ERICKSON, BROWN AND KLOSTER, LLC 4565 HILTON PARKWAY, SUITE 101 COLORADO SPRINGS, CO 80907

JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, INC. 611 N WEBER ST STE 201 COLORADO SPRINGS, CO 80904

Huhllmhhullmhulhlul

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CLIENT'S COPY

Erickson, Brown & Kloster, LLC Certified Public Accountants 4565 Hilton Parkway, Ste 101 Colorado Springs, CO 80907

January 26, 2023

Junior Achievement of Southern Colorado, Inc. 611 N Weber St Ste 201 Colorado Springs, CO 80904 Attention: Angela Roe Wood

Dear Angela:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

An additional copy of the return, excluding the identifying information on the schedule of contributors, has been provided. This copy should be kept available for public inspection.

Remember to update your information on the Colorado Secretary of State's charitable solicitations homepage. Updating this information is an annual Colorado requirement.

Sincerely,

Erickson, Brown & Kloster, LLC

Form 8879-TE		IRS e-file Signature Aut for a Tax Exempt E	horization	OMB No. 1545-0047
		1, or fiscal year beginning JUL 1 , 2021, a	$\frac{11000}{1000}$	0004
	For calendar year 202	Do not send to the IRS. Keep for		2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE for the	•	
Name of filer JUNIOR	ACHIEVEM		EIN or	SSN
SOUTHE	ERN COLORA	DO, INC.	84	-6009223
Name and title of officer or pe	erson subject to tax	ANGELA ROE WOOD	· · · ·	
		PRESIDENT & CEO		
Part I Type of	Return and Re	eturn Information		
Form 5330 filers may enter or 10a below, and the am	er dollars and cents ount on that line fo	re using this Form 8879-TE and enter the ap . For all other forms, enter whole dollars only r the return being filed with this form was bl 0-). But, if you entered -0- on the return, the	y. If you check the box on line 1a , ank, then leave line 1b, 2b, 3b, 4b	, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 5b, 6b, 7b, 8b, 9b, or 10b,
	here ► X	b Total revenue, if any (Form 990, Part	VIII. column (A). line 12)	1ь 573,672.
2a Form 990-EZ che		b Total revenue, if any (Form 990-EZ, lir		
3a Form 1120-POL		b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF che	eck here 🕨 🗌	b Tax based on investment income (Fe		
5a Form 8868 check	k here	b Balance due (Form 8868, line 3c)		
6a Form 990-T chec	k here 🕨 🗌	b Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check	<here td="" ►<=""><td>b Total tax (Form 4720, Part III, line 1)</td><td></td><td> 7b</td></here>	b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check	(here 🕨 🛄	b FMV of assets at end of tax year (Fo		8b
9a Form 5330 check	k here ►	b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP ct		b Amount of credit payment requeste		10b
		ture Authorization of Officer or P	-	
Under penalties of perjury	, I declare that $\lfloor X \rfloor$	I am an officer of the above entity or 🗔	I am a person subject to tax with	respect to (name
entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receive	tution account indic of the entry to this s prior to the paym ve confidential info	S. Treasury and its designated Financial Ag cated in the tax preparation software for pay account. To revoke a payment, I must conta ent (settlement) date. I also authorize the fin rmation necessary to answer inquiries and r gnature for the electronic return and, if app	ment of the federal taxes owed o act the U.S. Treasury Financial Ag nancial institutions involved in the resolve issues related to the paym	n this return, and the ent at 1-888-353-4537 no processing of the electronic ient. I have selected a
PIN: check one box only		ROWN AND KLOSTER, LLC	to optor	my PIN 78322
				Enter five numbers, but
				do not enter all zeros
with a state age on the return's o As an officer or return. If I have	ency(ies) regulating disclosure consent person subject to t indicated within th	21 electronically filed return. If I have indica charities as part of the IRS Fed/State progr screen. ax with respect to the entity, I will enter my s return that a copy of the return is being fil my PIN on the return's disclosure consent	am, I also authorize the aforemen PIN as my signature on the tax ye led with a state agency(ies) regula	tioned ERO to enter my PIN ear 2021 electronically filed
Signature of officer or person subje	ect to tax			Date 🕨
	ation and Auth	entication		
ERO's EFIN/PIN. Enter yo	our six-digit electro	nic filing identification		
number (EFIN) followed by	y your five-digit self	-selected PIN.	84246932456 Do not enter all zeros	
		IN, which is my signature on the 2021 elect requirements of Pub. 4163, Modernized e-l		
ERO's signature 🕨 MIT	CHELL DOW	NS, CPA	Date ▶ 01/26/2	23
		ERO Must Retain This Form - Se		
	Do Not S	ubmit This Form to the IRS Unles	ss Requested To Do So	
LHA For Privacy act and	d Paperwork Redu	ction Act Notice, see instructions.		Form 8879-TE (2021)

	_	~ ~	Return of Organization Exempt Fro	m In		v L	OMB No. 1545-0047
Forr	'nУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code				2021
			Do not enter social security numbers on this form as it		-	,	Open to Public
Depa Intern	tment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the l	-	-		Inspection
A F	or th	e 2021 calend	ar year, or tax year beginning $ m JUL1$, 2021 and endin	ng JU	N 30, 201	22	
Bc	heck if	C Name of	organization	0	Employer ider	ntificatio	n number
a	oplicab	JUNI	OR ACHIEVEMENT OF				
	Addre		HERN COLORADO, INC.				
	Name	ge Doing bu	usiness as		84-600	9223	
	Initial returr	Number		n/suite E	Telephone nun		
	Final returr termi	n_	N WEBER ST STE 201		719-63	6-24	
_	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code	E H	Gross receipts \$		642,912.
	_returr]Appli		RADO SPRINGS, CO 80904	⊦	I(a) Is this a grou		
	_tion pend		nd address of principal officer: ANGELA ROE WOOD		for subordina		
		SAME	AS C ABOVE		I(b) Are all subordina		
		empt status:		527			See instructions
			JA-SOCO.ORG X Corporation Trust Association Other ► 1		I(c) Group exem		
_	_	f organization:		L Year of 1	formation: 195	S M Stat	te of legal domicile: CO
Γd	rt I	Summary	e the organization's mission or most significant activities: SINCE 1	951	TIINTOP	λουτι	
ce	1		HERN COLORADO HAS BEEN DEDICATED TO	<u>-954,</u>	TRINC AN		
าลท	-						
/eri	2		x F if the organization discontinued its operations or disposed of		I		. 22
Go	3		ing members of the governing body (Part VI, line 1a)		F	3	22
8	4		ependent voting members of the governing body (Part VI, line 1b)			4	11
ties	5		of individuals employed in calendar year 2021 (Part V, line 2a)			5	50
Activities & Governance	6		of volunteers (estimate if necessary)			6	0.
Ac			d business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			7b	
	•	o			Prior Year 547,54	-	Current Year 569,162.
an	8		and grants (Part VIII, line 1h)			0.	
Revenue	9		ce revenue (Part VIII, line 2g)		1,24	-	0. 4,510.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		3,60		4,510.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				573,672.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-	0.	,
	13		nilar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14		to or for members (Part IX, column (A), line 4)		313,44		425,009.
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)				· · ·
Expense	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.		0.
хр	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	•	104 107		010 100
-	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		184,18		218,100.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		497,62		643,109.
	19	Revenue less	expenses. Subtract line 18 from line 12	penses. Subtract line 18 from line 12			-69,437.
Net Assets or Fund Balances					ning of Current Ye		End of Year
Ssel	20	Total assets (F			1,868,79		1,691,350.
et A nd E	21		(Part X, line 26)		119,29		33,447.
	22		fund balances. Subtract line 21 from line 20		1,749,49	••	1,657,903.
	rt II			- +- /			udadaa ay 11 11 4 11 1
			declare that I have examined this return, including accompanying schedules and s			of my kno	wiedge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre-	reparer ha	s any knowledge.		

