			PUBLIC	INSPECTIO	N CC)PY				
Баш	. Q	90	Return of Orgar	ization Exempt	From I	ncome Tax	OMB No. 1545-0047			
Forr	n J.	50	Under section 501(c), 527, or 4947				Open to Public			
Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.										
			ar year, or tax year beginning J			UN 30, 2022	Inspection			
	heck if		forganization		0 0	D Employer identifie	cation number			
a	pplicable Addres	e Juni	or Achievement of S	Southeast						
	_change Name		s, Inc.			74-11539	57			
	_change Initial		usiness as and street (or P.O. box if mail is not de	livered to street address)	Deem/auite					
	_return Final	2115	E. Governors Circ	,	Room/suite	E Telephone number 713-682-				
	_return/ termin- ated		own, state or province, country, and			G Gross receipts \$	13,184,279.			
	Amenc		ton, TX 77092	ZIF OF IOTEIGH POSTALCOUE		H(a) Is this a group re				
	_return Applica tion		nd address of principal officer: JOS	eph C. Burke		for subordinates				
L	pendin		as C above			H(b) Are all subordinates in				
IT	ax-exe	empt status:		 (insert no.) 4947(a)(1) 	or 527		list. See instructions			
			jahouston.org			- '	n number > 1116			
				ssociation 🔄 Other 🕨	L Year	· · · · · · · · · · · · · · · · · · ·	A State of legal domicile: TX			
		Summary								
-	1	Briefly describ	e the organization's mission or most	significant activities: Juni	or Ach	ievement hel	lps			
nce		student	s understand and ta	ake advantage of	E oppor	tunities in	life.			
Governance	2	Check this bo	x 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net ass	ets.			
ove	3	Number of vot	ing members of the governing body	(Part VI, line 1a)		3	102			
			ependent voting members of the gov				102			
es 6			of individuals employed in calendar y				40			
viti	6	Total number	of volunteers (estimate if necessary)			6	4423			
Activities &			d business revenue from Part VIII, co	(),		<u>7a</u>	0.			
_	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11			0.			
						Prior Year	Current Year			
e						3,865,628.	10,805,504.			
Revenue		•			22,500. 922,724.	<u>196,171.</u> 451,121.				
Rev			come (Part VIII, column (A), lines 3, 4,			-29,665.	110,841.			
			(Part VIII, column (A), lines 5, 6d, 8c			4,781,187.	11,563,637.			
			<u>- add lines 8 through 11 (must equal</u> nilar amounts paid (Part IX, column (123,000.	67,766.			
			to or for members (Part IX, column (A	,, , , , , , , , , , , , , , , , , , , ,		0.	0.			
	45					2,521,130.	2,788,289.			
ses	16a	Professional fi	indraising fees (Part IX, column (A)	ine 11e)		0.	144,000.			
Expenses	b	Total fundraisi	compensation, employee benefits (F undraising fees (Part IX, column (A), I ng expenses (Part IX, column (D), Iin	e 25) b 852,1	64.					
Ĕ	17	Other expense	es (Part IX, column (A), lines 11a-11d,	11f-24e)		1,390,849.	1,960,416.			
			s. Add lines 13-17 (must equal Part I)			4,034,979.	4,960,471.			
			expenses. Subtract line 18 from line			746,208.	6,603,166.			
or					Be	ginning of Current Year	End of Year			
Net Assets or und Balances	20	Total assets (F	Part X, line 16)			11,637,809.	16,092,096.			
t As d Bi	21	Total liabilities	(Part X, line 26)			1,407,256.	584,265.			
			fund balances. Subtract line 21 from	line 20		10,230,553.	15,507,831.			
	art II	Signature								
			I declare that I have examined this return,				knowledge and belief, it is			
true,	correc		Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.				
			ronically Filed			Data				
Sigr		, s		Jant		Date				
Her	е		ph C. Burke, Presic print name and title	lent						
		, ,, ,		Preparer's signature	1	Date Check	PTIN			
Paid		Print/Type prep Barbara		Barbara Murph		03/06/23				
		~u		2	/		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			

	Print/Type preparer's name	Preparer's signature	Duto						
Paid	Barbara Murphy	Barbara Murphy	03/06/23	self-employed P01386215					
Preparer	Firm's name Blazek & Vetterl	Firm's	EIN 76-0269860						
Use Only	Firm's address 🖕 2900 Weslayan, S								
	Houston, TX 7702	Phone	e no.713-439-5739						
May the IRS discuss this return with the preparer shown above? See instructions									

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	Junior Achievement of Texas, Inc.		153957 _{Page} 2
Pa	m 990 (2021) Texas, Inc. art III Statement of Program Service Accomplishment		
	Check if Schedule O contains a response or note to any line in	this Part III	X
1			
	The mission of Junior Achievement i and realistic education and experie		
	economic system.	ince in the private enterpr.	lse
	COMMENT SISCOM		
2	Did the organization undertake any significant program services durin	g the year which were not listed on the	
			Yes X No
~	If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in If "Yes," describe these changes on Schedule O.	n now it conducts, any program services?	Yes 🕰 No
4	Describe the organization's program service accomplishments for eac	ch of its three largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the		
	revenue, if any, for each program service reported.		106 181
4a	(Code:) (Expenses \$3,655,684. including gran Junior Achievement of Southeast Tex	ts of $\frac{67,766}{2000}$ (Revenue $\frac{1}{2000}$	$\frac{196,171}{196,171}$
	the USA Organization in developing,		
	and administering education program		
	youth with practical and realistic		
	private enterprise and economic sys		j June 30,
	2022, 103,307 students participated	in the programs.	
	See Schedule 0.		
4b	(Code:) (Expenses \$ including gran	ts of \$) (Revenue \$)
4c	Code:) (Expenses \$ including gran	ts of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,655,684.		_ 000
			Form 990 (2021)

Junior Achievement of Southeast Form 990 (2021) Texas, Inc. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		<u> </u>
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	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			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			37
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021)

Form	990 (2021) Texas, Inc. 74-1153	957	Р	age 4
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-		,	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	L

Form	990 (2021) Texas, Inc. 74-1153	957	Р	_{age} 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>x</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		x
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		
u	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
-	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 services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		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			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
_	If "Yes," complete Form 6069.			

