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Game of Ther Umilor Achievement of Western New York [Herself] Game of Ther Unilor Achievement of Western New York 16-0821488 Game of There President President Part I Type of Return and Return Information President Disck the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8008-OP and form 8300 firms wanter oblas and cents. For all dorth forms, enter whole dollars only, if you check the box on line 1a, 2a, 3a, 4a, 5a, 5a, 7a, 5a To Boo Meducation on the inter of the return being field with this form was blank, then laws films the theorem in the origination of the return. The enter the origination of the return have the form 120, 3a, 4a, 5a, 5a, 7a, 5a To To Boo Check here b total target form 1900-Part VIII. column (A), line 12) the 760, 79 Sa Form 1800-PC check here b total target form 1900-Part VIII. column (A), line 12) the 760, 79 Sa Form 1800-PC check here b b total target form 1900-Part VIII. el 9 4b Sa Form 1800-PC check here b b total target form 900-Part VIII. el 9 4b Sa Form 3800-PC check here b b total target form 800-Part VIII. el 9 4b Sa Form 3800-PC check here b b FMV of assets at end of tar year form 3227. Item D) </td <td>Department of the Treasury</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Department of the Treasury									
Junior Achievement of Western New York 16-0821488 Ama and tile of officer or person subject to fax John Crawford Preti Type of Return and Return Information Dirack the box for the return or whole odars and cents. For all other forms, enter whole dolars only. If you check the box on line ta., 25, 38, 48, 58, 68, 76, 86, 68, 69, 64 To Babelow, and the amount on that line for the return being fild with this form wes blank. then lawe line the 25, 38, 48, 58, 68, 76, 86, 69, 64 To Babelow, and the amount on that line for the return being fild with this form wes blank. the lawe line the 25, 38, 48, 58, 68, 76, 48, 68, 69, 64 To Babelow, and the amount on that line for the return being fild with this form wes blank. the lawe line to 25, 38, 49, 58, 68, 76, 86, 69, 64 Ta Deform 3800 check here b b Total revenue, if any (Form 990-Pzt Vill, column (A), line 12) th 760, 79 Ta Form 3900 check here b b Total tax (Form 1120-PCL, line 22) 30 56 Se Form 3900 check here b b ball tax (Form 307, Patt II, line 1) 76 76 Ta Form 7320 check here b b ball tax (Form 307, Patt II, line 1) 76 76 Ta Form 7320 check here b b ball tax (Form 307, Patt II, line 1) 76 76 Ta Form 7320 check here			Go t	o www.irs.gov/F	orm8879TE f	or the latest inf	ormation.	FIN or SSN		
Attern and tills of officer or person subject to its: JOhn Crawford Part I Type of Return and Return Information Part I Type of Return and Return Information Deteck the box for the return for which you are using this Form 8379-TE and enter the applicable amount, if any, from the return. Form 8008-CP and form 330 filems any enter dollars and enter 40, but applicable file betw. Box for the amount on that line for the return being filed with this form was blank, then keen for the 2, and a file, fas, fas, fas, fas, fas, fas, fas, fas		Achieve	mont	of Woot	orn Now	Vork				3
President President Type of Peturn and Return Information Drack the box for the return formit R377E and enter the applicable amount, if any, from the return. Form 8008.0F and om 530 lites may enter dollars and conts. For all other forms, enter whole dollars only. If you check the box on line 14, 25, a5, 45, 65, 65, 65, 95, 95, or 14 for there with the form was blank, then leave line 15, 25, 35, 45, 65, 65, 75, 65, 95, or 14 for there with enter 0. Total revenue, if any (Form 990.Part VIII, column (A), line 12) th 76.0, 7.9 2a Form 1900.Check here b b Total revenue, if any (Form 990.Part VIII, column (A), line 12) th 76.0, 7.9 2a Form 1900.Check here b b Total revenue, if any (Form 990.PF, Part VI, line 5) 46 6a Form 990.FF check here b Total ax (Form 190.7 Part III, line 4) 56 56 6a Form 990.FC check here b Total tax (Form 930.7 Part III, line 4) 56 56 6a Form 930.FC check here b Total tax (Form 930.7 Part III, line 4) 56 56 56 7a Form 7320.Check here b Total tax (Form 930.7 Part III, line 1) 56 56 56 56 56		ACIIIeve		bn Crawf	ord	IOIK		10 00		
Part Type of Return and Return Information Pack the box for the return for which you are using this Form 897% TE and onter the applicable annumt. If any, from the return, Form 690% CP and 530 (films may enter dolars and cents, For all and for forms, and the form and the forms, and the form and the forms, and the form and the forms, and the form and the for	lame and title of officer of pe	rson subject to ta:	IX UC Pr	resident	oru					
Date & the box for the return for which you are using this Form 8879/TE and enter the applicable amount, if any, from the return. Form 8003 CP and form 830 liber and cents. For all other form, enter whole dollars only. If you check the box on line 14, 28, 38, 45, 56, 56, 56, 59, 59, or 11 In Ga below, and the amount on that line for the return being filed with this form was blank, then leave line 15, 26, 36, 45, 56, 56, 56, 59, 59, or 11 If a Form 890 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) th 2a Form 120-OL check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) th 2a Form 120-OL check here b Total arevenue, if any (Form 990-PF, Part V, line 5) 46 5a Form 120-OL check here b Total are (Form 8636, line 80) 56 5a Form 120-OL check here b Total tax (Form 1890, Part III, line 4) 76 5a Form 7320 check here b Total tax (Form 9807, Part III, line 4) 76 5a Form 6320 check here b Total tax (Form 9807, Part III, line 1) 76 5a Form 6320 check here b Total tax (Form 9807, Part III, line 1) 76 5a Form 6320 check here b Total tax (Form 9807, Part III, line 1) 76 5a Form 6320 check here b Total tax (Form 9807, Part III, line 1) 76 5a Form 6320 check here b Total tax (Fo	Part I Type of	Return and								
1a Form 990 check here b Total revenue, if any (Form 990, Ezt, line 9) 2b 76.0, 7.9 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3b 3a Form 1900-PC check here b Total revenue, if any (Form 990-EZ, line 9) 3b 3a Form 1900-PC check here b Total revenue, if any (Form 980, Frant V, line 5) 4b 5a Form 8806 check here b Total tax (Form 980-T, Part V, line 5) 4b 5a Form 9805 check here b Total tax (Form 980-T, Part V, line 5) 4b 5a Form 9805 check here b Total tax (Form 980-T, Part V, line 4) 6b 5a Form 9802 check here b Total tax (Form 980-T, Part V, line 4) 6b 5a Form 9805 check here b Total tax (Form 980-T, Part V, line 4) 6b 5a Form 9805 check here b Total tax (Form 980-T, Part V, line 4) 7b 5a Form 9805 check here b Total tax (Form 980-T, Part V, line 4) 7b 5a Form 9805 check here b Total tax (Form 980-T, Part V, line 4) 7b	Check the box for the retu Form 5330 filers may ente or 10a below, and the amo vhichever is applicable, bl	rn for which you r dollars and ce	u are usi ents. For	ng this Form 887 all other forms, en	9-TE and enter nter whole doll	ars only. If you a was blank, then	check the box or I leave line 1b. 2 t	o. 3b. 4b. 5b.	3a, 4a, 5a, 6b, 7b, 8t	, oa, 7a, 8a, s o, 9b, or 10b,
2a Form 990-EZ check here b b Total tax (Form 1120-POL in the 22) 3b 3a Form 1120-POL check here b Total tax (Form 1120-POL inte 22) 3b 5a Form 890-FF check here b b Tax based on investment income (Form 990-PF, Part V, Ine 5) 4b 5a Form 990-FF check here b b Total tax (Form 990-FF, Part V, Ine 5) 4b 5a Form 900-FF check here b b Total tax (Form 900-FF, Part III, Ine 4) 6b 7a Form 4720 check here b b Total tax (Form 900-FF, Part III, Ine 4) 6b 7a Form 3030 check here b Total tax (Form 900-FF, Part III, Ine 4) 6b 6a Form 9033 check here b Tax due (Form 5330, Part III, Ine 1) 7b 7b Total tax (Form 5030, Part III, Ine 4) 9b 9b 9b 10a Form 8033 check here b Tax due (Form 5330, Part III, Ine 4) 9b 10a Form 8033 check here b Tax due (Form 5330, Part III, Ine 1) 9b 2022 electronic return and Signature Authorization of Officer OF Person Subject 10 Tax 2022 electronic return and accompanying schedules and statements, and, to the sets of my knowledge and beief, they are true, consert to also my on the opp of the electronic future and return and accompanying schedules and statements, and, the federal taxes owed on this return and (e) the-internoic in thuin originator figure (Form 5030, For payment of the electronic future and (e) the-internoic future and figure (Form 5030, For payment of the federal taxes owed on this return a		ara X	<u>к</u> р	Total revenue it	f any (Form 99	0 Part VIII. colu	mn (A), line 12)		1b 7	60,799
36 Form 1120-PCL, kine 22) 36 47 Form 990-PF check here b b Balance due (Form 890, FP, Part V, line 5) 40 58 Form 890-PF check here b b Balance due (Form 990, Part III, line 4) 65 58 Form 890-PF check here b b Tax form 990, Part III, line 1) 75 58 Form 3930 check here b b Form 333, Part III, line 1) 75 59 Form 3330 check here b Form 5330, Part III, line 1) 76 50 Form 3330 check here b Form 5330, Part III, line 1) 76 50 Form 3330 check here b Form 5330, Part III, line 22) 10b 50 Form 3330 check here b Form 5330, Part III, line 22) 10b 510 Form 3330 check here b Form 120-PCI, line 22) 10b 527 Form 3330 check here b Form 330, Part III, line 22) 10b 504 Form 5330, Part III, line 22) 10b Ian a person subject to tax with respect to (name or intro) 6 form or intro i				Total revenue, i	f any (Form 99	0-EZ. line 9)			2b	