Sign	Signature of officer		Date					
Here								
	Type or print name and title							
	Print/Type preparer's name	FIEPAIEI S SIGNALUIE	Date Check X PTIN					
Paid	MITCHELL DOWNS, CPA	MITCHELL DOWNS, CPA	01/26/23 ^{if} p00831972					
Preparer	Firm's name ERICKSON , BROWN		Firm's EIN ▶ 84–0957308					
Use Only	Firm's address 🖌 4565 HILTON PARE	WAY, SUITE 101						
	COLORADO SPRINGS	S, CO 80907	Phone no.719-531-0445					
May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	JUNIOR ACHIEVEMENT OF
	1990 (2021) SOUTHERN COLORADO, INC. 84-6009223 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: BUSINESS AND COMMUNITY LEADERS PARTNER WITH LOCAL TEACHERS TO PRESENT
	HANDS-ON LESSONS AROUND FINANCIAL LITERACY, ENTRPRENEURSHIP, AND WORK
	READINESS IN ORDER TO EMPOWER STUDENTS TO OWN THEIR ECONOMIC SUCCESS.
	JA HELPS YOUTH VALUE THE FREE ENTERPRISE SYSTEM AS WELL AS UNDERSTAND
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 447,264. including grants of \$) (Revenue \$)
	JUNIOR ACHIEVEMENT ACTIVITIES IN COLORADO SPRINGS AND ITS SERVICE
	AREAS REACHED 11,957 STUDENTS, KINDERGARTEN THROUGH 12TH GRADE,
	WITH 527 JUNIOR ACHIEVEMENT PROGRAMS. ADDITIONALLY, DUE TO COVID-19
	SCHOOL CLOSURES FOR IN-PERSON LEARNING, STUDENTS PARTICIPATED IN
	HUNDREDS OF VIRTUAL INTERACTIONS ACROSS THE SOUTHERN COLORADO
	DISTRICT WITH A VARIETY OF ONLINE JA PROGRAMS REACHING STUDENTS IN
	GRADES K-12.
	(Code:) (Expenses \$ 20,170. including grants of \$) (Revenue \$)
4b	(Code:)(Expenses 20, 170. including grants of)(Revenue) JUNIOR ACHIEVEMENT ACTIVITIES IN THE ROARING FORK VALLEY DISTRICT
	REACHED 566 STUDENTS, KINDERGARTEN THROUGH 12TH GRADE, WITH 28
	JUNIOR ACHIEVEMENT PROGRAMS. ADDITIONALLY, DUE TO COVID-19 SCHOOL
	CLOSURES FOR IN-PERSON LEARNING, STUDENTS PARTICIPATED IN HUNDREDS
	OF VIRTUAL INTERACTIONS ACROSS THE SOUTHERN COLORADO DISTRICTS
	WITH A VARIETY OF ONLINE JA PROGRAMS REACHING STUDENTS IN GRADES K-
	12.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 467,434.
	Form 990 (2001)

Form **990** (2021)

JUNIOR	ACHIEVEMENT	OF

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^	
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-2	complete Schedule G, Part III	19 20a		X
20a h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

JUNIOR ACHIEVEMENT OF Form 990 (2021) SOUTHERN COLORADO , Part IV Checklist of Required Schedules (continued) SOUTHERN COLORADO,

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	л	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
, D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	х	
		1 10		

INC.

	84-	-6009223	B Page 5
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2a Enter the number of amployees reported on Form W3. Transmitta of Wage and Tax Statements. 2a 11 b The for the calendar year enting with or within the year covered by his return 2a 11 b If a lead now workshow the analysis of the organization field an equipacity of the organization field an equipacity of the organization for the war if V1 leads, provide a explanation on Schedule 0 3a X b If Y2s, 'fast field a Form 802 for the leag of V1 to lead 0, provide an explanation on Schedule 0 3a X b If Y2s, 'fast field a Form 802 for the leag of V1 to lead 0, provide an explanation on Schedule 0 3a X b If Y2s, 'fast field a Form 802 for the leag of V1 to lead 0, provide an explanation on Schedule 0 4a X b If Y2s, 'fast field a Form 802 for the leag of V1 to lead 0, provide the account, or with financial account? 5b X 5a MA If Bar or	Form	990 (2021) SOUTHERN COLORADO, INC. 84-6009	223	Р	age 5
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 11 bit at least one is reported on line 2a, did the organization field all required fedral employment tax returns? 2b X 3a Data (the use of lines 1 and 2a) is greater than 65, so enducations. 3a 3a X 3b Data (the organization have unrelated business gross income of \$1,000 or more during the yea? 3a X 3b Data (the organization have unrelated business gross income of \$1,000 or more during the yea? 3a X 3b If '''''''', '''''''''''''''''''''''''''	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
tied for the calendar year ending with or within the year covered by this return 2a 11 b if at least on is reported on line 2a, did the organization fie all required fedoral emplyment tax infurm? 2b b if at least on is reported on line 2, and the organization fie all required fedoral emplyment tax infurm? 2b b if they, has if field a form 990-11 for this year? /f We' to line 3b, provide an explanation on Schedde 0 3b 4 At any time during the calendar year, did the organization have an intreval to a signature or other authority over, a financial account in a foring country (buch as a bink account, securits account, or there financial accounts (FEAR). 5a with e organization a party to a prohibet tax sheler transaction at any time during the tax year? 5a 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have and trevals of the provide on selecter transaction? 5b 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selection any time during the tax year? 5a 5a Was the organization have annual gross receipts statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the party of the have all the device of the goods or services provided? 5b 6b Was the organization have and the device of the goods or services provided? 7a X 7 Organizations that may receive deductible contributions and party for goods and services provided to the party? 7b 7c X <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
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c If "Yes," to line 5a or 5b, did the organization file Form 8886-17. 5c Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductible as chartable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization receive a payment in excess of 375 made partly as contributions on a personal benefit contract? 7a X d If "Yes," indicate the number of Forms 8282 filed during the year 7d X f Did the organization received a contribution of qualified intelectual property, did the organization file Form 8282 as required? 77 X f If the organization received a contribution of cars, boats, any time during the year? 8 8 8 8 9 bonsoring organization neevees business holdings at any time during the year? 9a 9a 9a 9a 9a <th>5a</th> <th>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</th> <th></th> <th></th> <th></th>	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
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			17		
		If "Yes," complete Form 6069.			