Form	1990 (2021) Texas, Inc. 74-115		P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and fo	ra "No" i	respon	se
	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 10	2		
14	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	<u>7a</u>		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12 b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	. 13	Х	
14	Did the organization have a written document retention and destruction policy?	. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official		Х	
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 None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	- /		
	X Own website X 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, a	and finan	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			
	Liisa Williams - 713-682-4500			

2115 East Governors Circle, Houston, TX 77092

- - -

Junior Achievement of Southeast						
Form 990 (2021) Texas, Inc.	74-1153957	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated					
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 o	or within the organization's	s tax year.				
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardle Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ss of amount of compension	ation.				
• List all of the organization's current key employees, if any. See the instructions for definition of "key employee	, n					
• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report- able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.						
• List all of the organization's former officers, key employees, and highest compensated employees who receive reportable compensation from the organization and any related organizations.	d more than \$100,000 of					

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per	(do not check more than one						Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			bensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru:	onal t		ployee	e com		1099-NEC)		and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Joseph C. Burke	40.00									
President	0.00			Х				384,928.	0.	30,969.
(2) DeJeania E. Jones	40.00									
Vice President, Capstone Programs	0.00			Х				100,214.	0.	20,070.
(3) Juliet Breeze	1.00									
Chair	0.00	Х		Х				0.	0.	0.
(4) Niloufar K. Molavi	1.00									
Vice Chair	0.00	Х		Х				0.	0.	0.
(5) Bill Swanstrom	1.00									
Secretary	0.00	Х		Х				0.	0.	0.
(6) Frank C. Steininger	1.00									
Treasurer	0.00	Х		Х				0.	0.	0.
(7) Lina Amador	1.00									
Director	0.00	Х						0.	0.	0.
(8) Evelyn Angelle	1.00									
Director	0.00	Х						0.	0.	0.
(9) Hami V. Arrington	1.00									
Director	0.00	Х						0.	0.	0.
(10) Duke Austin	1.00									
Director	0.00	Х						0.	0.	0.
(11) Sidney Barrau	1.00									
Director	0.00	Х						0.	0.	0.
(12) Tracy Beam	1.00									
Director	0.00	Х						0.	0.	0.
(13) Tom Behanick	1.00									
Director	0.00	Х						0.	0.	0.
(14) Jody R. Black	1.00									
Director	0.00	Х						0.	0.	0.
(15) Omar Boulos	1.00									
Director	0.00	Х						0.	0.	0.
(16) Danny Brown	1.00									
Director	0.00	Х						0.	0.	0.
(17) Deric Bryant	1.00									
Director	0.00	Х						0.	0.	0.

Junior	Achievement	of	Southeast
Tovad	Tna		

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Form 990 (2021) Texas, Ir	nc.								74-11	.53	957	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(da			itior			Reportable	Reportable		Estima	ated
	hours per	box	, unles	ss pei	rson i	than d is both	n an	compensation	compensation	n	amour	nt of
	week	offic	cer an	ıd a d	lirecto	or/trus	tee)	from	from related		othe	er
	(list any	ector						the	organizations		compens	sation
	hours for	or dir	e			ited		organization	(W-2/1099-MIS	C/	from	
	related	stee	truste			bense		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations below	ial tru	onal 1		loye	ee com		1099-NEC)			and rel	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organiza	lions
(18) Nick Buckner	1.00	L.	<u> </u>	ò	ž	Ξ	Ĕ					
Director	0.00	х						0.		0.		0.
(19) Sue Burnett	1.00									<u> </u>		
Director	0.00	х						0.		0.		0.
(20) Darin Carroll	1.00							```		<u> </u>		
Director	0.00	х						0.		0.		0.
(21) Richard Castillo	1.00									<u> </u>		
Director	0.00	х						0.		0.		0.
(22) Albert Chao	1.00	23								<u>.</u>		<u> </u>
Director	0.00	х						0.		0.		0.
(23) Bruce Chinn	1.00									<u> </u>		
Director	0.00	х						0.		0.		0.
(24) Richard Cisneros	1.00											
Director	0.00	х						0.		0.		0.
(25) Mark Cizek	1.00											
Director	0.00	х						0.		0.		0.
(26) Joseph Connelly	1.00											
Director	0.00	х						0.		0.		0.
1b Subtotal						-		485,142.		0.	51.0	039.
c Total from continuation sheets to Part VI	Section A							0.		0.	- 1	0.
d Total (add lines 1b and 1c)								485,142.		0.	51,0	039.
2 Total number of individuals (including but n						e) wh	o re	· · ·	000 of reportable		- 1	
compensation from the organization						,						2
											Yes	
3 Did the organization list any former officer,	director. truste	ee. k	kev e	empl	love	e. or	hio	hest compensated emp	lovee on	ĺ		
line 1a? If "Yes," complete Schedule J for si	-			•			Ŭ				3	x
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	_
5 Did any person listed on line 1a receive or a	,		'									
rendered to the organization? If "Yes," com					-			-			5	X
Section B. Independent Contractors	piele Schedule	2070	01 30		0013	011 .						
1 Complete this table for your five highest con	npensated ind	epe	nder	nt co	ontra	actor	rs tł	hat received more than \$	100,000 of comp	ensat	ion from	
the organization. Report compensation for t	he calendar ye	ear e	endin	ng w	vith o	or wi	thin	n the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	С	ompensat	ion
3DE National, LLC								Instructional	l model			
3565 Piedmont Rd NE, Atla	nta, GA	3	03	05				contracted s	ervices		476,0	044.
Dini Spheris Inc., 2727 A	llen Pk	wy	,	St	е			Fundraising				
<u>1650, Houston, TX 77019</u>								consultant			144,0	000.
									Τ			

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

Junior	Achievement	of	Southeast
Texas,	Inc.		

Form 990 Texas, I									74-115	3957
Part VII Section A. Officers, Directors, T		nplo I	yee			lighe	est (` '	<i>()</i>
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(0			ition that		ĿЛ	Reportable compensation	Reportable compensation	Estimated amount of
	per	(CI	lecr	T	liiai	app I	iy)	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ector				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire	a a			ted er		(W-2/1099-MISC)		organization
	related	stee o	truste		æ	pensa				and related
	organizations	ual tru	ional 1		ploye	tcom				organizations
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Helen Conte	1.00	-	-	0	×	Ŧ	ш			
Director	0.00	x						0.	0.	0.
(28) Juan C. Cuesta	1.00									
Director	0.00	x						0.	0.	0.
(29) Jeff Deatsman	1.00									
Director	0.00	х						0.	0.	0.
(30) Thomas B. DeBesse	1.00								•••	
Director	0.00	х						0.	0.	0.
(31) Peter C. DeLongchamps	1.00									
Director	0.00	х						0.	0.	0.
(32) Bradley Dodson	1.00									
Director	0.00	х						0.	Ο.	0.
(33) Adam M. Drutz	1.00									
Director	0.00	Х						0.	0.	0.
(34) Keven Dunphy	1.00									
Director	0.00	Х						0.	0.	0.
(35) Gregory L. Ebel	1.00									
Director	0.00	Х						0.	0.	0.
(36) Greg A. Engel	1.00									
Director	0.00	Х						0.	0.	0.
(37) Kola Fagbayi	1.00									
Director	0.00	Х						0.	0.	0.
(38) Larry Franco	1.00									
Director	0.00	Х						0.	0.	0.
(39) Robert Franklin	1.00							0	0	0
Director	0.00	х			<u> </u>			0.	0.	0.
(40) Greg C. Garland	1.00	77						0	0	0
Director	0.00	Х						0.	0.	0.
(41) Mewael Ghebremichael	1.00	v						0.	0	0
Director (42) Michael Graff	0.00	Х						0.	0.	0.
(42) Michael Graif Director	1.00	x						0.	0.	0.
(43) Ziad Haddad	1.00	Δ						0.	0.	0.
Director	0.00	x						0.	0.	0.
(44) Jarin Hansen	1.00	^						0.	0.	0.
Director	0.00	х						0.	0.	0.
(45) Mark Henry	1.00		-	-	-			U •	0.	0.
Director	0.00	x						0.	0.	0.
(46) Richard W. Heo	1.00		-	-	-			U •	0.	0.
Director	0.00	х						0.	0.	0.
	1 0.00	1 4 2 -			1			U • 1	U •	U •

Junior	Achievement	of	Southeast
Texas,	Inc.		