4a Form 990-FF, Check here b Tax based on investment income (Form 990-FF, Part V, line 5) 4b 5a Form 8266 check here b Total tax (Form 990-FF, Check here 5b 5a Form 4220 check here b Total tax (Form 990-F, Part III, line 4) 6b 7a Form 4220 check here b Total tax (Form 930, Part III, line 4) 7b 8a Form 5227 check here b Total tax (Form 5300, Part III, line 4) 7b 9a Form 5330 check here b Tax due (Form 5300, Part III, line 19) 9b 9a Form 5330 check here b Tax due (Form 5300, Part III, line 4) 7b 9a Form 5330 check here b Tax due (Form 5300, Part III, line 22) 10b 9a Form 5300 check here b Amount of reading symmetric requested (Form 500-FC) Part III, line 42) 10b 9a Form 5300 check here b Amount of reading symmetr requested form 5036-CP, Part III, line 42) 10b 9a Form 5300 check here b Amount of reading symmetr requested form solatax (Form 4000, Part III, line 22) 10b 9a Form 6227 check here b Amount of reading symmetr reques										
5a Form \$9868 check here b b Balance due (Form \$9868, line \$6) 5b 6a Form \$90-T check here b b Total tax (Form \$90, T, Part III, line 4) 7b 7a Form \$720 check here b b Total tax (Form \$30, Part III, line 4) 7b 8a Form \$330, Check here b b Total tax (Form \$330, Part II, line 19) 9b 9a Form \$330, Check here b Amount of credit payment reguested (Form 8038-CP, Part III, line 22) 10b Part III Declaration and Signature Authorization of Officer or Person Subject to tax with respect to (name of entity)	•••									
6a Form 990-T check here b Totat tax (Form 920, T, Part III, line 4) form 720 7a Form 4720 check here b Totat tax (Form 9720, Part III, line 1) form 5227, Item D) 9a Form 5320 check here b Totat tax (Form 930, Part III, line 1) form 5320, Check here 9a Form 5320 check here b Tax due (Form 5330, Part II, line 19) 9b 9a Form 6338-CP, Check here b Tax due (Form 5330, Part II, line 19) 9b 9a Form 6338-CP, Check here b Tax due (Form 5330, Part II, line 19) 9b 9a Form 6338-CP, Check here b Tax due (Form 5330, Part II, line 19) 9b 9dat penalties of perjury, I declare that III an an officer of the above entity or (EN) and that I have examined a copy of 022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and correct perioder, transmitter, or electronic return or fighter (FRO) to sear the return or return, and the intermediate service provider, transmitter, or electronic return or fighter (FRO) to sear the return or the life and taxes of the electronic return and account indecated in the tax preparation of thread life and taxe and the tax (Form 930, Part III, line 19) 9a Totat tax (Form 930, Part III, line 19) and that I have examined a copy of the electronic return or fighter (FRO) to sear the return to the ISO and the return is the and and taxe intermediate service provider, transmitter, or electronic return or fighter (FRO) to sear the return to the ISO and the return, and the intermediate service pervider, transmitter, or electronic return and account indecated in the tax preparation ontheme for										
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9a Form S330 check here b b amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Part III Declaration and Signature Authorization of Officer or Person Subject to Tax 10b Under penalties of perjury, I declare that IX I am an officer of the above entity or in the aperson subject to tax with respect to (name of entity) (III) and that I have examined a copy of the declare that the amount in Part I above is the amount of the to the best of my knowledge and belief, they are true, correct, and there declare that the amount in Part I above is the amount on the copy of the declare line to receive form the IRS (a) an exchanged payment of traceive provider, that thorize the class in the declare line the declare that the amount in Part I above is the amount on the copy of the declara lines over the IRS (a) an exchanged payment of the electronic return or for indicated in the tax preparation software for payment of the federal laxes over on the IRS (a) an exchanged structure payment of the declaral laxes over on the tax and the tax parent of taxes or the other the structure in the IRS (a) an expression of the tax preparation software for payment of the declaral laxes over on the tax and the tax parent of taxes to receive conditicn the motion account. To revide a payment, it have states to receive conditicn the motion account indicates payment, that is an electronic return and issue the tax to the electronic return and issue at the analysis of the term is belief the approxement to the electronic funde withdrawal direct dentity is and resolve issues related to the payment. I have elected a laxes of the electronic funde withdrawal direct dentity is and resolve issues related to the payment. I have elected a laxes and resolve issues related to the payment is the electronic return and if appl										
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Inder penalties of perjury, I declare that I arm an officer of the above entity or I arm a person subject to tax with respect to (name of entity)	10a Form 8038-CP ch	eck here	b	Amount of cred	it payment re	quested (Form 8	3038-CP, Part III,	line 22)	10b	
Inder penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name fentity)	Part II Declarat	tion and Sig	nature	Authorizatio	n of Office	r or Person	Subject to Ta	ax		
ER0 firm name Enter five numbers, do not enter all zero do not enter all zero as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my P on the return's disclosure consent screen. As an officer or person subject to tax with return that a copy of the return is being filed with a state agency(les) regulating charities as part of the fed/State program, I also authorize the aforementioned ERO to enter my P on the return's disclosure consent screen. Date Image: Certification and Authentication Image: Certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am ubmitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for usiness Returns. R0's signature Date ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	ayment of taxes to receiversonal identification num	ve confidential ir nber (PIN) as my	nformation ny signation na signation signation na signation na signati	on necessary to a ure for the electro	inswer inquirie nic return and	s and resolve is , if applicable, th	sues related to the consent to ele	ne payment. ectronic funds	i nave sele s withdraw	al.
as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my F on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically file return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. Date /////3 4 Part III Certification and Authentication IRO's EFIN/PIN. Enter your six-digit electronic filing identification unmber (EFIN) followed by your five-digit self-selected PIN. Date IERO fuely the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Susiness Returns. RO's signature	X I authorize Ki	risits &	à Ass			PLLC	t	o enter my P	Enter fiv	e numbers, bi
ignature of officer or person subject to the Date Part III Certification and Authentication IRO's EFIN/PIN. Enter your six-digit electronic filing identification umber (EFIN) followed by your five-digit self-selected PIN. Certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am ubmitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Ro's signature Date ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulation lisclosure conse person subject t ndicated within	ing chari ent scree to tax wi nhis retu	ties as part of the en. th respect to the urn that a copy of	e IRS Fed/State entity, I will en the return is b	e program, I also ter my PIN as m eing filed with a	o authorize the at	forementione he tax year 24	d ERO to 022 electro	enter my PIN onically filed
Part III Certification and Authentication RO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 16275453355 Do not enter all zeros Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. iRO's signature Date ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		1/1/	6	2/	~			Date	1/1	124
RO's EFIN/PIN. Enter your six-digit electronic filing identification Inumber (EFIN) followed by your five-digit self-selected PIN. If the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am aubmitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. IRO's signature ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	Part III Certifica	tion and Au	Ithenti	cation					1	·
certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. IRO's signature Date Date Date Date Do Not Submit This Form to the IRS Unless Requested To Do So	RO's EFIN/PIN. Enter yo	our six-digit elect	tronic fili	ing identification						
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	submitting this return in ac	meric entry is m cordance with t	y PIN, w the requ	hich is my signat irements of Pub.	ure on the 202 4163, Modern	2 electronically	filed return indica	ated above. I	confirm th RS e-file Pi	nat I am roviders for
Do Not Submit This Form to the IRS Unless Requested To Do So	ERO's signature						Date			
.HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2							uested To Do	o So		
	HA For Privacy Act and	Paperwork Re	eduction	Act Notice, see	instructions.				Form 88	79-TE (202