132005 12-09-21

Form **990** (2021)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	Δ	
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b	х	
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Па		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	12.5		
Ũ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION - 719-636-2474			

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Form 990 (2021)

SOUTHERN COLORADO, INC.

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated
	Employees, and Independent Contractors	

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

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

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

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

Form 990 (2021)

• 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, 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.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week	<u> </u>				1		from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	idual	nstitutional trustee	ь	Key employee	est cc loyee	ler	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) ANGELA ROE WOOD	40.00									
PRESIDENT & CEO				Х				95,325.	0.	17,159.
(2) DAVID COLBURN	1.00									
MEMBER		X						0.	0.	0.
(3) KASIA KING	2.00									
CHAIR		Х		Х				0.	0.	0.
(4) JONATHAN LIEBERT	1.00									
MEMBER		Х						0.	0.	0.
(5) BOB WALLA	1.00									
MEMBER		X						0.	0.	0.
(6) JOE ALDAZ JR	1.00									
MEMBER		Х						0.	0.	0.
(7) GITTY BETTS	1.50									
SECRETARY		Х		Х				0.	0.	0.
(8) TOM CALVIN	1.00									
MEMBER		Х						0.	0.	0.
(9) MATT DAVIS	1.00									
MEMBER		Х						0.	0.	0.
(10) BECKY FULLER	1.50									
VICE CHAIR/TREASURER		Х		Х				0.	0.	0.
(11) ROD DORSEY	1.00									
MEMBER		Х						0.	0.	0.
(12) KARIN KOVALOVSKY	1.00							_	_	_
MEMBER		X						0.	0.	0.
(13) MARCIA CULVER	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(14) ANDY OYLER	1.00									
MEMBER		Х						0.	0.	0.
(15) RANDY REYNOLDS	1.00									
MEMBER		Х						0.	0.	0.
(16) BARRY STRAUB	1.00									
MEMBER		X						0.	0.	0.
(17) GREG TABOR	1.00							_	_	_
MEMBER		Х						0.	0.	0.
										Gauss 000 (0001)

JUNIOR ACHI	EVEMENT	OF
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JUNIOR AG	CHIEVEME	CNT	ΓC)F						
Form 990 (2021) SOUTHERN	COLORAL	, 00	,]	INC	2.				84-6009	223 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not c , unle	ss pe	more rson	than o is botl pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) SHAUN MCCARTHY MEMBER	1.00	x						0.	0.	0.
(19) JOANNA ABROT	1.00									

►

►

►

0.

0.

0.

0.

0.

95,325.

95,325.

0.

		_
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	
	line 1a? If "Yes," complete Schedule J for such individual	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

Х

Х

Х

Х

Х

1.00

1.00

1.00

1.00

	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		
	rendered to the organization? If "Yes," complete Schedule J for such person	5	Х
-			

Section B. Independent Contractors

compensation from the organization

1b Subtotal

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

2

(20) RITA NICHOLSON

(22) DAN APRICIO

(23) JAMES JENNINGS

(21) DR. WENDY BIRHANZEL

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but \$100,000 of compensation from the organization	not limited to those liste 0	d above) who received more than	

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0

No

Х

17,159

17,159.

Yes

3

JUNIOR ACHIEVEMENT OF

Form 990 (2021) SOUTHERN COLORADO, INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note	to any line in this Part \	/111		
		Check if Schedule O contains a response or note		(B)	(C)	(D)
			Total reven	ue Related or exempt	Unrelated	Revenue excluded
				function revenue	business revenue	from tax under sections 512 - 514
00						
li ar		Federated campaigns 1a				
ig 5		Membership dues 16	154			
Å,	C	Fundraising events 1c 145,	154.			
lar li	c	Related organizations 1d				
in, s	e	e Government grants (contributions) 1e 73,	700.			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and				
the pu		similar amounts not included above 1f 350,	308.			
19 E	c	Noncash contributions included in lines 1a-1f	540.			
a Õ		Total. Add lines 1a-1f		62.		
-	<u> </u>		ss Code	-		
6	0.0					
jë	2 6					
ue en	k					
ε ş	C					
Be	C	· [
Program Service Revenue	e					
<u>م</u>		All other program service revenue				
	ç	Total. Add lines 2a-2f	🕨			
	3	Investment income (including dividends, interest, and		10		4 510
		other similar amounts)		10.		4,510.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Pe	rsonal			
	6 a	Gross rents 6a				
	k	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
	c	Net rental income or (loss)	🕨			
	7 a		Other			
		assets other than inventory 7a				
	ŀ	Less: cost or other basis				
e	-	and sales expenses 7b				
eni		Gain or (loss)				
lev		Net gain or (loss)	►			
her Revenue		Gross income from fundraising events (not	🕨			
f	0 0	including \$ 145,154. of				
Ŭ						
		contributions reported on line 1c). See	240.			
		/	240.			
				0		
		Net income or (loss) from fundraising events	▶	0.		
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities	🕨			
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
		Less: cost of goods sold 10b				
	0	Net income or (loss) from sales of inventory				
sn		Busine	ss Code			
Miscellaneous Revenue	11 a					
llan íen	k)				
Be Sce	C					
Ξ.		All other revenue				
		Total. Add lines 11a-11d	►	70		
	12	Total revenue. See instructions	🕨 573,6	72. 0.	0.	4,510.

JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, INC.

Form 990 (2021) SOUTHERN COLO: 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 respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	Management and general 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				
3	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,				
	trustees, and key employees	115,087.	78,950.	14,731.	21,406
6	Compensation not included above to disqualified	-	-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	260,630.	178,793.	33,360.	48,477
	Other salaries and wages Pension plan accruals and contributions (include	200,030.	110,195.	55,500.	40,4//
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	22,706.	15,576.	2,906.	4,224
	Payroll taxes	26,586.	18,238.	3,403.	4,945
	Fees for services (nonemployees):	.,	- ,		,
	Management				
	Legal				
	Accounting	39,034.	26,778.	4,996.	7,260
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,	10 511	10 005	0 407	2 6 9 9
	column (A), amount, list line 11g expenses on Sch 0.)	19,511.	13,385.	2,497.	3,629
	Advertising and promotion	3,891.		400	724
	Office expenses	4,733.	2,669. 3,247.	498. 606.	880
	Information technology	4,755.	5,247.	000.	000
		26,914.	18,463.	3,445.	5,006
	Occupancy Travel	4,219.	2,894.	540.	785
	Payments of travel or entertainment expenses	_,	_, •• - •		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40,232.	40,232.		
22	Depreciation, depletion, and amortization	4,886.	3,352.	625.	909
23	Insurance	5,273.	3,617.	675.	981
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	PROGRAM MATERIALS	38,264.	38,264.		
	MISCELLANEOUS	10,593.	7,267.	1,356.	1,970
-	PUBLIC RELATIONS	7,928.	5,438.	1,015.	1,475
	TELEPHONE	6,839.	4,691.	875.	1,273
	All other expenses	5,783.	5,580.	83.	120
	Total functional expenses. Add lines 1 through 24e	643,109.	467,434.	71,611.	104,064
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				
	12-09-21				Form 990 (2021

132011 12-09-21

JUNIOR ACHIEVEMENT OF

SOUTHERN COLORADO, INC.

