** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑI	For the	\pm 2022 calendar year, or tax year beginning $$ JUL $$ $$ 1 $$, $$ $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ and ending	JUN 30, 2023				
B	Check if applicable	C Name of organization	D Employer identific	cation number			
	Addres						
F	Name change		23-15981	29			
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s					
F	Final return/	610 SOUTH GEORGE STREET	717-843-				
	termin ated		G Gross receipts \$	0.160.000			
	Ameno		H(a) Is this a group re				
	Applic	F Name and address of principal officer: I HOMAS RUSSELLL	for subordinates				
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No			
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions			
	Websit		H(c) Group exemptio	n number			
			/ear of formation: 1961 $ m extbf{N}$	A State of legal domicile: PA			
Pa	art I	Summary					
ø	1	Briefly describe the organization's mission or most significant activities: EDUCATIN		OUT WORK			
ů		READINESS, ENTREPRENEURSHIP AND FINANCIAL LIT					
Governance	2	Check this box if the organization discontinued its operations or disposed of m	1				
ŏ	3		<u>3</u>	26			
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		26			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		62 4800			
Activities &	6	Total number of volunteers (estimate if necessary)		0.			
ĄĊ	/ a	Total unrelated business revenue from Part VIII, column (C), line 12	l l	0.			
_	B	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	2,097,671.	1,946,904.			
шe	9		0.	0.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-63.	4,830.			
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,918.	191,429.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,227,526.	2,143,163.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
G	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,316,659.	1,474,851.			
JSe	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
Expenses	. в	Total fundraising expenses (Part IX, column (D), line 25)198.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	723,993.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,040,652.	2,119,092.			
	19	Revenue less expenses. Subtract line 18 from line 12	186,874.	24,071.			
0 OF	9		Beginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	1,456,178.	1,396,073.			
Net Assets or	21	Total liabilities (Part X, line 26)	206,838.	120,691.			
ڪَڙ	22	Net assets or fund balances. Subtract line 21 from line 20	1,249,340.	1,275,382.			
	art II	Signature Block	to account and to the book of acc	. Lancard and a second back of the			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.				
C:~	_	Signature of officer	I Date				
Sig Her		THOMAS RUSSELL, PRESIDENT					
пеі	е	Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date Check	X PTIN			
Paid	d	GARY J. DUBAS GARY J. DUBAS	11/10/23 if self-employ				
	parer	Firm's name MCKONLY & ASBURY, LLP		3-1909723			
	Only	Firm's address 415 FALLOWFIELD ROAD	War I				
	•	CAMP HILL, PA 17011	Phone no. 71	7-761-7910			
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No			

rai	otatement of Frogram Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN THE GLOBAL ECONOMY.	
	JUNIOR ACHIEVEMENT TEACHES STUDENTS REAL WORLD LESSONS AND PREPARES	
	THEM FOR FUTURE ECONOMIC AND WORKFORCE ISSUES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Nο
	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?	ζNο
3	<u> </u>	<u>-</u> 140
	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 \$550,000 • including grants of \$) (Revenue \$) (Revenue \$)	<u>9.</u>)
	JUNIOR ACHIEVEMENT IN-CLASS PROGRAMS: PREPARING KINDERGARTEN THROUGH	
	HIGH SCHOOL STUDENTS AND HELPING THEM DEVELOP SKILLS FOR A GLOBAL	
	WORKFORCE.	
	440.000	
4b	(Code:) (Expenses \$440,000 • including grants of \$) (Revenue \$))
	BIZTOWN: THIS PROGRAM IS THE CAPSTONE OF ELEMENTARY, 5TH OR 6TH GRAD	
	STUDENTS. THE PROGRAM CONSISTS OF 15 TEACHER LED SESSIONS AT SCHOOL	ı
	FOLLOWED BY A FULL DAY SIMULATION AT THE BIZTOWN FACILITY. STUDENTS	5
	TAKE ON ROLES AS EMPLOYEES AND CITIZENS AND RUN THE CITY FOR THE DAY.	
	450.000	
4c)
	YES: HALF DAY PROGRAM HELD AT MIDDLE SCHOOL, CONSISTING OF A SERIES OF	
	FOUR ACTIVITIES INTENDED TO HELP STUDENTS GAIN AN APPRECIATION FOR THE	
	IMPORTANCE THAT FINANCIAL AND CAREER DECISIONS WILL PLAY IN THEIR LIVE	S
	AS YOUNG ADULTS.	
4 .	Others and the second of the s	
4 d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 431,044. including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,871,044.	