		PUBLIC DISCLOSURE COPY - STATE REGISTRAT		7 OMB No. 1545-0047
Forr	" 9	90 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2022
		Do not enter social security numbers on this form as it may		Open to Public
Depa Interr	rtment c al Reve	of the Treasury nue Service Go to www.irs.gov/Form990 for instructions and the late		Inspection
AF	or the	e 2022 calendar year, or tax year beginning $ m JUL1$, 2022 and ending	<u>J</u> UN 30, 2023	
B C a	heck if pplicabl	e: C Name of organization	D Employer identificat	ion number
	Addre:	Junior Achievement of Western New York		
	Name Chang	e Doing business as	16-0821488	}
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Final		716-853-13	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	815,514.
	Ameno	Annie SC, NI 14220	H(a) Is this a group retur	
	Applic tion pendir	F Name and address of principal officer:001111 Clawlord	for subordinates?	
	-	500 Corporate Parkway, Suite 118, Amnerst,		
-			527 If "No," attach a list	
	Vebsit		H(c) Group exemption n	
	orm of Irt I	organization: X Corporation Trust Association Other L Y	Year of formation: 1958 M St	tate of legal domicile: N Y
Fd		Briefly describe the organization's mission or most significant activities: See Sche		
Governance	2 3	Check this box if the organization discontinued its operations or disposed of r Number of voting members of the governing body (Part VI, line 1a)	nore than 25% of its net asset	37
		Number of independent voting members of the governing body (Part VI, line 1b)		37
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		8
tivi		Total number of volunteers (estimate if necessary)		447
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Current Year
	8	Contributions and grants (Part VIII, line 1h)	618,717.	670,694.
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	49,965.	50,520.
evel		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,940.	11,584.
å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,729.	28,001.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	666,893.	760,799.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S			485,502.	513,414.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 92,831.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	173,755.	174,266.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	659,257.	687,680.
	19	Revenue less expenses. Subtract line 18 from line 12	7,636.	73,119.
s or			Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	618,357.	751,762.
Net Assets or Fund Balances		Total liabilities (Part X, line 26)	29,559.	79,030.
		Net assets or fund balances. Subtract line 21 from line 20	588,798.	672,732.
	rt II	Signature Block		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		lowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	barer nas any knowledge.	