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			326,400.	1	316,852
	2	Savings and temporary cash investments			1,190,876.	2	1,024,969
	3	Pledges and grants receivable, net			164,906.	3	115,343
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons	1,000.	5	
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	1
◄	9				3,309.	9	1,994
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		79,746.	0		71 000
		Less: accumulated depreciation	-	,	0.		71,860
	11	Investments - publicly traded securities			180,519.	11	158,552
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets	1 700	14	1 700		
	15	Other assets. See Part IV, line 11	1,780. 1,868,790.	15	1,780 1,691,350		
	16	Total assets. Add lines 1 through 15 (must e			22,917.	16 17	28,475
	17	Accounts payable and accrued expenses			22,917.		20,475
	18	Grants payable			42,675.	18 19	4,972
	19	Deferred revenue			42,073.		=,572
	20 21	Tax-exempt bond liabilities				20 21	
		Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or for					
lidi		trustee, key employee, creator or founder, su controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to un				22	
	23 24	Unsecured notes and loans payable to unrela		F		23	
	25	Other liabilities (including federal income tax,					
	20	parties, and other liabilities not included on lin					
		of Schedule D			53,700.	25	0
	26	Total liabilities. Add lines 17 through 25			119,292.	26	33,447
		Organizations that follow FASB ASC 958, o					
ces		and complete lines 27, 28, 32, and 33.		,			
lan	27	Net assets without donor restrictions			1,328,395.	27	1,406,750
Ba	28	Net assets with donor restrictions			421,103.	28	251,153
pur		Organizations that do not follow FASB ASC					
r Fu		and complete lines 29 through 33.					
so	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			1,749,498.	32	1,657,903
	33	Total liabilities and net assets/fund balances			1,868,790.	33	1,691,350

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

Form 990 (2021) SOUTHERN COLORADO, INC. 84-6009223	Page 12
Part XI Reconciliation of Net Assets	
Check if Schedule O contains a response or note to any line in this Part XI	🔲
	672.
	109.
	437.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,749	
5 Net unrealized gains (losses) on investments 5 -22	158.
6 Donated services and use of facilities 6	
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B))	.903 .
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	es No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	-
	ζ
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	.
	ζ
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	X
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	

Form **990** (2021)

SCHEDULE A										OMB No. 1545-0047
(Form 990)			Public Cha							2021
			omplete if the organ		s a section 50 [.] onexempt cha			or a section		ZUZ I
Department of the Treasury					Form 990 or F					Open to Public
Internal Revenue Service			Go to www.irs.gov					nformation.		Inspection
Name	of the organizati	on JUNI	OR ACHIEVE	MENT	OF				Employer	ridentification number
			HERN COLOR	-						4-6009223
Part	I Reason	for Public	Charity Status.	(All organ	nizations must c	omplete ti	nis part.) S	See instruction	าร.	
The org	anization is not a	private found	lation because it is: (For lines	1 through 12, o	check only	one box.)			
1 🖵	A church, cor	nvention of ch	urches, or associatio	on of chu	rches describe	d in sectio	n 170(b)(1)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Se	chedule E (Forn	n 990).)				
3 📙	- · ·	=	hospital service orga					-		
4			ation operated in co	njunctior	n with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
_	city, and stat	-								
5 🗆			or the benefit of a co	llege or L	university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
• □			Complete Part II.)							
6		· -	vernment or governn							
7 🗆			Illy receives a substa	ntial part	t of its support i	rom a gov	ernmenta	unit or from	the general	public described in
• _	- ·		omplete Part II.)		(Complete Day					
8 _			ed in section 170(b)				ad in aaniu	nation with a	land grant	
9 🗆			ganization described							
	university:	or a non-ianu-ç	grant college of agric	ulture (se	ee instructions).	. Enter the	name, cit	y, and state o	i the colleg	je or
10 🛛	r ' <u> </u>	on that norma	Illy receives (1) more	than 33	1/20% of its sup	port from	contributio	ne mombore	hin foos a	nd gross receipts from
	5		•		•			-	•	from gross investment
					-					after June 30, 1975.
			mplete Part III.)	(1000 000			.5505 2040		gamzation	
11			and operated exclus	ivelv to te	est for public sa	afety. See	section 5)9(a)(4).		
12		-		-	-	-			arrv out the	e purposes of one or
			ganizations describe							
			describes the type c							
a [-	anization operated, s				-		-	/ giving
			on(s) the power to re							
	organizatio	n. You must o	complete Part IV, Se	ections A	and B.					
ь [Type II. A s	upporting org	anization supervised	l or contr	olled in connec	tion with it	s support	ed organizati	on(s), by ha	aving
	control or n	nanagement o	of the supporting org	anization	vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
	organizatio	n(s). You mus	t complete Part IV,	Sections	s A and C.					
c	Type III fur	ctionally inte	grated. A supportin	g organiz	ation operated	in connec	tion with,	and functiona	ally integrat	ed with,
r	its supporte	ed organizatio	n(s) (see instructions	s). You m	iust complete l	Part IV, Se	ections A,	D, and E.		
d	••		y integrated. A supp	•	•				•	
		-	egrated. The organiz	-	-	•		-	d an attent	iveness
г	·		ions). You must con	•	-					
el		-	anization received a					а Туре I, Туре	e II, Type III	
			r Type III non-functio	nally inte	grated support	ing organi	zation.			
	nter the number									
<u>g</u> P	(i) Name of supp		n about the supporte (ii) EIN		zation(s). of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization		()	(describe	ed on lines 1-10	in your governi Yes	ng document? No	support (see ii	-	support (see instructions)
				above (s	ee instructions))	100				
Total										

	(Complete only if you checke fails to qualify under the tests			-	on failed to qualify	under Part III. If th	e organization
Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(0) 2019	(u) 2020	(e) 2021	(1) TOTAI
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 \dots						
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						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	vyear as a section	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (%
15	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	t VI how the organi	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets th				•		
• ~	organization meets the facts-and-circ		•	•	,		
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨						

JUNIOR ACHIEVEMENT OF

SOUTHERN COLORADO, INC.