Form 990 (2022) JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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			l
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	$\Gamma \nabla$

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

(gambling) winnings to prize winners?

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O22) JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			1		Yes	No_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	62			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	•			3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	١.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar		to (FDAD)			
E0	7 1		,	Eo.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X
	15 N			5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
ou	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
^	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
				14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the explanation subject to the section 4060 to an explanation of the explanation			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		Х
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.			15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
.0	If "Yes," complete Form 4720, Schedule O.	. 11 1001		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Form 990 (2022)

JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA 23-1598129

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 26			
	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.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū		3		x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	5:11	6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- 0		-25
<i>1</i> a		7-		х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
D		71.		х
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
500	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	J.	Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	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.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	77
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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	financ	cial	
	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			
	THOMAS RUSSELL - (717)-843-8028			
	610 SOUTH GEORGE STREET , YORK, PA 17401-3131			

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

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

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

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

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

- 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.

(A) Name and title	(B) Average hours per	(do	not c	Posi	C) ition		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated truly and semployee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) THOMAS RUSSELL	50.00			.,				100 070	_	0 440
PRESIDENT	0 85			Х				120,978.	0.	8,440.
(2) GAIL M D'ANGELO CHAIR	0.75	X		х				0.	0.	0.
(3) JOHN STAUFFER	0.50	Λ		Δ				· ·	0.	0.
VICE CHAIR	0.30	Х						0.	0.	0.
(4) HARVEY ELDER	0.75							-	-	
PAST CHAIR		Х		х				0.	0.	0.
(5) RYAN TATE	0.50									_
TREASURER		Х						0.	0.	0.
(6) DIANA MOHN	0.75									
SECRETARY		X		Х				0.	0.	0.
(7) MATT ANGSTADT	0.50									
TRUSTEE		X						0.	0.	0.
(8) DOUG BARTON	0.50									
TRUSTEE		Х						0.	0.	0.
(9) JENNIFER BUEHLER	0.50									
TRUSTEE		Х						0.	0.	0.
(10) MEGAN CALLAHAN	0.50									
TRUSTEE		Х						0.	0.	0.
(11) KATIE CLARKE	0.50									
TRUSTEE		Х						0.	0.	0.
(12) MICHAEL DEHAVEN	0.50	l								
TRUSTEE		Х						0.	0.	0.
(13) NORM DUNKINSON	0.50	ļ								_
TRUSTEE		Х						0.	0.	0.
(14) KEVIN FORRESTER	0.50	ļ								
TRUSTEE		Х						0.	0.	0.
(15) JEFF HAMMEL	0.50	ļ								
TRUSTEE	0 50	Х						0.	0.	0.
(16) CAROLINE HENRICH	0.50	٠,							_	_
TRUSTEE	0 50	Х				-	-	0.	0.	0.
(17) TERRY HOLLINGER	0.50	٦,							_	_
TRUSTEE		X				<u> </u>		0.	0.	0.