Sign Here	Signature of officer John Crawford, President Type or print name and title			Date			
Paid Preparer	Print/Type preparer's name Lisa M. Kirisits, CPA Firm's name Kirisits & Associ		ate	Check PTIN if P00809450 Firm's EIN 26-1689358			
Use Only	Firm's address 1231 Delaware Ave Buffalo, NY 14209	nue, Suite 6		Phone no. 716 - 881 - 0089			
May the If	May the IRS discuss this return with the preparer shown above? See instructions						

232001 12-13-22	LHA For Paperwork R	eduction Act Notice, see the	separate instru	uctions.	
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Form **990** (2022)

See Schedule O for Organization Mission Statement Continuation

Form	990 (2022) Junior Achievement of Western New York 16-0821488 Paget III Statement of Program Service Accomplishments
rai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Junior Achievement of Western New York, Inc. inspires and prepares
	young people to succeed in the global economy. Our
	volunteer-delivered, experiential programs give students knowledge an
	skills in financial literacy, work readiness and entrepreneurship.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 223,848. including grants of \$) (Revenue \$ 28,12
	The elementary school program helps students in kindergarten through
	fifth grade to learn the basic concepts of business and economics and
	how education is relevant to the workplace. The sequential activitie
	build on studies from each preceding grade and prepare students for
	secondary school and lifelong learning. The program is taught by a
	volunteer consultant from the local business community.
4b	(Code:)(Expenses \$ 145,452. including grants of \$) (Revenue \$) The middle grades program helps students in grades sixth through eigh build on concepts the students learned in junior achievement's
	elementary school program and reinforces the value of workforce
	readiness, entrepreneurship, and financial literacy. Students are
	introduced to many economic concepts and useful facts about the worki
	world. The program is taught by a volunteer consultant from the loca
	business community.
4c	(Code:) (Expenses \$ 128,788 · including grants of \$) (Revenue \$ 22,40
τC	(Code:) (Expenses \$128,788. including grants of \$) (Revenue \$240,40) The high school program teaches students from ninth through twelfth
	grade about concepts relating to entrepreneurship, financial literacy
	and work readiness. The volunteers bring real- life business
	experience and guidance into the classroom at a time that represents
	essential crossroads for young people. The program is taught by a
	volunteer consultant from the local business community.
4d	Other program services (Describe on Schedule O.)
1-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 498,088.
40	Total program service expenses 498,088.
0000	
32002	2 12-13-22 2
11	227 793922 01-1868 2022.05010 Junior Achievement of Weste 01-186

Form	990	(2022)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	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			x
0	Schedule D, Part III	8		
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?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</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		ļ	<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form	aan	(2022)
	990	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
~ ~	Schedule J	23		X
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	0.4		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	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
	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			v
~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
21	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> Schedule N, <i>Part</i> 1	31		
32	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dec	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
23200	(gambling) winnings to prize winners?			(2022)
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022)	Junior	Achievement	of	Western	New	York
Sta	tements Regarding	Other IRS Filings a	nd Ta	ax Complian	ce (con	tinued)