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

84-6009223 Page 2

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

132023	01-04-22

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	595,422.	519,504.	488,574.	547,547.	569,162.	2,720,209.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	111,930.	1,900.				113,830.	
2	Gross receipts from activities that	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,,,,					
3	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
-	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
5	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	707,352.	521,404.	488,574.	547,547.	569,162.	2,834,039.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	5,000.	7,797.	16,155.	8,055.	15,611.	52,618.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
	Add lines 7a and 7b	5,000.	7,797.	16,155.	8,055.	15,611.	52,618.	
	Public support. (Subtract line 7c from line 6.)	5,0001	.,	20,2001	0,0001	10,0110	2,781,421.	
	ction B. Total Support						-,,	
-	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6	(a) 2017 707,352.	521,404.	488,574.	547,547.	569,162.	2,834,039.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,467.	4,466.	8,381.	1,240.	4,510.	20,064.	
r	Unrelated business taxable income	, -	,		, -	,		
~	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b	1,467.	4,466.	8,381.	1,240.	4,510.	20,064.	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,523.	17,157.		3,600.		33,280.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	721,342.	543,027.	496,955.	552,387.	573,672.	2,887,383.	
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,	
	check this box and stop here						>	
See	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2021 (I	line 8, column (f), c	livided by line 13,	column (f))		15	96.33 %	
	16 Public support percentage from 2020 Schedule A, Part III, line 15							
See	ction D. Computation of Inves	stment Incom	e Percentage					
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	•69 %	
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	.62 %	
19a	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1		
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2020. If the						and	
~	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio							

(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

Schedule A (Form 990) 2021

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

qualify under the tests listed below, please complete Part II.)

JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

JUNIOR	ACHIEVEMENT	OF
SOUTHER	N COLORADO,	INC.

Pa	rt IV Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c below, the governing body of a supported organization?	11a				
b	A family member of a person described on line 11a above?	11b				
с	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				
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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					
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.					
	supervised, or controlled the supporting organization.	2				
Sec	tion C. Type II Supporting Organizations	-		L		
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed		103			
	the supported organization(s).	1				
Section D. All Type III Supporting Organizations						
			Yes	No		

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described 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 Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the la	Integral Part Test during the yealsee instructions)

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- с The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2021

- 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.
- 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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 Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

JUNIOR A	CHIEVEMENT	OF
SOUTHERN	COLORADO,	INC.

Sche	Schedule A (Form 990) 2021 SOUTHERN COLORADO, INC. 84-6009223 Page 7					
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)		
Sect	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
-	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					
-						

Schedule A (Form 990) 2021

			CHIEVEMENT		04 6000000
Schedule A Part VI	(Form 990) 2021 Supplemental Inform Part IV, Section A, lines 1	mation. Provide	COLORADO, the explanations red	LNC • quired by Part II, line 10; Part II, line 17a o a, 11b, and 11c; Part IV, Section B, lines ⁻	84-6009223 Page 8 17b; Part III, line 12; and 2: Part IV, Section C
	line 1; Part IV, Section D, I	ines 2 and 3; Part	IV, Section E, lines 1	Ic, 2a, 2b, 3a, and 3b; Part V, line 1; Part V d 6. Also complete this part for any additio	/, Section B, line 1e; Part V,

JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, INC.

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

84-6009223

2021

	** Do Not File **	
***	Not Open to Public Inspection	***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
DAVE COLBURN	5,000.	2,500.	4,000.	4,000.	8,000.
MATT DAVIS	0.	0.	400.	0.	0.
GREG TABOR	0.	804.	1,004.	804.	569.
JOE ALDAZ	0.	250.	200.	0.	0.
GITTY BETTS	0.	420.	200.	0.	185.
SHARON CHAVEZ	0.	72.	0.	0.	0.
RITA NICHOLSON	0.	3,500.	200.	0.	1,472.
BARRY STRAUB	0.	251.	451.	251.	246.
KASIA KING	0.	0.	2,200.	3,000.	0.
ZACH BUNNEY	0.	0.	1,250.	0.	0.
TOM CALVIN	0.	0.	450.	0.	0.
ELLEN CLARK	0.	0.	200.	0.	0.
ROD DORSEY	0.	0.	200.	0.	1,000.
BECKY FULLER	0.	0.	200.	0.	2,465.
THEO GREGORY	0.	0.	2,700.	0.	0.
DAVID GARDNER	0.	0.	200.	0.	0.
BRYAN GROSSMAN	0.	0.	200.	0.	0.
KARIN KOVALOVSKY	0.	0.	200.	0.	0.
JACOB LASKO	0.	0.	100.	0.	0.
JONATHAN LIEBERT	0.	0.	200.	0.	0.
SHAUN MCCARTHY	0.	0.	200.	0.	0.
LISANNE MCNEW	0.	0.	200.	0.	0.
APRIL ONEIL	0.	0.	200.	0.	0.
ANDY OYLER Total to Schedule A, Part III, Line 7a	0.	0.	200.	0.	440.

123172 04-01-21

JUNIOR ACHIEVEMENT OF

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

84-6009223

2021

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
RANDY REYNOLDS	0.	0.	200.	0.	0.
BOB WALLA	0.	0.	200.	0.	410.
MATT WILSON	0.	0.	200.	0.	0.
MARCIA CULVER	0.	0.	200.	0.	0.
WENDY BIRHANZEL	0.	0.	0.	0.	250.
JOANNA ABROT	0.	0.	0.	0.	415.
JAMES JENNINGS	0.	0.	0.	0.	159.
Total to Schedule A, Part III, Line 7a	5,000.	7,797.	16,155.	8,055.	15,611.

Schedule B

(Form 990)

Fil

Fo

Form

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

nlover identificatio number

Ν	lame	of	the	organ	izatio	n	
							-

me of the organization	1	Employer identification n
-	JUNIOR ACHIEVEMENT OF	
	SOUTHERN COLORADO, INC.	84-6009223
ganization type (chec	k one):	
ers of:	Section:	
rm 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	SOUTHER
Organization	type (check one):