74-1153957

(A)	(B)	Ľ	-		C)			Compensated Employe (D)	(E)	(F)
Name and title	Average				i tion			Reportable	Reportable	Estimated
Name and the	hours	(c	neck				lv)	compensation	compensation	amount of
	per	(0.					.,,	from	from related	other
	week					/ee		the	organizations	compensation
	(list any	ector				n plo		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted er		(W-2/1099-MISC)		organization
	related	Individual trustee or director	nstitutional trustee			Highest com pen sated em ployee				and related
	organizations	al trus	in al tr		lo yee	dwoo				organizations
	below	ividua	titutio	Officer	Key employee	hest (Former			
	line)	Ind	Inst	Offi	Key	Hig	For			
(47) Georganne Hodges	1.00									
Director	0.00	Х						0.	0.	0.
(48) Andrew Hull	1.00									
Director	0.00	х						0.	Ο.	0.
(49) Preeti Jain	1.00									
Director	0.00	х						0.	0.	0.
(50) Roberta Jones	1.00							• •		
Director	0.00	x						0.	0.	0.
(51) Luke Keller	1.00									
Director	0.00	x						0.	0.	0.
(52) Joseph W. Kelly	1.00							0.	0.	
Director	0.00	х						0.	0.	0.
(53) Elizabeth Killinger	1.00	Δ						0.	0.	0.
		v						0	0	0
Director	0.00	Х						0.	0.	0.
(54) John Kuehn	1.00							0	0	0
Director	0.00	Х						0.	0.	0.
(55) Holli Ladhani	1.00								•	
Director	0.00	Х						0.	0.	0.
(56) Joel Lambert	1.00									
Director	0.00	Х						0.	0.	0.
(57) Mark Lashier	1.00									
Director	0.00	Х						0.	0.	0.
(58) Kathy P. Lehne	1.00									
Director	0.00	X						0.	Ο.	0.
(59) John Lionberger, P.E.	1.00									
Director	0.00	x						0.	0.	0.
(60) Bruce G. Macklin	1.00									
Director	0.00	x						0.	0.	0.
(61) Paul Marsden	1.00							••	•••	
Director	0.00	x						0.	0.	0.
(62) Janette Marx	1.00									0
Director	0.00	v						0.	0.	0.
(63) Nestor de Mattos	1.00	Δ						0.	0.	0.
Director	0.00	v						0.	0	0
		^						0.	0.	0.
(64) Bruce McCullough	1.00	37							•	_
Director	0.00	Å						0.	0.	0.
(65) Michael C. McMurray	1.00								•	
Director	0.00	X						0.	0.	0.
(66) Michele McNichol	1.00							_	_	
Director	0.00	v	1					0.	0.	0.

Form 990

Junior	Achievement	of	Southeast
Texas,	Inc.		

(B) Average hours per week list any ours for related anizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 0.00			(C Posi	;) ition			Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Average hours per week list any ours for related anizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	X National trustee or director	neck	Posi all t	tion hat	appl		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
hours per week list any ours for related anizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	X National trustee or director	neck	all t	hat	appl		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
per week list any ours for related anizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	X National trustee or director						from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
week list any ours for related anizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
list any ours for related anizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	x x	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
ours for related anizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	x x	Institutional trustee	Officer	Key employee	Highest com pensated em p	Former	(W-2/1099-MISC)		organization and related organizations
related anizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	x x	Institutional trustee	Officer	Key employee	Highest com pen sated	Former		0.	and related organizations
anizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	x x	Institutional trus	Officer	Key employee	Highest com pen	Former	0.	0.	organizations
below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	x x	Institutiona	Officer	Key employ	Highest col	Former	0.	0.	
line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	x x	Institu	Office	Key er	Highe	Forme	0.	0.	0
0.00 1.00 0.00 1.00 0.00 1.00 0.00	x						0.	0.	0
0.00 1.00 0.00 1.00 0.00 1.00 0.00	x						0.	0.	Δ
0.00 1.00 0.00 1.00 0.00									υ.
1.00 0.00 1.00 0.00									
0.00 1.00 0.00	x						0.	0.	0.
1.00 0.00	Х								
0.00							0.	0.	0.
		$ \neg$							
4	Х						0.	0.	0.
	Х						0.	0.	0.
	Χ						0.	0.	0.
	Х						0.	0.	0.
	37						0	0	0
	X						0.	0.	0.
	v						0	0	0.
	~						0.	0.	0.
	x						0.	0.	0.
	х						Ο.	0.	0.
0.00	х						Ο.	0.	0.
1.00									
0.00	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
	Х						0.	0.	0.
	Х						0.	0.	0.
							0	0	0
	Χ						0.	0.	0.
	v						0	<u>^</u>	0
	Δ						0.		0.
	x						n	n	0.
	- 12						0.		0.
	x						0.	0.	0.
	~~						J•		
	1.00 0.00 1.000 0.00 1.00 0.00	1.00 0.00 X 1.00 X	1.00 x 1.00 x 1.00 x 1.00	1.00 x 1.00 x	1.00 x 1.00 x	1.00 x 1.00 x <td>1.00 x 1.00 x <td>$\begin{array}{c ccccccccccccccccccccccccccccccccccc$</td><td>$\begin{array}{c ccccccccccccccccccccccccccccccccccc$</td></td>	1.00 x 1.00 x <td>$\begin{array}{c ccccccccccccccccccccccccccccccccccc$</td> <td>$\begin{array}{c ccccccccccccccccccccccccccccccccccc$</td>	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

Junior	Achievement	of	Southeast
Texas,	Inc.		

Form 990 Texas,	Inc.			-	20				74-115	3957
Part VII Section A. Officers, Directors		nplo	yee			lighe	est (, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(-		Posi				Reportable	Reportable	Estimated
	hours per	(CI	neck I	all t	inat	app	y)	compensation from	compensation from related	amount of other
	week					ee,		the	organizations	compensation
	(list any	ector				m plo)		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e.			ated e		(W-2/1099-MISC)		organization
	related	ustee	truste		96	i pen s				and related
	organizations below	ual tr	tional		yolq r	tcom	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(87) Julie Sheppard	1.00									
Director	0.00	х						0.	0.	0.
(88) Alan Sikarskie	1.00									
Director	0.00	х						0.	0.	0.
(89) Sandeep Singhal	1.00									
Director	0.00	Х						0.	0.	Ο.
(90) Humberto Sirvent	1.00									
Director	0.00	Х						0.	0.	0.
(91) David C. Skinner	1.00									
Director	0.00	Х						0.	0.	0.
(92) Ryan C. Spangler, P.E.	1.00									0
Director	0.00	X						0.	0.	0.
(93) Larry C. Stephens, Jr.	1.00	x						0.	0.	0
Director (94) David L. Stover	0.00	^						0.	0.	0.
Director	0.00	x						0.	0.	0.
(95) Laura Tibodeau	1.00									0.
Director	0.00	x						0.	0.	0.
(96) Marc J. Vandermeer	1.00									
Director	0.00	х						0.	0.	0.
(97) Bret VanderVoort, ARM	1.00									
Director	0.00	Х						0.	0.	0.
(98) Gregory M. Vesey	1.00									
Director	0.00	Х						0.	0.	0.
(99) Carol G. Warley	1.00									
Director	0.00	Х						0.	0.	0.
(100) Lyle Williams	1.00									•
Director	0.00	Х						0.	0.	0.
(101) Clint L. Woods	1.00	v							0	0
Director	0.00	Х						0.	0.	0.
(102) Ellis Wyms Director	0.00	x						0.	0.	0.
(103) Melinda Yee	1.00							U•	U •	0.
Director	0.00	х						0.	0.	0.
(104) Deanna Young	1.00								Ŭ•	•
Director	0.00	х						0.	0.	0.
		L								
Total to Part VII, Section A, line 1c										
								1	1	