			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 2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
a	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	X X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	- 23	
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	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
U	Gross income from other sources. (Do not net amounts due or paid to other sources against 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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		л
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			
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232005 12-13-22

Form 990 (2022)

Part V

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Form 990 (2	2022)
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Junior Achievement of Western New York 16-0821488

Page **6**

Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	ζ

10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a 12b Did the organization nave a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization nave a written whistleblower policy? 13 14 Host the organization have a written whistleblower policy? 13 14 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written whistleblower policy? 13 15 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 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity which a copy of this Form 990 is required to be filed <u>NY</u> 16a 17 List the states with which a copy of this Form 990 is required to be filed <u>NY</u> 16a 17 List the states with which a copy of this Form 990 is required			1 1	~ -	-	Yes	1
b Enter the number of voting members included on line 1a, above, who are independent 1b 37 D Dary officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 D D d the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 D D d the organization nake entropers to support the direct supervision of the organization have members, stocholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 D A enargy ownance decisions of the organization reserved to (or subject to approval by) members, stocholders, or opersons other than the governing body? 7 B D A enargy ownance decisions of the organization reserved to (or subject to approval by) members, stocholders, or opersons other than the governing body? 8 B D A the angy ownance decisions of the organization reserved to (or subject to approval by) members, stocholders, or persons other than the governing body? 8 B D a the anguitation contemporaneously document the meetings beld or written actions undertaken during the year by the following. 8 B D at a torganization nave members is consistent with the organization's assets? 7 7 B D at an organization nave members is consistent with the organization's exempt purposes? 10			1a	3	4		
b Enter the number of volting members included on line 1a, above, who are independent 1b 37 2 Did any officer, functeo, r trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 3 Did the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization nave members or stockholders? 6 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 9 Is there any officer, director, trustee, or key employee listed in Part VII, Socton A, who cannot be reached at the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches of maintig address? 70 9 Is there any officer, director, trustee, or twoy employee isteam of a diadresse on Schedule O 9 9 Is there any officer, director, trustee, or key employee the marene and directos worker the a							
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization diegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization sasets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization on the organization reserved to (or subject to approval by) members, stockholders, or persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons who had the governing body? 7a b B are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7a b B are any governing body? 8a b B are any governing body? 8a b Eaction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 Did the organization nave written policies and procedures governing body? 9 b Is the arany contastano monagemone op of this Form 900 to all members of t		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
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 differer, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization have members or stockholders? 4 5 Did the organization become aware during the year of a significant diversion of the organization have members or stockholders? 6 7a Did the organization become aware during the year of a significant diversion of the organization ontemportaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8a b Each committee with authority to act on behalf of the governing body? 8a b Each committee with authority to act on behalf of the governing body? 8a b Each committee with authority to act on behalf of the governing body? 8a b Each committee with authority to act on behalf of the governing body? 8a b Each committee with authority to act on behalf of the governing body? 8a b Each committee with authority to act	b	Enter the number of voting members included on line 1a, above, who are independent	1b	3'	4		
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14 Did the organization have a written document retention and destruction policy? 14 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? 15 a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a 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 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? 16a 17 List the states with which a copy of this Form 990 is required to be filed NY 18 Section 6.104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) s only). for public inspection. Indicate how you made these available. Check all that apply. Image: Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance statements available to the public during the tax year. 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance statements available to the public during the tax year. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td>_</td>						X	_
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed <u>NY</u> 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) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance 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 Anna Fohrd - 716-853-1381 					14	Х	_
 a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? 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? 6 Ection C. Disclosure 16 List the states with which a copy of this Form 990 is required to be filed <u>NY</u> 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) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance 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 Anna Fohrd - 716-853-1381 				pendent			
 b Other officers or key employees of the organization		· · · · · ·				_	
 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 16b 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) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Anna Fohrd - 716-853-1381 	а	The organization's CEO, Executive Director, or top management official			15a	Х	
 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? C. Disclosure 16b 16c 16c	b	Other officers or key employees of the organization			15b	Х	
taxable entity during the year? 16a 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 Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed		If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
 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? Content C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed <u>NY</u> 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) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance 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 Anna Fohrd - 716-853-1381 	6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with	а			
 in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16b 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) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Anna Fohrd - 716-853-1381 		taxable entity during the year?			16a		
exempt status with respect to such arrangements? 16b Section C. Disclosure 17 I7 List the states with which a copy of this Form 990 is required to be filed <u>NY</u> 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) for public inspection. Indicate how you made these available. Check all that apply. 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance 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 Anna Fohrd - 716-853-1381	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its part	icipation			
exempt status with respect to such arrangements? 16b Section C. Disclosure 17 I7 List the states with which a copy of this Form 990 is required to be filed <u>NY</u> 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) for public inspection. Indicate how you made these available. Check all that apply. 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance 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 Anna Fohrd - 716-853-1381		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's				
 Section C. Disclosure I7 List the states with which a copy of this Form 990 is required to be filed <u>NY</u> I8 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) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) I9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance 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 Anna Fohrd - 716-853-1381 					16b		
 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) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance 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 Anna Fohrd - 716-853-1381 							
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 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Anna Fohrd - 716-853-1381 			and 990-T	(section 501(c)(B)s only) avai	ık
 Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Anna Fohrd - 716-853-1381 		for public inspection. Indicate how you made these available. Check all that apply.				-	
 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance 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 Anna Fohrd - 716-853-1381 			n on Sched	dule O)			
 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Anna Fohrd - 716-853-1381 	9				nd finai	ncial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records Anna Fohrd - 716-853-1381				- <u>-</u> , , u			
Anna Fohrd - 716-853-1381			ooks and r	ecords			
			226				-
32006 12-13-22 Form			*		Form	990	5