990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 🕨 \$ _

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

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

	B (Form 990) (2021)			Page 2
	rganization R ACHIEVEMENT OF		Emplo	yer identification number
SOUTH	ERN COLORADO, INC.		84	-6009223
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1	EL POMAR FOUNDATION			Person X
	10 LAKE CIRCLE	\$33,5	00.	Payroll Noncash
	COLORADO SPRINGS, CO 80906			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2	TACO BELL FOUNDATION			Person X
	ONE GLEN BELL WAY	\$26,3	47.	Payroll Noncash
	IRVINE, CA 92618			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3	SCHMIDT CONSTRUCTION COMPANY			Person X
	2635 DELTA DRIVE	\$8,3	00.	Payroll Noncash
	COLORADO SPRINGS, CO 80910			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
4	WOODFORD MANUFACTURING			Person X
	2121 WAYNOKA ROAD	\$14,4	86.	Payroll Noncash
	COLORADO SPRINGS, CO 80915			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5	USAA			Person X
	1855 TELSTAR DR	\$34,7	05.	Payroll Noncash
	COLORADO SPRINGS, CO 80920			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
6	EL PASO COUNTY			Person X
	9 E VERMIJO AVE	\$20,0	00.	Payroll Noncash
	COLORADO SPRINGS, CO 80903			(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)			Page 2
	organization R ACHIEVEMENT OF		Employ	er identification number
	ERN COLORADO, INC.		84-	-6009223
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ne	(d) Type of contribution
 7	XCEL ENERGY FOUNDATION		13	Person X
	414 NICOLLET MALL	\$10,0	00.	Payroll Noncash
	MINNEAPOLIS, MN 55401			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
8	GE JOHNSON CONSTRUCTION 25 N. CASCADE AVE, STE 400 COLORADO SPRINGS, CO 80903	\$11,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
9	FEDEX <u>350 SPECTRUM LOOP</u> <u>COLORADO SPRINGS, CO 80921</u>	\$20,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
10	T. ROWE PRICE FOUNDATION, INC. 100 E PRATT ST BALTIMORE, MD 21202	\$10,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
11	STATE FARM ONE STATE FARM PLAZA BLOOMINGTON, IL 61710	\$7,5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
12	USI INSURANCE SERVICES, LLC <u>4605 COLUMBUS STREET</u> VIRGINIA BEACH , VA 23462	\$7,5		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page 2
	rganization R ACHIEVEMENT OF		Emplo	yer identification number
	ERN COLORADO, INC.		84	-6009223
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
13	DAVE & CAROLYN COLBURN			Person X Payroll
	146 MIRAMAR DR	\$8,0	00.	Noncash (Complete Part II for
	COLORADO SPRINGS, CO 80906			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
14	PATTI HOTH			Person X Payroll
	4530 STAR RANCH RD	\$5,0	00.	Noncash (Complete Part II for
	COLORADO SPRINGS, CO 80906			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
15	LOCKHEED MARTIN			Person X Payroll
	9970 FEDERAL DRIVE	\$5,0	00.	Noncash (Complete Part II for
	COLORADO SPRINGS, CO 80921			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
16	US BANK FOUNDATION			Person X Payroll
	800 NICOLLET MALL, BC-MN-H21B	\$8,4	50.	Noncash
	MINNEAPOLIS, MN 55402			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
17	US SMALL BUSINESS ADMINISTRATION			Person X
	409 3RD ST, SW	\$53,7	00.	Payroll Noncash (Complete Part II for
	WASHINGTON, DC 20416			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
18	BATTELLE FOUNDATION			Person X Payroll
	505 KING AVENUE	\$5,0	00.	Noncash
	COLUMBUS , OH 43201			(Complete Part II for noncash contributions.)

	B (Form 990) (2021)		-	Page 2	
	organization R ACHIEVEMENT OF		Emplo	yer identification number	
	ERN COLORADO, INC.		84	-6009223	
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions		(d) Type of contribution	
19	MYRON STRATTON HOME		0.0	Person X Payroll	
	2525 HIGHWAY 115 SOUTH COLORADO SPRINGS, CO 80906	\$5,0	00.	Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
20	VOYA FINANCIAL 8055 E TUFTS AVE #650 DENVER, CO 80237	\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
21	ROBERT HOAG RAWLINGS FOUNDATION301 N MAIN ST. STE 204PUEBLO, CO 81003	\$6,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
22	CSAA INSURANCE GROUP 5775 MARK DABLING BLVD BUILDING 3 FLOOR 2 COLORADO SPRINGS, CO 80919	\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
23	AMERICAN FURNITURE WAREHOUSE 2805 N CHESTNUST STREET COLORADO SPRINGS, CO 80907	\$15,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
24	SPACE FOUNDATION 4425 ARROWSWEST DRIVE COLORADO SPRINGS, CO 80907	\$56,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 3
	rganization R ACHIEVEMENT OF		Employer identification number
	ERN COLORADO, INC.		84-6009223
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is neede	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	

Schedule	B (Form 990) (2021)		Page 4					
	organization		Employer identification number					
	R ACHIEVEMENT OF							
	ERN COLORADO, INC.		84-6009223					
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)		section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea					
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) S					
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I		., -						
	I	(e) Transfer of git	ft					
		(0)	-					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	ift (d) Description of how gift is held					
Part I		(, 0						
			[
		(e) Transfer of git	ft					
		(-)						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1 4111								
	(e) Transfer of gift							
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, an	Id ZIP + 4	Relationship of transferor to transferee					

(Form 960)	SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
Determination Determin			Complete if the org	Complete if the organization answered "Yes" on Form 990,		
biolog theorem is not an experiment of the community						Open to Public
SOUTHERN COLORADO, INC. 84 - 6009 223 Part Organizations Ministaning Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 980, Part IV, Ine 8. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of and form (during year) (c) Particle (during year) (c) Particle (during year) (c) Particle (during year) 4 Aggregate value of and form (during year) (c) Particle (during year)		Atternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information				•
Pert Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization asswered 'Yes' on Form 990, Part IV, line 6. 1 Total number at end of year. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of carbitotions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of carbitotions to (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of carbitotions to (during year) (c) Donor advised funds (c) Funds and other accounts 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds (c) Funds and other accounts 6 Did the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charatable private bornfit? (c) Ne Peretention of and for public use (for example, recreation or education) (c) Preservation of a biotocally important land area Protocol() of conservation easements (c) Conservation easements (c) Deservation casements on a certified biotor structure included in (a) 2 Complete lines 2.3 through 2.01 the organization example, recreation or education (c) accurrence accurence accurrence accurrence	Nam	e of the organizati			Em	
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 Aggregate value at end of year	3					
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Impermissible private benefit? Yes No Part II Conservation easements. Complete II the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space Preservation of conservation easements held by the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 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. 3 Total number of conservation easements 2a 2 Complete lines 2a through 20 onservation easements 2a 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2a 3 Number of states where property subject to conservation easement is located > 2a 4 Number of states where property subject to conservation easements in holds? 2b 0 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements with olds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of vio	6					
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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d					
 year ▶		listed in the Nation	nal Register		2d	
 A 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 ▶ f Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ s	3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganizatio	n during the tax
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 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 \$						
 violations, and enforcement of the conservation easements it holds? Ves No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 				·		
 6 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 ▲ \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 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 is accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answerd "Yes" on Form 990, Part IV, line 8. 1a 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: (i) Revenue included on Form 990, Part X \$ (ii) Assets included in Form 990, Part X \$ (ii) Assets included on Form 990, Part X \$ (ii) Assets included on Form 990, Part X \$ (ii) Assets included on Form 990, Part X \$ (iii) Assets includ	5					
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	6					
 \$	Ū		i nouis devoted to monitoring, inspecting,		valion ca	sements during the year
 \$	7	Amount of expens	 ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easeme	ents during the year
 and section 170(h)(4)(B)(ii)?			с, т с,			0 ,
 9 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 conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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 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: (i) Revenue included on Form 990, Part X 2 If the organization required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)((4)(B)(i)	
 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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: (i) Revenue included on Form 990, Part X 2 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 X b Assets included in Form 990, Part X 		and section 170(h)(4)(B)(ii)?			Yes 🗌 No
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (ii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iv) For evenue included on Form 990, Part X (iv) For evenue included on Form 990, Part X (v) Second of the following amounts required to be reported under FASB ASC 958 relating to these items: (v) Assets included in Form 990, Part X (v) Assets included in Form 990, Part X (v) Assets included in Form	9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense st	atement a	and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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:				note to the organization's financial statement	s that de	scribes the
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 1a 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: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 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 X b Assets included in Form 990, Part X 	Pa		_		er Sinn	iar Assels.
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 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: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 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 X \$ b Assets included in Form 990, Part X 			· · ·			
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 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical 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 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	-	-				
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical 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 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 						
 (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 b Assets included in Form 990, Part X \$ 		-	-		►	\$
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 b Assets included in Form 990, Part X						\$
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provid	de
b Assets included in Form 990, Part X 🕨 \$		-		-		
	<u>b</u>				🕨	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