Form **990** (2022)

	INTOR ACH	TEARME	T.M.T	. 0	r	ಶ೦	O.I.	н	CENTRAL PA	23-1598	149	Pa	age o
Part VII Section A. Officers, Di	rectors, Trustee	s, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	pmpensated Employee	s (continued)			
(A)		(B)				C)			(D)	(E)		(F)	
Name and title		Average	(do		Posi		l than c	ne	Reportable	Reportable	Est	imate	ed
	r	nours per	box	, unles	ss per	rson is	s both	an	compensation	compensation	am	ount o	of
		week		cer an	d a di	irecto	r/trus	ee)	from	from related	(other	
		(list any	ector						the	organizations		pensat	
	'	hours for	or dir	gy.			ated		organization	(W-2/1099-MISC/	l	om the	
	ore	related ganizations	stee	truste		a.	bens		(W-2/1099-MISC/	1099-NEC)	_	anizati	
	Org	below	ıal tr.	onal		ploye	ee com		1099-NEC)		l	relate	
		line)	Individual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	Former			organ	nizatio	JIIS
(18) MATT LEBO		0.50	드	드	10	A A	표등	F					
TRUSTEE			Х						0.	0.			0.
(19) JESSE MCCREE		0.50											
TRUSTEE			Х						0.	0.			0.
(20) MYLES MILLER		0.50											
TRUSTEE			Х						0.	0.			0.
(21) BRUCE NEWALL		0.50											
TRUSTEE			Х						0.	0.	<u> </u>		0.
(22) COLLIN POTTER	_	0.50							_	_			
TRUSTEE			Х						0.	0.			0.
(23) JUSTIN REESE	_	0.50											_
TRUSTEE		0 50	Х						0.	0.	<u> </u>		0.
(24) JOHN SAICH	<u> </u>	0.50	.,										^
TRUSTEE		0 50	Х						0.	0.	<u> </u>		0.
(25) KEITH SHEFFER TRUSTEE	<u> </u>	0.50	х						0.	0.			^
(26) CRAIG SWALLOW	+	0.75	Λ						0.	0.	 		0.
TRUSTEE	<u> </u>	0.75	Х		Х				0.	0.			0.
	_					<u> </u>			120,978.	0.	۶	3,44	
c Total from continuation she									0.	0.		, = -	0.
d Total (add lines 1b and 1c)									120,978.	0.	3	3,44	
2 Total number of individuals (ir									•				
compensation from the organ	•	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	000		u u.	,0,0	,	0 10	oorvou moro than proo,	ood or reportable			1
												Yes	No
3 Did the organization list any f	ormer officer, dire	ector, truste	ee, k	ey e	mpl	oye	e, or	high	nest compensated emp	loyee on			
line 1a? If "Yes," complete Sc	hedule J for such	individual									3		Х
4 For any individual listed on lin													
and related organizations grea	ater than \$150,00	00? If "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual		4		Х
5 Did any person listed on line	la receive or accr	rue compen	sati	on fr	om	any	unre	late	d organization or individ	dual for services			
rendered to the organization?		te Schedule	J fo	or su	ıch r	oers	on .				5		X
Section B. Independent Contract	ors												
1 Complete this table for your fi	ve highest compe	ensated ind	lepe	nder	nt co	ontra	actor	s th	at received more than \$	3100,000 of compensa	tion from	m	

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

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 JUNIUR AC	'UTE A EME	T.M.T	U	r	ಶ೦	UT	п	CENTRAL PA	23-159	0149
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			() Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) KIMBERLY WAKEFIELD	0.50	3,7								0
RUSTEE		X						0.	0.	0
		•								
otal to Part VII, Section A, line 1c						<u> </u>				

Form Pa i	99 rt V	0 (2 / 				HIEV	EMENT	OF	SOUTH CEN	TRAL PA	23-1598	129 Page 9
			Check if Schedule O c	conta	ains a re	sponse	or note to	anv lin	e in this Part VIII			
			55			<u> </u>	<u> </u>	<u></u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in l	ibution grant above	ons) 1 ss, and re1 a-1f 1	g \$	616,4	02.	1,946,904.			
0 10		<u>'''</u>	Total: Add lines 1a-11				Business		1,310,3010			
Program Service Revenue	2	a b c d e	All other program consider									
_			All other program service									
	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest other similar amounts) 4 Income from investment of tax-exempt bond presented in the company of the company								4,830.			4,830.
	5		Royalties			Real	(ii) Pers					
	6	b c	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(1)	neal	(II) Pers	oriai				
venue	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b 7c		curities	(ii) Oth	ner				
Other Re	8	а	Net gain or (loss)	ig ev line	ents (no (1c). See	t of 8a	214,7	10.				
			Less: direct expenses				25,8	40.	100 050			100 075
	9	а	Net income or (loss) from the Gross income from gamine Part IV, line 19 Less: direct expenses	g ac	tivities.	See 9a			188,870.			188,870.
		С	Net income or (loss) from	gam	ing activ		T					
	10	b	Gross sales of inventory, leand allowances			10k						
		Ü	iver income or (ioss) from s	saie:	o oi iiive	поту	Business	Code				
Miscellaneous Revenue	11	a b	MISCELLANEOUS				9000		2,559.	2,559.		
Seve		С										
Mis		d	All other revenue									