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than -	000	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		er an	id a d I	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trust		ee	npen:		1099-NEC)	1099-NEC)	organization and related
	below	d ual ti	itiona	_	nploy	st cor iyee	ar	1000 NEO		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) John Crawford	40.00			_						
President		Х		Х				66,285.	0.	0.
(2) Lindsay Batrowny	1.00									
Chair		Х		Х				0.	0.	0.
(3) Mark Laurrie	1.00									
Vice Chair		Х						0.	0.	0.
(4) Keith Belote	1.00									
Treasurer		Х		Х				0.	0.	0.
(5) Cheryl Byrne	1.00									_
Secretary		Х		Х				0.	0.	0.
(6) Robert Barton	1.00									-
Board Member		Х						0.	0.	0.
(7) Beth Bauman	1.00									
Board Member		х						0.	0.	0.
(8) Randolph Bianchi	1.00									
Board Member		Х						0.	0.	0.
(9) Kenyana David	1.00									
Board Member	1 00	X						0.	0.	0.
(10) Joseph Burden	1.00									0
Board Member	1 00	X						0.	0.	0.
(11) Terri Vertalino	1.00	37								0
Board Member	1.00	Х						0.	0.	0.
(12) Laurie Collins	1.00	x						0.	0.	0.
Board Member (13) Jodi West	1.00	~						0.	0.	0.
Board Member	1.00	x						0.	0.	0.
(14) James Gramkee	1.00	A						0.	0.	0.
Board Member	1.00	x						0.	0.	0.
(15) Tara Handforth	1.00								••	0.
Board Member	1.00	x						0.	0.	0.
(16) John Hartwell	1.00									
Board Member		x						0.	0.	0.
(17) Steven Helms	1.00									
Board Member		х						0.	0.	0.
232007 12-13-22	1								•••	Form 990 (2022)
						-				

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232007 12-13-22

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	itior more rson	1 e than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	c	ompens from t organiza and rela rganiza	he ation ated
(18) John Hettrick Board Member	1.00	x						0.	0			0.
(19) Mark Hoffman	1.00	11							•	•		<u> </u>
Board Member	1.00	x						0.	0			0.
(20) Joseph Kick	1.00								0	-		
Board Member		x						0.	0			0.
(21) Eric Klinski	1.00									-		
Board Member		x						0.	0			0.
(22) Sara Laskowski	1.00											-
Board Member		x						0.	0			0.
(23) Kathryn Barrett	1.00											
Board Member		x						0.	0	•		0.
(24) Mary Maisano	1.00											
Board Member X 0.										•		0.
(25) Stephen Scello	1.00											
Board Member		Х						0.	0	•		0.
(26) Lisa Matthews	1.00											
Board Member		X						0.	0	•		0.
1b Subtotal								66,285.	0	•		0.
c Total from continuation sheets to Part VI	I, Section A							0.	0			0.
d Total (add lines 1b and 1c)								66,285.	0	•		0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	,000 of reportable			•
compensation from the organization												0
3 Did the organization list any former officer,											Yes	
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su	•								0			37
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or a								v				v
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	lch	pers	son				5		X
Section B. Independent Contractors									<u></u>			
1 Complete this table for your five highest co the organization. Report compensation for										isatio	n from	
(A)	the calendar y	ear	enai	ng v	vitri	or w		(B)	year.		(0)	
(A) Name and business	address	N	ONE	2				(D) Description of s	ervices	Com	(C) pensati	on
				-			-					
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than			
\$100,000 of compensation from the organiz					. (0	_					
See Part VII, Section	1 A Cont	tir	nua	ati	101	n s	sh	eets		For	m 990	(2022)
232008 12-13-22												

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Part VII Section A. Officers, Directors, T	rustees, Key Ei	mplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	hecł	k all i	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				n ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed en		(W-2/1099-MISC)	(organization
	related	stee o	u stee			en sat				and related
	organizations	lal tru	onal t		oloyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Robert McArdle	1.00	=	-	5	ž	Ξ	2			
(27) Robert MCArdle Board member	1.00	x						0.	0.	0.
(28) Michelle Plesh	1.00						<u> </u>	0.	0.	0.
Board member	1.00	x						0.	0.	0.
(29) Chris Passarell	1.00							0.	••	0.
Board Member	1.00	x						0.	0.	0.
(30) Jill Pawlik	1.00	<u> </u>								<u>J.</u>
Board member		x						0.	0.	0.
(31) Matthew Scherer	1.00									
Board member		x						0.	Ο.	0.
(32) Ricky Scott	1.00									
Board member		X						0.	0.	0.
(33) Kristine Wydro	1.00									
Board member		Х						0.	0.	0.
(34) Melissa LoBocchiaro	1.00									_
Board member		х						0.	0.	0.
(35) Mary Ellen Mulvey	1.00								0	0
Board member	1 0 0	X						0.	0.	0.
(36) Susan Schubbe	1.00	x						0.	0.	0.
Board member (37) Julie Skinner	1.00	^						0.	0.	0.
Board member	1.00	x						0.	0.	0.
(38) Anne Gaume	1.00							0.	0.	0.
Board member	1000	x						0.	0.	0.
								•••	•••	•••
		-								
		<u> </u>		<u> </u>		-	—			
		I	L	I	I	L	L			
Total to Part VII, Section A, line 1c										