	JUNIOR A	CHIEVEMEN	r of						
Sche	dule D (Form 990) 2021 SOUTHERN	COLORADO	, IN	c.			84-	6009223	B Page 2
	t III Organizations Maintaining Co	llections of Ar	t, His	torical Tr	easures, o	or Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accession	n, and other records	s, chec	k any of the	following that	at make sig	nificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how th	nev further t	he organizati	on's exem	ot purpose in	Part XIII.	
5	During the year, did the organization solicit or			-	-				
	to be sold to raise funds rather than to be main							Yes	No No
Par	t IV Escrow and Custodial Arrange							IV, line 9, or	
	reported an amount on Form 990, Part			0					
1a	Is the organization an agent, trustee, custodia	n or other intermedi	iary for	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?		-					Yes	No No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing	table:					
		·	0					Amount	
с	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on For							Yes	No
	If "Yes," explain the arrangement in Part XIII. C					-			
Par									
	·	(a) Current year	(b) F	rior year	(c) Two year	rs back (d) Three years b	ack (e) Four	years back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1	g, column (a)) held as:	I			
а	Board designated or quasi-endowment	,	%	0, (,,				
	Permanent endowment	%	-						
	Term endowment %								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.							
3a	Are there endowment funds not in the possess		tion tha	at are held a	and administe	ered for the	organization		
	by:	0					0	Г	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on S	Schedule R?)			3b	
4	Describe in Part XIII the intended uses of the c								
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered		, Part IV	V, line 11a. S	See Form 990), Part X, lir	ne 10.		
	Description of property	(a) Cost or ot		i	t or other		umulated	(d) Book	value
		basis (investm			(other)	• •	eciation	()	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			7	9,746.		7,886.	71	.,860.
	Other				-		-		
	Add lines 1a through 1e. (Column (d) must equ		X, colur	nn (B), line	10c.)		►	71	.,860.

Schedule D (Form 990) 2021

JUNIOR .	ACHIEVEMENT	OF
SOUTHER	N COLORADO,	INC.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	o 15)		
Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	
(a) Description of lightlifts	0111 0111 990, 1 art 10, 111		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	o 25)		
I DTAL UCOUIMN IN MUST AQUAL FORM YYU Part X COL (R) In	8 7 2 1		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	dule D (Form 990) 2021 SOUTHERN COLORADO, INC.			84-6	009223	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	644,	653.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-22,158.			
b	Donated services and use of facilities	2b	23,899.			
с	Recoveries of prior year grants	2c				
d			69,240.			
е	Add lines 2a through 2d			2e	70, 573,	981.
3	Subtract line 2e from line 1			3	573,	672.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	573,	672.
Pa	t XII Reconciliation of Expenses per Audited Financial State		n Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			1	736,	248.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	23,899.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	69,240.			
е	Add lines 2a through 2d			2e	93,	139.
3	Subtract line 2e from line 1			3	643,	109.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	643,	109.
Pa	rt XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art 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 a	dditional inform	nation.			

JUNIOR ACHIEVEMENT OF

PART X, LINE 2:

THE (ORG	ANI	ZAJ	ION'	S II	IFOR	MAT	ION	RET	URNS	ARE	E SUB	JECT	TO I	EXAMIN	NATION	BY
TAXI	NG	AUI	HOF	RITIE	S FC	DR A	. PE	RIOI) OF	THR	ЕЕ Ј	EARS	FROM	т тні	E DATE	THEY	ARE
FILE	D.	AS	OF	JUNE	30	, 20	22,	THI	E IN	FORM	ATIC	ON RE	TURNS	5 FOI	R THE	THREE	PRIOR
YEAR	S A	RE	CON	ISIDE	RED	OPE	N F	OR I	INTE	RNAL	RE	VENUE	SERV	/ICE	EXAMI	INATIO	N.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES

69,240.

69,240.

	, ,		

SCHEDULE G	Suppleme	ntal Information Re	egarding	Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990)		e organization answered organization entered mo			,		or 19,	or if the	2021
Department of the Treasury		Attach to	Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form99		uction	s and	the latest informat			Inspection
Name of the organizatio		ACHIEVEMENT (N COLORADO,]						Employeri 84-600	dentification number) 9 2 2 3
		Complete if the organiza		ered "Y	'es" or	n Form 990, Part IV,	line 17	7. Form 990	-EZ filers are not
 Indicate whether th a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees list 	ne organization rais tions l email solicitations itations plicitations on have a written o ted in Form 990, P D highest paid indiv	ed funds through any of e f g g or oral agreement with any art VII) or entity in connec viduals or entities (fundrai	Solicitat Solicitat Special y individual ction with p	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees,	Y	Yes No o be
(i) Name and addres or entity (fund		(ii) Activity		(iii) fundr have c or cor contrib	ustody	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained b undraiser ed in col. (i)	y) to (or retained by)
				Yes	No				
Total									
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed	d to solicit	contrik	outions	s or has been notified	d it is e	exempt from	n registration

Sch	edu		ACHIEVEMENT RN COLORADO,		84-	6009223 Page 2
	art I	I Fundraising Events. Complete if t	he organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and g	1		,	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ROCK N BOWL	AUCTION	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
Seve	1	Gross receipts	49,646.	79,616.	85,132.	214,394.
			45 000	26 470		
	2	Less: Contributions	45,008.	36,478.	63,668.	145,154.
	3	Gross income (line 1 minus line 2)	4,638.	43,138.	21,464.	69,240.
				-		
	4	Cash prizes				
		.				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Ехр						
ect	7	Food and beverages				
Ē						
	8	Entertainment	1 () 0	43,138.	21,464.	69,240.
	10	Other direct expenses Direct expense summary. Add lines 4 throug			·	69,240.
	11					0.
Pa	art I	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or ı	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	1		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				2		
Å	1	Gross revenue				
es	2	Cash prizes				
Expenses		N I I				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
ā						
	5	Other direct expenses				
			Yes%	Yes%	└── Yes %	
	6	Volunteer labor	No No	└── No	No	
	7	Direct expense summary. Add lines 2 throug	ah 5 in column (d)		►	
			, · · · · · · · · · · · · · · · · · · ·		······ ·	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		►	
9		ter the state(s) in which the organization cond he organization licensed to conduct gaming a				Yes No
~) f "					
) f "	No," explain:				
	• If "					
	. We	ere any of the organization's gaming licenses			year?	Yes No
	. We		revoked, suspended, or t	erminated during the tax		Yes No
	. We	ere any of the organization's gaming licenses i	revoked, suspended, or t	erminated during the tax		Yes No