					, I:	nc.				74-1153	957 Page 9
Pa	rt \	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a r	esponse	or note to any lin		(5)	(2)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S G	1	а	Federated campaigns			1a					
s, Grants Amounts	•		Membership dues			1b					
n Gr			Fundraising events			1c	1,600,575.				
Gifts, ilar Aı			Related organizations			1d					
s, G mila			Government grants (conti			1e	704,189.				
ions Sil			All other contributions, gifts,								
Contributions, (and Other Simil			similar amounts not included	l abov	/e	1f	8,500,740.				
d O		g	Noncash contributions included in	lines 1	1a-1f	1g \$	116,999.				
Co		h	Total. Add lines 1a-1f				►	10,805,504.			
							Business Code				
e	2	а	Class fees				561000	196,171.	196,171.		
ervi		b									
ר Se nu		С									
Program Service Revenue		d									
rog		е									
д.			All other program service					106 171			
	3		Total. Add lines 2a-2f Investment income (inclue					196,171.			
	3		other similar amounts)					268,865.			268,865.
	4		Income from investment of					200,000.			200,000.
	5		Royalties								
	Ŭ				(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a	1,4	82,075.					
		b	Less: cost or other basis								
anı			and sales expenses	7b		99,819.					
evenue			Gain or (loss)	7c		82,256.					
r Re			Net gain or (loss)				🕨	182,256.			182,256.
Other Re	8	а	Gross income from fundraisi	-							
Ò			including \$ 1,								
			contributions reported on		,		431,664.				
		L	Part IV, line 18				, ,				
			Net income or (loss) from				• • • • • •	110,841.			110,841.
	9		Gross income from gamir								
	Ŭ	u	Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory,								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	s of inv	entory	►				
s							Business Code				
eou	11	а									
Miscellaneous Revenue		b									
scel		с									
Miŝ			All other revenue								
	12		Total. Add lines 11a-11d Total revenue. See instruction					11,563,637.	196,171.	0.	561,962.
	14		I JUAI I JUAI III JUAI II JUAI III JUAI III JUAI III JUAI III JUAI III	0110			💌	,,	,,		,

Form 990 (2021) Texas, Inc. Part IX Statement of Functional Expenses

	t IX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	(-		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	67,766.	67,766.		
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,	F22 100	420 001		C1 104
	trustees, and key employees	533,180.	439,081.	32,965.	61,134.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 882 066		100 400	220.000
7	Other salaries and wages	1,773,866.	1,268,557.	172,407.	332,902.
8	Pension plan accruals and contributions (include		20 020		0 605
	section 401(k) and 403(b) employer contributions)	51,734. 268,200.	37,030. 194,827.	5,017.	9,687. 48,293.
9	Other employee benefits	268,200.	194,827.	25,080.	48,293.
10	Payroll taxes	161,309.	119,094.	14,459.	27,756.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	26,300.		26,300.	
d	Lobbying	144 000			1 4 4 . 0 0 0
е	Professional fundraising services. See Part IV, line 17	144,000.		50 410	144,000.
f	Investment management fees	52,418.		52,418.	
g		40.000		40 550	100
	column (A), amount, list line 11g expenses on Sch 0.)	43,698.		43,572.	<u>126.</u> 30,183.
12	Advertising and promotion	30,183.	10 1 10		30,183.
13	Office expenses	54,556.	13,143.	38,302.	3,111.
14	Information technology	118,177.	88,185.	10,127.	19,865.
15	Royalties	100 000	155 660		00 100
16	Occupancy	187,753.	157,668.	7,947.	22,138.
17	Travel	19,212.	15,761.	3,020.	431.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	70 176	E0 1E2	6 172	11 050
21	Payments to affiliates	70,176.	52,153.	6,173.	11,850.
22	Depreciation, depletion, and amortization	140,225. 95,981.	<u>113,038.</u> 90,154.	12,840.	14,347.
23		95,981.	90,154.	1,996.	3,831.
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.)				
а	Enrichment program	476,044.	476,044.		
b	Program materials	455,224.	455,224.		
с	Event expenses	121,010.			121,010.
d	Recruiting and training	69,459.	67,959.		1,500.
е	All other expenses				-
25	Total functional expenses. Add lines 1 through 24e	4,960,471.	3,655,684.	452,623.	852,164.
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)

	990 (2		·	<u>74</u> -	1153957 Page 11
Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	_	Oach and interest bearing	421,935.		1,502,714.
	1	Cash - non-interest-bearing	213,100.	1	97,229
	2	Savings and temporary cash investments	506,750.	2	4,509,290
	3	Pledges and grants receivable, net	84,472.		146,075
	4	Accounts receivable, net	04,4/2.	4	140,075
	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	
ŝts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	111	8	105 004
<	9	Prepaid expenses and deferred charges	111,591.	9	105,204
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a4,422,143.Less: accumulated depreciation10b2,670,095.	1 0 2 5 0 0 4		1 750 040
			1,835,084.		1,752,048 7,978,914
	11	Investments - publicly traded securities	8,464,877.		/,9/8,914
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<u> </u>
	15	Other assets. See Part IV, line 11	11 600 000	15	622
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,637,809.	16	16,092,096
	17	Accounts payable and accrued expenses	102,756.	17	284,018
	18	Grants payable	147,000.	18	130,000
	19	Deferred revenue	644,900.	19	170,247
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	F10 C00		•
		of Schedule D	512,600.	25	
	26	Total liabilities. Add lines 17 through 25	1,407,256.	26	584,265.
ر د		Organizations that follow FASB ASC 958, check here 🕨 🔀			
i ce		and complete lines 27, 28, 32, and 33.	П (П О 400		
lan	27	Net assets without donor restrictions	7,672,403.	27	7,435,631. 8,072,200.
8 B	28	Net assets with donor restrictions	2,558,150.	28	8,072,200.
un		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t Å	31	Retained earnings, endowment, accumulated income, or other funds	10 000	31	
Re	32	Total net assets or fund balances	10,230,553.	32	15,507,831.
	33	Total liabilities and net assets/fund balances	11,637,809.	33	16,092,096. Form 990 (2021