232201 04-01-22

			2022) Junior Achi	evement	of	Western N	lew York	16-0821	488 Page 9
Pa	rt V	/111							
			Check if Schedule O contains a respo	nse or note to a	ıny lir	ne in this Part VIII (A)	(B)	(C)	[]
						(A) Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
its	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
Am C			Fundraising events 1c	186,39	93.]			
Gift Iar		d	Related organizations 1d						
ns, Simi		е	Government grants (contributions) 1e	150,18	30.				
er S		f	All other contributions, gifts, grants, and						
Oth			similar amounts not included above If	334,12	21.	4			
ont			Noncash contributions included in lines 1a-1f			670 604			
a C		h	Total. Add lines 1a-1f	Business C		670,694.			
a	2	~	Government fee	61171		50,520.	50,520.		
Program Service Revenue	_	a b				5075201	5075201		
Ser nue		c							
am eve		d		_					
ogr		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f			50,520.			
	3		Investment income (including dividends, in			11 504			11 504
			other similar amounts)			11,584.			11,584.
	4		Income from investment of tax-exempt bo	-					
	5		Royalties	(ii) Persor	 nal				
	6	а				1			
			Less: rental expenses 6b			-			
			Rental income or (loss) 6c			1			
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securiti	es (ii) Othe	er				
			assets other than inventory 7a						
•		b	Less: cost or other basis						
evenue			and sales expenses 7b			-			
eve			Gain or (loss) 7c						
er F			Net gain or (loss) Gross income from fundraising events (not	Г Т					
Other R	0	d	including \$ 186,393. of						
•			contributions reported on line 1c). See						
				8a 82,71	L6.				
		b	Less: direct expenses	8b 54,71		1			
		с	Net income or (loss) from fundraising even	ts		28,001.			28,001.
	9	а	Gross income from gaming activities. See						
			,	9a		-			
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities Gross sales of inventory, less returns	; 					
	10	d	•	10a					
		b		10b		-			
			Net income or (loss) from sales of inventor						
s			· · · · · · · · · · · · · · · · · · ·	Business C					
Miscellaneous Revenue	11	а							
enu		b		_					
scel		С		_					
Mis			All other revenue						
		е	Total. Add lines 11a-11d			760,799.	50,520.	0.	39,585.
23200	12 9 12-	- 13-	Total revenue. See instructions			,,	50,520.		Form 990 (2022)

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	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	124,465.	99,646.	12,595.	12,22
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	325,222.	222,041.	42,354.	60,82
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,520.	3,235.	551.	73
9	Other employee benefits	25,558.	18,284.	3,122.	4,15
0	Payroll taxes	33,649.	24,071.	4,112.	5,46
1	Fees for services (nonemployees):		-		
а	Management				
b					
	Accounting	10,200.		10,200.	
d		- ,		.,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
э	column (A), amount, list line 11g expenses on Sch O.)	2,370.		2,370.	
2	Advertising and promotion	395.	395.		
2	Office expenses	6,327.	5,947.	190.	190
		7,925.	2,789.	3,899.	1,23
4	Information technology	1,525.	2,705.	5,055.	1,25
5	Royalties	20,488.	10,858.	4,815.	4,81
6 7		3,804.	3,804.	±,013•	4 ,01
7	Travel	5,004.	5,001.		
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0		60,704.	60,704.		
1	Payments to affiliates	13,557.	7,185.	3,186.	3,18
2	Depreciation, depletion, and amortization	13,337.	1,103.	3,100.	3,10
3					
4	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.)	25 202	25 202		
а	Program Materials	35,303.	35,303.		
b	Misc Expenses	6,844.		6,844.	
С	Dues and subscriptions	2,523.		2,523.	
d	Staff Training & Semina	2,326.	2,326.		
е	All other expenses	1,500.	1,500.		
5	Total functional expenses. Add lines 1 through 24e	687,680.	498,088.	96,761.	92,83
6	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)				

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Form 990 (2022)Junior Achievement of Western New YorkPart IXStatement of Functional Expenses

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11,241. 7,115. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 14,814. 0. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 92,413. basis. Complete Part VI of Schedule D _____ 10a 70,359. 22,054. 29,098. b Less: accumulated depreciation 10b 10c 61,613. 90,428. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 56,434. 1,925. Other assets. See Part IV, line 11 15 15 618,357. 751,762. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 19,559. 15,092. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 63,938. 10,000. 25 of Schedule D 29,559. 79,030. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 586,421. 670,855. Net assets without donor restrictions 27 27 2,377. 1,877. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 588,798. 672,732. Total net assets or fund balances 32 32 618,357. 751,762. 33 33 Total liabilities and net assets/fund balances ... Form 990 (2022)

Junior Achievement of Western New York

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

Cash - non-interest-bearing

Savings and temporary cash investments

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(B)

End of year

115,590.

460,141.

(A)

Beginning of year

77,412.

422,254.

1

2

Part X **Balance Sheet**

_			
orm	990	(2022)	