132082 10-21-21

Sob	edule G (Form 990) 2021		ACHIEVEMENT			81-60	יטר	9223	B Page 3
	Does the organization conduct ga							Yes	
	Is the organization a grantor, bene						L	Tes	
12	to administer charitable gaming?							Yes	
13	Indicate the percentage of gaming			••••••				103	
	The organization's facility						13a	1	%
	An outside facility						13b	-	%
	Enter the name and address of the								-
	Name 🕨								
	Address 🕨								
15a	Does the organization have a cont	tract with a third	l party from whom the	organization receiv	ves gaming revenue?			Yes	🗌 No
h	If "Yes," enter the amount of gami	ina revenue rece	eived by the organizat	ion 🕨 \$	and the amo	unt			
~	of gaming revenue retained by the					Jane			
c	If "Yes," enter name and address			-					
-									
	Name 🕨								
	Address 🕨								
16	Gaming manager information:								
	Name 🕨								
	Gaming manager compensation	► \$							
	Description of services provided								
	Director/officer	Employee		ependent contracto	r				
17	Mandatory distributions:								
а	Is the organization required under	state law to ma	ake charitable distribut	tions from the gamin	ng proceeds to			1	
	retain the state gaming license? \cdot							Yes	L No
b	Enter the amount of distributions r	-		uted to other exemp	ot organizations or spent	in the			
D -	organization's own exempt activiti								
Ра	Supplemental Inform 15b, 15c, 16, and 17b, as		•		, , , , , ,	; and Part	: III,	lines 9	, 9b, 10b,

132083 10-21-21

SCHEDULE O

(Form 990)

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

INC.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number
84-6009223

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

SOUTHERN COLORADO,

YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. OUR PROGRAMS COVER 46

COUNTIES THROUGHOUT SOUTHERN COLORADO.

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

BUSINESS AND ECONOMICS, THUS IMPROVING THE QUALITY OF THEIR LIVES.

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

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT REVIEWS THE TAX RETURN. ONCE THE AUDIT COMMITTEE APPROVES THE TAX RETURN, IT IS PRESENTED TO THE

ORGANIZATION'S EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS FOR APPROVAL.

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

THE ORGANIZATION REQUIRES THAT ALL EMPLOYEES, BOARD MEMBERS AND/OR

COMMITTEE MEMBERS DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST UPON SIGNING THE CONFLICT OF INTEREST DOCUMENT AND IMMEDIATELY THEREAFTER SHOULD ANY SITUATION EVOLVE THAT MIGHT BE CONSIDERED A POSSIBLE CONFLICT OF INTEREST. SUCH CONFLICTS WILL BE REVIEWED BY THE AREA CHAIR OF THE AUDIT COMMITTEE AND SHOULD ACTION BE REQUIRED WILL REPORT TO THE EXECUTIVE COMMITTEE.

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

THE PRESIDENT'S SALARY IS SET BY THE COMPENSATION AND REVIEW COMMITTEE COMPRISED OF THE CURRENT BOARD CHAIR, THE CHAIR ELECT, AND THE IMMEDIATE PAST CHAIR. THE COMMITTEE SHALL FOLLOW GUIDELINES PUBLISHED ANNUALLY BY JA WORLDWIDE/JA USA WHICH AT THIS TIME IS EQUI-COMP. THE APPROVED SALARY AND BENEFITS ARE THEN PRESENTED IN AGGREGATE IN THE ANNUAL BUDGET FOR APPROVAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21 BY THE EXECUTIVE COMMITTEE AND THEN RATIFIED BY THE BOARD OF DIRECTORS OF

JA OF SOUTHERN COLORADO, INC.

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

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

FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON

WRITTEN REQUEST OF THE CEO AND PRESIDENT OF THE ORGANIZATION.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT BEEN CHANGED FROM THAT OF PRIOR YEAR.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Cor	Related Organization nplete if the organization answere A Go to www.irs.gov/Form99	ed "Yes" on Form 990, Part IV, Attach to Form 990.	line 33, 34, 35b, 3	36, or 37.			2008 No. 1544 202 Open to P Inspecti	1		
Name of the organization JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, INC.							Employer identification number $84 - 6009223$				
Part I Identificat	tion of Disregarded Entities. Comp	plete if the organization answered "Y	′es" on Form 990, Part IV, line 3	3.							
	(a) dress, and EIN (if applicable) f disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	or Total inco	me End-of-year	assets		(f) controlling entity	9		
		_									
Part II Identificat organizatio	tion of Related Tax-Exempt Organ	izations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34, l	because it had one	or more r	elated tax-e	xempt			
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) controlling entity	cont	g) 512(b)(13) rolled tity?		
JUNIOR ACHIEVEME 1 EDUCATION WAY COLORADO SPRINGS	NT USA - 84-1267604 , CO 80906	JUNIOR ACHIEVEMENT	COLORADO	501(C)(3)	LINE 10			165	x		
		_									
		-									

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

JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, INC. Schedule R (Form 990) 2021

(a)	(b)	(c)	(d)		(e)		(f)	((g)	(h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomin (related, excluded fi sections	nant income unrelated, om tax under 512-514)	Share inc	e of total come	end-	are of of-year sets		ortionate tions?	Code V-UE amount in b 20 of Sched K-1 (Form 10	ox ^{ma} ule ^{pa}	anaging artner?	Percent owners
	-														
	-														
	-														
	-														
Part IV Identification of Related O organizations treated as a c	rganizations Taxable corporation or trust duri	as a Corpo	pration or Trust. Co year.	omplete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	1, because it h	ad one	e or m	ore relat
(a) Name, address, and of related organizat	EIN ion	Prim	(b) ary activity	(C) egal domicile (state or foreign	(d) Direct cont entity	trolling	(e) Type of (C corp, s or tru	entity S corp,	(f) Share c inco	of tota		(g) Share of end-of-year assets	(h Perce owne	ntage	(i) Section 512(b)(1 controlle entity?
				country)											Yes I

JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, INC.

Schedule R (Form 990) 2021
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Net	o Complete line 1 if env entity is listed in Dayle II. III. ev IV of this schedule		Yes	Na
NOT	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		res	NO
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			37
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
-				
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

N	(a) lame of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
(5)				
_(6)				

JUNIOR ACHIEVEMENT OF Schedule R (Form 990) 2021 SOUTHERN COLORADO, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(f) Share of total o	(g) Share of end-of-year assets	(h Dispro tion allocati) ate ons? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes	al or F ging er?	(k) Percentage ownership

Schedule R (Form 990) 2021

JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.