2,559.

e Total. Add lines 11a-11d

Total revenue. See instructions

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).

secti	on 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	129,418.	115,555.	3,703.	10,160.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,192,450.	1,064,126.	30,868.	97,456.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,728.	35,754.	2,688.	1,286. 3,871.
10	Payroll taxes	113,255.	91,929.	17,455.	3,871.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	51,614.		51,614.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	26 445	20 556	0.550	222
13	Office expenses	36,145.	32,556.	2,750.	839.
14	Information technology	30,164.	27,897.	1,747.	520.
15	Royalties	00 455	05 444	1 0 4 17	1 004
16	Occupancy	28,475.	25,444.	1,947.	1,084.
17	Travel	25,166.	24,691.		475.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	162 500	162 500		
21	Payments to affiliates	163,522. 80,371.	163,522.	14,215.	2,841.
22	Depreciation, depletion, and amortization	66,496.	63,967.	1,863.	666.
23	Insurance Other average Itemize average and average	00,490.	03,90/.	1,003.	000.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) CLASSROOM PROGRAMS	82,289.	82,289.		
a	EDUCATION MATERIALS	50,681.	50,681.		
b	REPAIRS AND MAINTENANCE	25,037.	25,037.		
C	JA INSPIRE	4,281.	4,281.		
d		+,401.	+,401.		
	All other expenses Total functional expenses. Add lines 1 through 24e	2,119,092.	1,871,044.	128,850.	119,198.
<u>25</u>		Δ, 113, U3Δ•	1,0/1,044.	140,030.	±±3,±30•
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	11.0110WITIG 5UP 98-2 (ASC 958-720)				Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Pai	τx	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	342,787.	1	41,127.
	2	Savings and temporary cash investments	1,000.	2	223,986.
	3	Pledges and grants receivable, net	390,000.	3	390,407.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	98,864.	8	52,431.
¥	9	Prepaid expenses and deferred charges	4,696.	9	18,331.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 1,887,294.			
	b	Less: accumulated depreciation 10b 1,244,210.	592,035.	10c	643,084.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	26,796.	15	26,707.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,456,178.	16	1,396,073.
	17	Accounts payable and accrued expenses	177,283.	17	100,217.
	18	Grants payable		18	
	19	Deferred revenue	2,500.	19	2,300.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	0.0.055	22	10 151
_	23	Secured mortgages and notes payable to unrelated third parties	27,055.	23	18,174.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	206 020	25	100 601
	26	Total liabilities. Add lines 17 through 25	206,838.	26	120,691.
S		Organizations that follow FASB ASC 958, check here			
၁င		and complete lines 27, 28, 32, and 33.	1 002 470		1 126 562
<u>a</u>	27	Net assets without donor restrictions	1,083,478.	27	1,136,562.
ä	28	Net assets with donor restrictions	165,862.	28	138,820.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
χ̈́	31	Retained earnings, endowment, accumulated income, or other funds	1 2/0 2/0	31	1 275 202
ž	32	Total net assets or fund balances	1,249,340.	32	1,275,382.
	33	Total liabilities and net assets/fund balances	1,456,178.	33	1,396,073.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,11	9,0	92.
3	Revenue less expenses. Subtract line 2 from line 1	3		2	4,0	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,24	9,3	40.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1,9	71.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,27	5,3	82.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZZOpen to Public

Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA

Employer identification number
23-1598129

Pa	rt I	Reason for Public (Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions.			
he	organ	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1	Ŭ.	•	·	-	-	•	IVAVi).			
2	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
	H									
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for		llege or university owned	or operate	ed by a go	overnmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	complete Part II.)							
6	Ш	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that normal	lly receives a substar	ntial part of its support f	om a gove	ernmental	unit or from the general	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in coniu	inction with a land-grant	college		
		or university or a non-land-g				-	-	-		
		university:	rant concess of agrice	antaro (000 monachono).	21101 1101	namo, only	, and state of the conlege	, 01		
10	X	An organization that normal	lly receives (1) more t	than 33 1/3% of its sunr	ort from c	ontribution	ne membershin fees an	d arose receipts from		
10										
		activities related to its exem		•				*		
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor	-							
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3).	Check the box on		
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.			
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting		
		organization. You must c						•		
h		Type II. A supporting orga	= :		ion with its	s supporte	ed organization(s) by hav	vina		
-		control or management of								
					arric perso	iis triat coi	ntiol of manage the supp	Jorted		
_		organization(s). You mus			in connect	مطانيي مما	and functionally integrate	ad with		
C		Type III functionally inte					• •	ed with,		
		its supported organization		·						
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *		
		that is not functionally into	-	* *	•		•	/eness		
		requirement (see instructi	•	•						
е		Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	r the number of supported o	rganizations							
g		ride the following information								
	() Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
								 		

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the 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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		,	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the				•	. , . ,	
Sec	organization, check this box and stop ction C. Computation of Publi					<u></u>	
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	/ 6
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2021. If the o		~				
	and stop here. The organization qual					,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	·

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

Se	ction A. Public Support	slow, please comp	nete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	(4) 20 10	(2) 20 10	(0) = 0 = 0	(4) = 3 = 1	(0) = 0 = =	(1)	
	membership fees received. (Do not							
	include any "unusual grants.")	1641215.	1362815.	1514808.	2097671.	1946904.	8563413.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	132,775.	85,715.	149,299.			367,789.	
3	Gross receipts from activities that	,	, , , , , , , , , , , , , , , , , , ,	- ,			,	
	are not an unrelated trade or bus- iness under section 513	23,344.	211,153.	29.109.	152,077.	214.710.	630.393.	
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							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1797334.	1659683.	1693216.	2249748.	2161614.	9561595.	
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	624,267.	361,848.	225,308.	309,788.	529,232.	2050443.	
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.	
,	amount on line 13 for the year	624,267.	361,848.	225,308.	309,788.	529,232.	2050443.	
	Public support. (Subtract line 7c from line 6.)	021/20/0	30170101	223,3000	30377000	323 / 232 (7511152.	
Se	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6	1797334.	1659683.	1693216.	2249748.	2161614.	9561595.	
	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	3.		83.	1,061.	4,830.	5,977.	
k	Unrelated business taxable income				-	-		
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3.		83.	1,061.	4,830.	5,977.	
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)		120,000.	5,758.		2,559.	128,317.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	1797337.	1779683.	1699057.	2250809.	2169003.	9695889.	
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,	
_								
	ction C. Computation of Publi							
15	Public support percentage for 2022 (li	, (,,	, ,	column (f))		15	77.47 %	
16	Public support percentage from 2021					16	77.44 %	
	ction D. Computation of Inves					Г. <u>.</u> Т	06	
17						17	.06 % .01 %	
18	Investment income percentage from 2					18	,-	
198	a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar						r is not	
ı	33 1/3% support tests - 2021. If the							
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							

Part IV Supporting Organizations

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

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.)

		Vss	N-
		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	TU		
	4c		
	5a		
	5b 5c		
	JC		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
مارر	10b A (Forn	n gan	2022
uie	- A (FUIT	いっつつい	24//

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.