Form **990** (2021)

		-	_
Junior	Achievement	of	Southeast
Toyag	Inc		

Form	990 (2021) Texas, Inc.	74-	1153	957	Pag	_{ge} 12		
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,563</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,960</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	6	<u>,603</u>	8,10	56.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>,230</u>				
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				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	15	<u>,507</u>	, 8 3	31.		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>				
					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	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	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	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it					
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	t			-		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form 990 (2021)

SCHEDULE A (Form 990)			Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.						OMB No. 1545-0047
	venue Service			/Form990 for instruction			nformation.		Inspection
Name o	of the organization		or Achieven s, Inc.	ment of South	neast				identification number $4-1153957$
Part	Reason			(All organizations must c	omplete th	nis part.) S	ee instruction		<u>4 1100007</u>
The org				For lines 1 through 12, cl					
1 🗂	7	-		n of churches described	•		I)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state								
5				lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
e 🗆	-		Complete Part II.)	antal unit described in	nantion 17	70/6//4//4/	6.0		
6 ∟ 7 Ⅸ			•	nental unit described in a ntial part of its support fr			.,	ne general r	public described in
, [0		omplete Part II.)		on a gove			ie general j	
8	-			1)(A)(vi). (Complete Par	t II.)				
9	¬ ´			in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
				t to certain exceptions; a					-
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
4 4	7		mplete Part III.)				O(-)(A)		
11 L 12 L	¬ -	-	-	vely to test for public sat vely for the benefit of, to	•			rny out the	nurposes of one or
	-	-	-	d in section 509(a)(1) o				•	
			-	f supporting organization					
a		-	• •	upervised, or controlled				-	giving
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b			•	or controlled in connect			0		•
		U	11 0 0	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
- Г	~	.,	t complete Part IV,						al
c		-	• • • •	g organization operated). You must complete I				ly integrate	a with,
d		•	.,.	orting organization oper				ted organiz	zation(s)
u [-	• •	ation generally must sat				•	.,
			•	nplete Part IV, Sections					
е [written determination fro				II, Type III	
				nally integrated supportin	ng organiz	ation.			
	nter the number of								
g P	rovide the followi (i) Name of suppo		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetany	(vi) Amount of other
	organization			(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)
				above (see instructions))	163				
_									
Total									

Junior	Achievement	of	Southeast
Texas,	Inc.		

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4318255.	4783489.	3181326.	3865628.	10805504.	26954202.
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	4318255.	4783489.	3181326.	3865628.	10805504.	26954202.
	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)						1656881.
6	Public support. Subtract line 5 from line 4.						25297321.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	4318255.	4783489.	3181326.		10805504.	
		4510255.	105105.	5101520.	5005020.	100033041	205542021
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	264,106.	228 017	219,290.	198,009.	268,865.	1189187.
-	and income from similar sources	204,100.	230,917.	219,290.	190,009.	200,005.	1109107.
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.)						0.0.1.4.0.0.0.0
11	Total support. Add lines 7 through 10						28143389.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,039,128.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section /	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I		-			14	89.89 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	91.21 %
16 a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	5	
h	10% -facts-and-circumstances test	-		• • • •	•		
~	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
-10		an and not one on a	SSA ON INC 10, 100	, 100, 170, 01 170	, oncon this box a		· 🚩 📖

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part II

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Schedule A (Form 990) 2021 Texas, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
_	check this box and stop here		······				
	ction C. Computation of Publ						
	Public support percentage for 2021 (15	%
	Public support percentage from 2020 ction D. Computation of Invest					16	%
						47	0/
	Investment income percentage for 20					17	%
	Investment income percentage from			on line 14 and line		18	%
198	a 33 1/3% support tests - 2021. If the						
р.	more than 33 1/3%, check this box a						PL
Ľ	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
20	i mate roundation. In the organizatio	in ala not check a	50A OH III E 14, 19	a, or read, check th	IIS NON ALLU SEE ILLS		

1

Yes

No

Schedule A (Form 990) 2021 Texa Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Junior Achievement of Southeast

		4-115395	7 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	vers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a government	al entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	----------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No

3

	Junior Achievement of Sc	outhe	ast	
Sche	edule A (Form 990) 2021 Texas , Inc .			74-1153957 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting) Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

Junior	Achievement	of	Southeast

74-	115	53957	Page 7

	dule A (Form 990) 2021 Texas, Inc.			7	4-1153957 ı	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	d)		
Secti	on D - Distributions				Current Year	<u>r </u>
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemption	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 - pr		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 t					
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			<u>10</u>		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 202	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.			_		
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
				_		

Schedule A (Form 990) 2021

		Junior	Achievement	of Southeast	
Schedule A	(Form 990) 2021	Texas,	Inc.		74-1153957 Page 8
Part VI	Supplemental Inform	nation. Pro	vide the explanations re	quired by Part II, line 10; Part	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, I	ines 2 and 3; I	Part IV, Section E, lines ⁻	lc, 2a, 2b, 3a, and 3b; Part V,	line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8 (See instructions.)	8; and Part V,	Section E, lines 2, 5, and	6. Also complete this part fo	r any additional information.

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		bo for the latest mormation.	
	unior Achievement of Sout exas, Inc.		Employer identification number 74-1153957
Organization type (cheo			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	ı	
	4947(a)(1) nonexempt charitable trust n	ot treated as a private foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust tre	eated as a private foundation	
	501(c)(3) taxable private foundation		
•	on filing Form 990, 990-EZ, or 990-PF that receive y one contributor. Complete Parts I and II. See ins		· · · ·
Special Rules			
sections 509(a) contributor, du	on described in section 501(c)(3) filing Form 990 o and 170(b)(1)(A)(vi), that checked Schedule A (Fo g the year, total contributions of the greater of (1 Z, line 1. Complete Parts I and II.	orm 990), Part II, line 13, 16a, or 16b, and t	hat received from any one
contributor, du literary, or educ	on described in section 501(c)(7), (8), or (10) filing g the year, total contributions of more than \$1,00 ional purposes, or for the prevention of cruelty to b) instead of the contributor name and address), I	0 exclusively for religious, charitable, scien children or animals. Complete Parts I (enter	ntific,
year, contributi	on described in section 501(c)(7), (8), or (10) filing s <i>exclusively</i> for religious, charitable, etc., purpos here the total contributions that were received du	ses, but no such contributions totaled more	e than \$1,000. If this box

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2021)

Schedule B

(Form 990)

	8 (Form 990) (2021)		Page 2
Name of or Junior	anization Achievement of Southeast		Employer identification number
<u>Texas,</u>			74-1153957
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$225,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributio	(d) ns Type of contribution
2	Name, address, and ZIP + 4	\$565,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$500,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$900,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
<u> </u>		\$\$	Person X Payroll

