a Х contributions?....

b If "Yes," describe in Part II.

describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Junior Achievement of Oklahoma, Inc.

Employer identification number 73-0757053

# Form 990, Part VI, Line 11b - Form 990 Review Process

THE FORM 990 AND ITS RELATED SCHEDULES ARE REVIEWED BY THE AUDIT COMMITTEE AND RECOMMENDED FOR APPROVAL TO THE ENTIRE BOARD OF DIRECTORS.

# Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

CONFLICT OF INTEREST STATEMENTS ARE REQUIRED TO BE SIGNED YEARLY AND ARE REVIEWED BY THE PRESIDENT. ANY QUESTIONS REGARDING POSSIBLE CONFLICTS ARE ADDRESSED AT THAT TIME BY THE PRESIDENT AND/OR CHAIRMAN OF THE BOARD.

# Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees JUNIOR ACHIEVEMENT USES AN EQUI-COMP SYSTEM AS WELL AS LOCAL AREA SALARY SURVEYS TO

HELP DETERMINE SALARY RANGES. THIS INFORMATION IS THEN REVIEWED BY THE PERSONNEL

COMMITTEE TO DETERMINE THE APPROPRIATE SALARY FOR ALL EMPLOYEES OF THE ORGANIZATION.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THESE ITEMS ARE AVAILABLE UPON REQUEST.