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

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.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

2b

За

Sche	dule A (Form 990) 2022 JUNIOR ACHIEVEMENT OF SO	UTH	CENTRAL PA	23-1598129 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			g
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		·	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

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

5

6

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	ection 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 exemp	ot purposes of supported							
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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							
	provide details in Part VI). See instructions.		8						
9	Distributable amount for 2022 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022					
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
a	From 2017								
b	From 2018								
c	From 2019								
d	From 2020								
e	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
-	Excess from 2018								

Schedule A (Form 990) 2022

b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA

Employer identification number 23-1598129

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis illai uesc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic 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 trea			gain, provide)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

		CHIEVEMENT							98129		age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historic	al Tre	asures, o	r Othe	r Simil	ar Asset	S (contin	nued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any	of the f	ollowing that	t make si	gnifican	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loan	or exc	hange progra	am					
b	Scholarly research	е	Othe	r							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	how they fu	rther th	e organizatio	on's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historic	al treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be mai								Yes		No
Par	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodia										_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:								
									Amount	t	
С	Beginning balance						. <u>1c</u>				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. <u>1f</u>				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escro	w or cu	istodial acco	unt liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	the organization an			rm 990, Part						
		(a) Current year	(b) Prior y	ear	(c) Two yea		(d) Three	e years back	(e) Four	years	back
1a	Beginning of year balance	24,862.	28	,298.	2	2,275.		24,389		24,	632.
b	Contributions										
С	Net investment earnings, gains, and losses	1,458.	-3	,436.		6,023.		-2,114		-	243.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	26,320.	24	,862.	2	8,298.		22,275		24,	389.
2	Provide the estimated percentage of the curre	•	e (line 1g, col	umn (a)) held as:						
а	Board designated or quasi-endowment	100	_%								
b	Permanent endowment	%									
С	Term endowment9	6									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3а	Are there endowment funds not in the posses	sion of the organiza	tion that are	held ar	nd administe	red for th	e				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Sched	ule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wment funds								
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line	11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o		•	or other		ccumula		(d) Bool	k value	Э
		basis (investr	nent)	basis	(other)	de	preciation	on			
	Land				<u> </u>		2.5.5				
	Buildings			L,59	3,434.	1,0	062,3	343.	533	1,09	<u>91.</u>
	Leasehold improvements						104				
d	Equipment			29	3,860.		181,8	367.	111	1,99	<u>93.</u>
е	Other	.									

Schedule D (Form 990) 2022

643,084.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	EVEMENT OF SOU	JTH CENTRAL PA 2	3-1598129 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u>, </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-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"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			·
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

(9)

Pai	t XI	Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	2,145,134.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d 1,971.		
е		nes 2a through 2d		2e	1,971. 2,143,163.
3		act line 2e from line 1		3	2,143,163.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		•
С		nes 4a and 4b		4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	to With Evenence new F	5	2,143,163.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	its with Expenses per H	eturn	l .
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			0 110 000
1				1	2,119,092.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities	2a		
b	Prior y	year adjustments	2b		
С	Other	losses	2c		
d		(Describe in Part XIII.)	2d		0
		nes 2a through 2d		2e	0.
3		act line 2e from line 1		3	2,119,092.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		0
		ines 4a and 4b		4c	0.
5 Dai	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5	2,119,092.
			/ lines the send Ohy Doubly lines (. Da.4 V	Line Or Dest VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		; Part X	, line 2; Part XI,
iines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.		
DΔI	2TT 77	, LINE 4:			
LVI	<u> </u>	, DINE 4.			
тнт	e EN	DOWMENT FUND WAS ESTABLISHED TO PROVIDE	THE ORGANIZATION	דדש	יוי אי
1111	7 1714	DOWNENT FOND WAS ESTABLISHED TO TROVIDE	THE ORGANIZATON	** 1	II AN
TMT	ÆST	MENT FUND THAT WILL BE USED FOR THE ORGA	NTZATTON'S WELL	-BET	NG AS
T 1 /	, <u>по т</u>	MINI TOND THAT WILL BE OBED TON THE ONOR	MIDATION D WILL	יחם	ING AD
DET	rerm	INED BY THE BOARD. THE CURRENT SPENDING	POLICY RATE IS	4.5%	5 .
	LILLI	THE BUILD THE COMMENT OF ENDING	TODICI MIII ID	1.50	•
PAF	гт х	, LINE 2:			
ACC	COUN	TING PRINCIPLES GENERALLY ACCEPTED IN TH	HE UNITED STATES	OF	AMERICA
1100	20011	TIMO INTINCTI DED COMPINIDO INCOMPENDO IN TR	IL CIVITED DIMILED	<u> </u>	711111111111111111111111111111111111111
REC	NUTR	E MANAGEMENT TO EVALUATE TAX POSITIONS T	AKEN BY THE ORG	ANT7	ATTON .
,	20 110	D MARKOLIMANI TO EVINDONIA TIM TODITIOND I	THILDIV DI THE ONG.	2111 1 2	milion,
INC	מוזבי	ING WHETHER THE ENTITY IS EXEMPT FROM IN	ICOME TAXES, MAN	AGEN	(ENT
1/	<u> </u>	11.0 million ind bittit io unuiti fitori ii	TANK	. 10 111	
EVZ	ALITA	TED THE TAX POSITIONS TAKEN AND CONCLUDE	ED THAT THE ORGA	NI7.A	TION HAD
_				-,	
TAF	KEN	NO UNCERTAIN TAX POSITIONS THAT REQUIRE	RECOGNITION OR	DISC	CLOSURE IN

THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME

Schedule D (Form 990) 2022 JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA 23-1598 Part XIII Supplemental Information (continued)	3129	Page 5
TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENTS. WITH FEW		
EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX		
EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR	· VEZ	RS
BEFORE JUNE 30, 2020.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY		
FOUNDATIONS	1,9	71.
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
LOSS ON DISPOSAL OF FIXED ASSETS		

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 23-1598129 JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PUTT FOR NONE (add col. (a) through WINE EVENT EDUCATION col. (c)) (event type) (total number) (event type) 139,230. 34,590. 173,820. Gross receipts 2 Less: Contributions 139,230. 34,590. 173,820. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 7 Food and beverages 8 Entertainment 25,523. 243. 25,766 9 Other direct expenses 25,766 **10** Direct expense summary. Add lines 4 through 9 in column (d) 148,054 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2022 JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA 23-1	<u> 598129</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	O No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	s If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
4-	Many disharm all at the officers		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III. linna O. i	Ob 10b
Га	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9, 9	90, 100,

Schedule G	(Form 990)	JUNIOR	ACHIEVEMENT	OF	SOUTH	CENTRAL	PA	23-1598129	Page 4
Part IV	(Form 990) Supplemental Inform	nation _{(cont}	tinued)						

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2022
Open to Public Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA

Employer identification number 23-1598129

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: JA STEM SUMMIT: THIS PROGRAM IS A DAY LONG PROGRAM FOR 9TH OR 10TH GRADE STUDENTS. IT CONSISTS OF 8 OR 9 30 MINUTE MODULES FOCUSED ON STEM CAREERS. CHEMISTRY, BIOLOGY, MATH, PHYSICS, TECHNOLOGY, ENGINEERING, TRADES, ELECTRICIAL CAREERS ARE PART OF THE EVENT. **EXPENSES \$220,000** JA REAL LIFE: THIS PROGRAM IS A DAYLONG PROGRAM FOR 11TH OR 12TH GRADE IT FOCUSES ON FINANCIAL LITERACY AND WORK READINESS. HALF THE DAY IS A BUDGETING ACTIVITY AND THE OTHER HALF OF THE DAY IS 4 30 MINUTE ACTIVITIES. EXPENSES: \$130,000 JA INSPIRE: CAREER DEVELOPMENT PROGRAM FOR 7TH-12TH GRADE STUDENTS. USING VIRTUAL TECHNOLOGY, LOCAL BOSSINESSES ARE FEATURED WHILE PROVIDING DOWNLOADABLE CAREER INFORMATION, CAREER VIDEOS AND LIVE ZOOM WEBINARS TO INSPIRE CAREER-READINESS AND CONNECT STUDENTS WITH LOCAL OPPORTUNITIES. EXPENSES: \$81,044 EXPENSES \$ 431,044. REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S FINANCE COMMITTEE AND MANAGEMENT BEFORE ITS FILING. FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST ARISES WHEN A "RESPONSIBLE PERSONOR ANY "PARTY RELATED TO A RESPONSIBLE PERSON" HAS AN "INTEREST ADVERSE TO THE