	3 (Form 990) (2021)		Page 2
Name of or	ganization Achievement of Southeast	En	nployer identification number
Texas			74-1153957
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	ganization Achievement of Southeast	E	mployer identification num
	Inc.		74-1153957
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule R	s (Form 990) (2021)		Page 4					
Name of org			Employer identification number					
-	Achievement of Southe	ast						
Texas,			74-1153957					
Part III	Exclusively religious, charitable, etc., contribut		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious.	a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	Iess for the year. (Enter this info. once.) \$					
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of transferor to transferee					
-	nansieree 5 name, address, a							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			[
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
F		(e) Transfer of gif	<u> </u>					
			L					
	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	()	(-, 3	(*)					
		(e) Transfer of gif	ť					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
F								

Son LOULD IN Some the lease of the organization answered 'vea' on Form 200,	SCHEDULE D		Supplementa	al Financial Statements		OMB No. 1545-0047	
Part II, Unice 6, 7, 8, 9, 10, 116, 116, 116, 116, 117, 112, 116, 117, 117						2021	
Interference Second P-0: to www.irs.gov/form990 for instructiona and the latest information. Implemention Name of the conjustion JULIO P ACI. LeVPENED to S South Peast Employer identification number Texas J. Inc. Total number action of year • appropriate and of year (a) Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization antwared Yes' on Form 990, Part IV, ine 0. • Total number at end of year (a) Donor Advised funds • Appropriate value of continuotions to (furing year) (a) Donor Advised funds • Appropriate value of grants from (during year) (b) Funds and other accounts • De the organization inform all donors and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or choir advisor, for any other purpose conferring more instruction anticement of the donor or choir advisor, for any other purpose conferring more instruction funds and parterles. Conservation Easements held by the organization antewared Year' on Form 960, Part IV, ine 7. • Purposed (c) conservation easements held by the organization (relevand all that apply). • Preservation of and trabibilat • Preservation of a conservation easements in being the donor advisors in writing that grant funds can be used only for conservation easements in during the cyanization intervation and conservation conservation account and area. • Preservation of and trabibilat • Preservation of a conservation easements. • Preservation of a conservation easements. • Complete intervation easements in addition (structure included in (a) account antice hole traceunture. • Preservation or done space <th>•</th> <th></th> <th>Part IV, line 6, 7, 8, 9, 10</th> <th>, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.</th> <th></th> <th></th>	•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			
Texes , Tro. 74-1153957 Part1 Organizations Ministrahing Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of continuous to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value at end of year (a) Donor advisers in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor adviser, or for any other purpose conferring impermetosynation isomant grantese, donora, and door adviser, or for any other purpose conferring impermetosynation segments. Complete if the organization assemet? Yes No Proposely of conservation easements. (a) Preservation of a historically important land area Preservation of a conservation easements. Held at the Edd of the Tax Year 1 Proposely of conservation easements (a) complete if the organization index of the tax Year. Held at the Edd of the Tax Year 2 Complete ins 2a through 2d ff the organization held a qualified conservation constructure assement on the last vary e. Held at the Edd of the Tax Year 3 Number of conservation easements (a) the tax Year. No 4 Year Year			►Go to www.irs.gov/Form9	90 for instructions and the latest informatio	n.	- • • · · · · · · · · · · · · · · · · ·	
Perter Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Ves' on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of orphythicins to (during year) (a) Segregate value at and of year (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of grants from (during year) (c) Donor advised funds (c) Funds and other accounts 5 Dd the organization's property subject to the organization's exclusive legal control? (ves) No 6 Dd the organization's property subject to the organization activace, or for any other purpose confering impermissible private banefit? (ves) No Pertocol(g) of conservation classements hold by the organization answered 'Ves' on Form 900, Part IV, line 7. Purpose(g) of conservation classements hold by the organization answered 'Ves' on Form 900, Part IV, line 7. Purpose(g) of conservation classements hold by the organization answered 'Ves' on Form 900, Part IV, line 7. Purpose(g) of conservation classements Deta transmitter of the banefit of the organization answered 'Ves' on Form 900, Part IV, line 7. Purpose(g) of conservation classements hold by the organization answered 'Ves' on Form 900, Part IV, line 7. </th <th>Nam</th> <th>e of the organizati</th> <th></th> <th>of Southeast</th> <th>Em</th> <th></th>	Nam	e of the organizati		of Southeast	Em		
graintation enswered "Ves" on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (c) Funds and other accounts (c) Funds and other accounts (c) Aggregate value of ants for (during year) (c) Aggregate value of ants for (during year) Aggregate value of ants for advisors in writing that grant funds can be used only for charitable purposes and not for the barefit of the donor or donor advisor, or form 980, Part IV, line 7. Purpose(s) of conservation Easements. Complete if the organization in securation in the form of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of an intra habtat Preservation of and for public use (for example, recreation or education) Preservation of a actified historic structure Preservation of conservation easements Ager gate value of conservation easements Aumber of conservation easements Aumber of conservation easements Aumber of conservation easements Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Yea Aumber of extine easements modified, transferred, released, extinguished, or terminated by the organization ave avaiter polyregating the period constoring, inspection, handling of violations, and enforcing conservation easements is holds? Aumber of extines where property subject to conservation easements is cotated Staff and volutine how devided to mo	Pa	t I Organiza		d Funds or Other Similar Funds or A	Accour		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c S <lic li="" s<=""> c S c S <lic< th=""><th>Do</th><th>organization's acc</th><th>ounting for conservation easements.</th><th>Art Historical Tracquires or Other</th><th>Simila</th><th>r Accoto</th></lic<></lic>	Do	organization's acc	ounting for conservation easements.	Art Historical Tracquires or Other	Simila	r Accoto	
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 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X \$ 	ia	•	· •				
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c S 						56510	
 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$ 	b						
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 		art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of pul	olic service,	
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 		provide the followi	ng amounts relating to these items:				
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 		(i) Revenue inclu	ded on Form 990, Part VIII, line 1		🕨	\$	
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$. ,				\$	
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	2	•			n, provide	9	
b Assets included in Form 990, Part X 🕨 \$		-		-		•	
SCOACIDAL E DE LES COMPANY SCOACIDALES AND SCOACID							

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

		Achievement	c of	South	east		7 /	1 1 1		- 0
	dule D (Form 990) 2021 Texas , 1		Hist	torical Tre		r Other S	/ 4 Similar A	ssets	53957	
3	Using the organization's acquisition, accession								(continu	ea)
5	collection items (check all that apply):		s, criec	in any of the	ionowing that	make sign	incant use	01113		
а	Public exhibition	d			change progra	am				
b	Scholarly research	e		1	shange progre					
c	Preservation for future generations	0								
4	Provide a description of the organization's co	lections and explain	how t	hev further t	he organizatio	n's exemp	t nurnose i	n Part)	!!</th <th></th>	
5	During the year, did the organization solicit o									
Ū	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par			0					,	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for	contribution	ns or other ass	sets not inc	luded			
	on Form 990, Part X?							🗆	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing	table:						
									Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liability'	?	L	Yes	No No
_	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Par	t V Endowment Funds. Complete i						<u>. т</u>		() [
		(a) Current year	(d)	Prior year	(c) Two yea	rs back (d) Three year	s dack	(e) Four y	ears back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
-	and programs									
	Administrative expenses									
	End of year balance			,						
2	Provide the estimated percentage of the curr	ent year end balance		lg, column (a	a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с		%								
0.	The percentages on lines 2a, 2b, and 2c show			- 1		and for the s				
за	Are there endowment funds not in the posse	ssion of the organiza	tion th	at are neid a	nd administer	ed for the c	organizatio	n		es No
	by:									
	(i) Unrelated organizations								3a(i)	<u> </u>
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tiona listad os raquir		Cobodulo D0					3a(ii)	<u> </u>
4	Describe in Part XIII the intended uses of the								3b	
	t VI Land, Buildings, and Equipm		MILIEII	Turius.						
	Complete if the organization answered		, Part I	V, line 11a. S	See Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o			t or other		umulated		(d) Book	/alue
		basis (investm		• • •	(other)	• •	eciation		(4) 2001	aluo
1a	Land			35	54,257.				354	,257.
	Buildings				53,923.	1,78	3,860	•	1,180	
	Leasehold improvements				28,902.	22	28,357	•		,545.
	Equipment				75,061.		57,878			,183.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. colu	mn (B), line 1	10c.)				1,752	,048.

Schedule D (Form 990) 2021

Junior	Achievement	of	Southeast
Tevag	Inc		

Schedule D (Form 990) 2021 Texas, Inc.		74	4-1153957 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	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.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	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.	an Farma 000 Dart IV line	11d Cas Farm 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	The See Form 990, Part X, line 15.	(b) Book value
	Description		
<u>(1)</u>			
(2) (3)			
(3)(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) T tot up to a first to a firs			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)	🕨	▶

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

Schedule D (Form 990) 2021

	Junior Achievement of Sout	heast			
Sche	dule D (Form 990) 2021 Texas, Inc.				1153957 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h 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	10,189,689.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-1,325,888.		
b	Donated services and use of facilities	2b	4,358.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-1,321,530.
3	Subtract line 2e from line 1			3	11,511,219.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	52,418.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	52,418.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,563,637.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	4,912,411.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	4,358.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	4,358.
3	Subtract line 2e from line 1			3	4,908,053.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	52,418.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	52,418.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,960,471.
Pa	t XIII Supplemental Information.				

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

SCHEDULE G	Suppleme	ntal Information Regarding	g Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" o organization entered more than \$				r 19, or if the	2021
Department of the Treasury		Attach to Form 99	0 or Fo	m 99	0-EZ.		Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for ins	truction	s and	the latest informati	on.	Inspection
Name of the organization	Junior	Achievement of Sou	ithea	ast		Employer	identification number
	Texas,	Inc.				74-11	53957
	complete this par	Complete if the organization answ t.	/ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	-EZ filers are not
 a Mail solicitat b X Internet and c Phone solicitat d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P		ation of ation of al fundra al (incluc professi	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		fes X No
compensated at le	•	· /·		agreer			
(i) Name and addres or entity (fund		(ii) Activity	(iii) funde have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	y) to (or retained by)
Dini Spheris Inc.	- 2727	Capital campaign	Yes	No			
Allen Pkwy, Ste 16	50,	consulting		Х	5,501,179.	144,00	0. 5,357,179.
Total		n is registered or licensed to solicit			5,501,179.	144,00	

Pa	rt I	-				
		of fundraising event contributions and gro			•	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Hall of	Golf	4	(add col. (a) through
				tournaments	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	818,557.	722,544.	491,138.	2,032,239.
	2	Less: Contributions	617,607.	564,533.	418,435.	1,600,575.
	3	Gross income (line 1 minus line 2)	200,950.	158,011.	72,703.	431,664.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	34,747.	51,926.	35,447.	122,120.
Direct Expenses	7	Food and beverages		12,019.	4,945.	16,964.
Ō	8	Entertainment			2 71 3	2 713
	9	Entertainment Other direct expenses	72,525.	49,918.	<u>2,713.</u> 56,583.	2,713. 179,026.
		Direct expense summary. Add lines 4 through		1373200	•	320,823.
		Net income summary. Subtract line 10 from li				110,841.
Pa	rt I	III Gaming. Complete if the organization a	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			I
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
	2	Cash prizes				
penses	3	Noncash prizes				
lirect Expenses	4	Rent/facility costs				
D						
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No
~		,				

Texas, Inc.

132082 10-21-21

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021

74-1153957 Page 2

Sch	edule G (Form 990) 2021	Junior Texas,	Achievement of Southe		1153957 Ра	age 3
-	1 1		with nonmembers?			No
	Is the organization a grantor, bene	eficiary or trust	e of a trust, or a member of a partnership	or other entity formed		-
12	Indicate the percentage of gaming?		ctod in:		Yes	No
					13a	%
					13b	%
			repares the organization's gaming/special			
	Name 🕨					
	Address 🕨					
1 5a	Does the organization have a cont	tract with a thir	d party from whom the organization receiv	es gaming revenue?	Yes	No
	If "Yes," enter the amount of gaming revenue retained by the self "Yes," enter name and address	e third party 🕨		and the amount		
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	\$				
	Description of services provided	•				
	Director/officer	Employe	e Independent contracto	r		
	Mandatory distributions:					
а	Is the organization required under retain the state gaming license?		ake charitable distributions from the gamir		Yes	No
b	Enter the amount of distributions organization's own exempt activiti	-	state law to be distributed to other exemp	t organizations or spent in the		
Pa	rt IV Supplemental Infor	mation. Prov	ide the explanations required by Part I, line		art III, lines 9, 9b, 10	0b,
	15b, 15c, 16, and 17b, as	applicable. Als	o provide any additional information. See i	instructions.		

Schedule G (Form 200) Texas, Inc. 74–1153957 Page 4 Part N Supplemental Information (continued)	Schedule G	(Form 990)		Achievement Inc.	Southeast	74-1153957	Page 4
	Part IV	Supplemental Inform	mation (con	tinued)			

SCHEDULE I			irants and Oth					OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury	Attach to Form 990.									
Internal Revenue Service				s.gov/Form990 fo	or the latest inform	nation.		Inspection		
Name of the organizat	_{ion} Junior Ac Texas, In		of Southeas	st				Employer identification number $74 - 1153957$		
Part I General II	nformation on Grants a									
1 Does the organiz	zation maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	ion		
criteria used to a	award the grants or assis	stance?						X Yes 🗌 No		
	IV the organization's pro									
	nd Other Assistance to hat received more than S	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any		
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
2 Enter total numb	per of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				·········· >		
	per of other organization									
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021		

Junior Achievement of Southeast Texas, Inc.

Part III Grants and Other Assistance to Domestic Individuals Complete if the organization answered "Yes" on Form 990 Part IV line 22

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ollege Scholarships	36	67,766.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Schedule I (Form 990) 2021

Junior Achievement of Southeast Texas, Inc. awards scholarships to local

high school seniors. Students participating in the JA programs are

encouraged to apply. Application information is available on the website -

www.jahouston.org. Applicants are evaluated annually by the Board of

Directors Education Committee.