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA 23-1598129 CORPORATION." A "RESPONSIBLE PERSON" IS ANY INDIVIDUAL IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE CORPORATION, AND SPECIFICALLY INCLUDES, WITHOUT LIMITATION, TRUSTEES AND OFFICERS OF THE CORPORATION. A "PARTY RELATED TO A RESPONSIBLE PERSON" INCLUDES HIS OR HER EXTENDED FAMILY (INCLUDING SPOUSE, ANCESTORS, DESCENDANTS AND SIBLINGS, AND THEIR RESPECTIVE SPOUSES AND DESCENDANTS), AN ESTATE OR TRUST IN WHICH THE RESPONSIBLE PERSON OR ANY MEMBER OF HIS OR HER EXTENDED FAMILY HAS A BENEFICIAL INTEREST OR A FIDUCIARY RESPONSIBLITY, OR AN ENTITY IN WHICH THE RESPONSIBLE PERSON OR ANY MEMBER OF HIS OR HER EXTENDED FAMILY IS A TRUSTEE OR OFFICER OR HAS A FINANCIAL INTEREST. " AN "INTEREST ADVERSE TO THE CORPORATION" INCLUDES ANY INTEREST IN ANY CONTRACT, TRANSACTION OR OTHER FINANCIAL RELATIONSHIP WITH THE CORPORATION, AND ANY INTEREST IN AN ENTITY WHOSE BEST INTERESTS MAY BE IMPAIRED BY THE BEST INTERESTS OF THE CORPORATION INCLUDING, WITHOUT LIMITATION, ANY ENTITY PROVIDING ANY GOODS OR SERVICES TO OR RECEIVING ANY GOODS OR SERVICES FROM THE CORPORATION, AN ENTITY IN WHICH THE CORPORATION HAS ANY BUISNESS OR FINANCIAL INTEREST, AND AN ENTITY PROVIDING GOODS OR SERVICES OR PERFORMING ACTIVITIES SIMILAR TO THE GOODS OR SERVICES OR ACTIVITIES OF THE CORPORATION. ANY POSSIBLE CONFLICT OF INTEREST SHALL BE DISCLOSED TO THE BOARD OF TRUSTEES BY THE PERSON CONCERNED. WHEN ANY CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF TRUSTEES, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF TRUSTEES OR ITS APPROPRIATE COMMITTEE AND SUCH PERSON SHALL NOT VOTE ON THE MATTER PROVIDED HOWEVER, ANY TRUSTEE DISCLOSING A POSSIBLE CONFLICT OF INTEREST MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OF TRUSTEES OR A COMMITTEE THEREOF. THE PERSON HAVING THE CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR ITS COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER

Schedule O (Form 990) 2022 Page **2**

Name of the organization JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA	Employer identification number 23-1598129
UNDER CONSIDERATION. HOWEVER, THAT PERSON SHALL PROVIDE THE	BOARD OR
COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION. COMPLIANC	E IS MONITORED ON
A MONTHLY BASIS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE REVIEWS AND DOCUMENTS VIA EMPLOYEE	PERFORMANCE
REPORT. THEN THE RESULTS ARE PRESENTED TO THE TRUSTEES FOR	VOTE.
EODW 000 DADE VI GEGETON G LINE 10.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL DOCUMENTTS AVAILABLE UPON REQUE	СШ
THE ORGANIZATION MAKES ALL DOCUMENTIS AVAILABLE UPON REQUE	51.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY	
FOUNDATIIONS	1,971.
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	