74-1153957

Page 2

SCH	HEDULE J	Compensation Information	OMB No.	1545-004	17
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	21	
Depart	ment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 	Open te		ic
Interna	I Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	-	ection	
Nam	e of the organizatio		mployer identificati		nber
Pa		Texas, Inc.	74-115395	/	
га		s negariting compensation			
4				Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form 99	<i>i</i> 0,		
		line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or c				
		ation and gross-up payments Eatin Health or social club dues or initiation fees			
		spending account	chef		
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
D.	-	rovision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
	trubtees, and onloc				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's			
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization	to		
		ation of the CEO/Executive Director, but explain in Part III.			
	X Compensatior				
		ompensation consultant X Compensation survey or study			
	·	ther organizations X Approval by the board or compensation com	nmittee		
		5			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a re	lated organization:			
а	Receive a severand	e payment or change-of-control payment?	4a		Х
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?	4b		Х
с	Participate in or rec	eive payment from an equity-based compensation arrangement?			X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the r				
а	The organization?		<u>5a</u>		X
b	Any related organiz	ation?	<u>5b</u>		X
		or 5b, describe in Part III.			
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the r	•			
					X
b		ation?	6b		X
		r 6b, describe in Part III.			
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
		nes 5 and 6? If "Yes," describe in Part III	7	X	
	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
					X
9		id the organization also follow the rebuttable presumption procedure described in			
		1 53.4958-6(c)?		<u> </u>	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (For	n 990)	2021

Schedule J (Form 990) 2021

Texas, Inc.

74-1153957

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Joseph C. Burke	(i)	329,928.	55,000.	0.	10,150.	20,819.	415,897.	0.
President	(ii)		0.	0.	0.	0.	0.	0.
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	(ii)							

	Junior Achie	vement of	Southeast
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Texas, Inc.

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Part I, Line 7:

The Board approved a discretionary bonus for the President based solely on

his performance in managing the operation and to achieve a total

competitive compensation package for an experienced President running an

organization the size of Junior Achievement of Southeast Texas in Houston,

Texas.

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 30a X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X		ment of the Treasury I Revenue Service	 Complete if the org Attach to Form 990 Go to www.irs.gov/ 			n Form 990, Part IV, lines the latest information.	29 or 30.	Open to Inspe	Publi	
Part I Types of Property (a) (b) Number of applicable (c) (c) </th <th colspan="5">Name of the organization Junior Achievement of Southeas</th> <th>east</th> <th>Emplo</th> <th>yer identificati</th> <th>on nun</th> <th>nber</th>	Name of the organization Junior Achievement of Southeas					east	Emplo	yer identificati	on nun	nber
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Check if applicable tems contributions Noncash contribution mounts spectral mounts spectral moncash contribution ferm 990, Part Vill, line 1g moncash contribution ferm 90, Part Vill, line 1g moncash contribution ferm 1g m	Par	rt I Types of	Property	_						
2 Art - Historical resurces				Check if	Number of contributions or	Noncash contribution amounts reported on	noncas	hod of determin	•	5
3 At - Fractional interests	1	Art - Works of art								
4 Books and publications	2	Art - Historical trea	sures							
6 Cars and other vehicles	3	Art - Fractional inte	erests							
6 Cars and other vehicles	4	Books and publica	tions							
7 Boats and planes	5	Clothing and hous	ehold goods							
8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - National stock 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 14 Qualified conservation contribution - Other 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Residential 17 Real estate - Other 19 Food inventory 20 Drugs and medical supplies 21 Taxidemy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (Auction items) X 26 Other ▶ (Supplies 27 Other ▶ (Raffle items) X 28 Total outright ever, did the organization during the tax year for contributions for which the organization completed Form 2828, Part V, Donee Acknowledgement 29 30a During the year, did the organization receive by cont	6	Cars and other veh	nicles							
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13 Qualified conservation contribution - Historic structures										
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33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	ব্ব	If the organization describe in Part II	alun't report an amount in c	oiumn (C) toi	r a type of property	r ior which column (a) is ch	ecked,			

Noncash Contributions

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

Schedule M (Form 990) 2021

OMB No. 1545-0047

2021

SCHEDULE M

(Form 990)

			Achievement	of	Southeast		
Schedule M	(Form 990) 2021	Texas,	Inc.		wind he Dath Lines Ook Ook and	74-1153957	Page 2
rurn	is reporting in Part this part for any ad	t I, column (b),	the number of contribu-	tions, t	quired by Part I, lines 30b, 32b, and he number of items received, or a co	and whether the organiz ombination of both. Also con	ation iplete
132142 11-17-2	!1					Schedule M (Forr	n 990) 2021

SCHEDULE O	Supplemental Information to Form 000 or 000	E7	OMB No. 1545-0047
(Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-62	2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization	Junior Achievement of Southeast Texas, Inc.		identification number

Form 990, Part III, Line 4a, Program Service Accomplishments:

High School: High school programs offer students opportunities to learn

about business, the global economy, saving and investing, careers, and

interpersonal skills. In addition, students can form and run their own

companies, work with various online computer simulations, and hear

about the world from positive adult role models.

Middle Grades: Students in the middle grades receive lessons on the global marketplace, budgeting, choosing a career based on skills, or learning about economics through history. Students are also encouraged to continue their education past high school to better prepare for the future. The Finance Park program develops students' money management skills, provides personal finance knowledge, and prepares them for their adult lives' financial decisions and challenges.

Elementary School: Elementary school programs focus on students' future roles as citizens, workers, and consumers; and emphasize the usefulness of school skills in everyday life and the importance of staying in school. For example, the Capstone program for elementary school, JA Biztown, prepares students to run their city with lessons taught in the classroom, followed by a 5-hour visit to the JA Biztown facility where students participate in an economic simulation of a city day.

Form 990, Part VI, Section A, line 1a:

The Executive Committee of the Board of Directors works with the key

Schedule O (Form 990) 2021	Page 2				
Name of the organization Junior Achievement of Southeast	Employer identification number				
Texas, Inc.	74-1153957				
Executive Committee then makes recommendations to the Board, the members					
who vote to provide final direction and approval of signif	icant				

transactions.

Form 990, Part VI, Section B, line 11b:

The Audit Committee is provided the draft 990 for review. Once all review comments are addressed, and as necessary, the return is updated, the Audit Committee will approve the draft for filing. The public copy of the 990 is provided to the governing body before filing the return.

Form 990, Part VI, Section B, Line 12c:

All board members and employees sign a conflict of interest statement annually. The President monitors contracts and vendors to help ensure business transactions do not involve conflicts of interest. The President reports any potential conflicts to the Executive Committee and Board Chair. Further, for any items/transactions put before the Board for vote involving a vendor or outside party - the residing Chair will ask if there are any conflicts of interest. If a Board member has a conflict, they must abstain from the vote.

Form 990, Part VI, Section B, Line 15a:

The board's Compensation Committee reviews pay for all employees,

particularly the executive staff - they use a formal process called

Equi-Comp as a guideline, including compensation surveys and consultants.

Form 990, Part VI, Section C, Line 19:

The audited financial statements and the public copy of the Form 990 are

posted to JASET's website. We make available any other documents upon
132212 11-11-21
Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page						
Name of the organization	Junior Texas,	Achievement Inc.	of Southeast		Employer identification number 74-1153957	
request.						