1

2

Form	Junior Achievement of Western New York	16-082	1488	Pa	ge 12
Pa	rt 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			99.
2	Total expenses (must equal Part IX, column (A), line 25)	2			80.
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			98.
5	Net unrealized gains (losses) on investments	5	10),8	15.
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	672	2,7	32.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHE	DULE A								OMB No. 1545-0047
(Form 9	990)			rity Status an					2022
-	-	Co		nization is a section 50 47(a)(1) nonexempt cha			or a section		Ζυζζ
	t of the Treasury			ttach to Form 990 or Fo					Open to Public
Internal Re	venue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.		Inspection
Name o	f the organizati								identification number
				ment of West					6-0821488
Part I	Reason	for Public	Charity Status.	(All organizations must o	omplete th	nis part.) S	See instruction	ıs.	
The orga	anization is not a	private found	lation because it is: (For lines 1 through 12, o	check only	one box.)			
1 🖵	A church, co	nvention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3	A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and stat								
5 🗆	•	-		llege or university owne	d or opera	ted by a g	overnmental	unit describ	ed in
	7		Complete Part II.)						
6	· ۲		•	nental unit described in			.,		
7 X	5		-	intial part of its support	from a gov	ernmental	unit or from	he general	public described in
•	· ۲		omplete Part II.)						
8	י י		• •	(1)(A)(vi). (Complete Par	,				
9	-	-	-	in section 170(b)(1)(A)(-		-	-
		or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state o	t the college	e or
10	university:							h	
10 📖				than 33 1/3% of its sup					
				t to certain exceptions;					
				(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.
11	7		mplete Part III.)	ively to test for public or	foty Soo	contion El	O(a)(4)		
11 L	7 -	•	-	ively to test for public sa	•			arry out the	nurneses of one or
	•	•	-	ively for the benefit of, to ed in section 509(a)(1) o	-			•	
			-	of supporting organization					
a [•		supervised, or controlled		-		-	aivina
a L			-	gularly appoint or elect	•	-			
		-	complete Part IV, Se		amajonty				apporting
ь			-	or controlled in connect	tion with it	s sunnort	ed organizatio	n(s) hy ha	vina
			-	anization vested in the s			•		-
		-	t complete Part IV,					ige the sup	portod
c [. ,	•	g organization operated	in connec	tion with	and functiona	llv integrate	ed with.
	••	-	• • • •	b). You must complete					
d [0	. , .	porting organization oper			-	rted organi	zation(s)
	••	-	• •	zation generally must sa				· ·	
			•	nplete Part IV, Section	•		•		
е				written determination fro				II, Type III	
				nally integrated support					
f Er	ter the number			, , , , , , , , , , , , , , , , , , , ,					
g Pr	ovide the followi	ng informatior	n about the supporte						
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other
	organizatior	l		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Total

Schedule A (Form 990) 2022 Junior Achievement of Western New York 16-0821488 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	712,441.	686,640.	475,550.	464,492.	480,141.	2819264.
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 \dots						
4	Total. Add lines 1 through 3	712,441.	686,640.	475,550.	464,492.	480,141.	2819264.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						2819264.
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 475, 550.	(d) 2021	(e) 2022	(f) Total 2819264.
	Amounts from line 4	712,441.	686,640.	4/5,550.	464,492.	480,141.	2819264.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0 1 2 2	7 250	7 402	4 0 4 0	11 504	
	and income from similar sources \dots	8,132.	7,359.	7,493.	4,940.	11,584.	39,508.
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.)						2858772.
	Total support. Add lines 7 through 10		`			40	2030/12.
	Gross receipts from related activities,		,	6			
13	First 5 years. If the Form 990 is for th	-	rst, secona, thira, '	fourth, or fifth tax	year as a section s	50 T(C)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ		rcentage				
	Public support percentage for 2022 (-	column (f))		14	98.62 %
	Public support percentage from 2021					15	99.07 %
	33 1/3% support test - 2022. If the c						, -
100	stop here. The organization qualifies						v
h	33 1/3% support test - 2021. If the o		-				
~	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances tes	-		• • • •			
~	more, and if the organization meets th						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
			,	. , ,			(Form 990) 2022

Schedule A (Form 990) 2022

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Junior Achievement of Western New York 16-0821488 Page 3 Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
					-		
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 202					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from		- · · · · · · · · · · ·			18	%
	33 1/3% support tests - 2022. If the						ne 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, cho						
20	Private foundation. If the organization						
	23 12-09-22		,	. ,			e A (Form 990) 2022
				16			· · · · · · · · · · · · · · · · · · ·

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

Yes No

1

2

3a

Schedule A (Form 990) 20
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Schedule A (Form 990) 2022 Junior Achievement of Western New York 16-0821488 Page 5 Part 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		
Soc	tion B. Type I Supporting Organizations			

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	

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.

Section 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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- 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.*

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3b | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Yes

1

2

No

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	edule A (Form 990) 2022 Junior Achievement of W rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			16-0821488 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations must	•		
Sect	ion A - Adjusted Net Income	. oompio	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Part VI	(Form 990) 2022				tern New Yo			
	Supplemental Part IV Section A	information. Pro	vide the explanations r 4c, 5a, 6, 9a, 9b, 9c, 1	equired by Par	t II, line 10; Part II, line	e 1 / a or " Lines 1	1 / b; Part III, and 2: Part II	line 12; V. Section C.
	line 1; Part IV, Section A, I	ion D, lines 2 and 3; 1	Part IV, Section E, lines	1c, 2a, 2b, 3a	, and 3b; Part V, line	1; Part V,	Section B, li	ne 1e; Part V
	Section D, lines 5, 6	6, and 8; and Part V,	Section E, lines 2, 5, ar	nd 6. Also com	plete this part for any	addition	al informatio	n.
	(See instructions.)							
2028 12 00 2	22						Schedula	A (Form 990)
2028 12-09-2	.2			21			Schedule A	- (FOHH 990)
	793922 01-				Achievemen			

Schedule of Contributors

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

2022

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organiza	Employer identification number			
	Junior Achievement of Western New York	16-0821488		
Organization type (c	heck one):			
Filers of:	Section:			
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
, ,	ration is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special I	Rule. See instructions.		
General Rule				
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali om any one contributor. Complete Parts I and II. See instructions for determining a contribut			
Special Rules				
sections 50 contributor,	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (990-EZ, line 1. Complete Parts I and II.	and that received from any one		
	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from during the year, total contributions of more than \$1,000 exclusively for religious, charitable,			
literary, or e	durational purposes, or for the prevention of cruelty to children or animals. Complete Parts I umn (b) instead of the contributor name and address), II, and III.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i>				

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 _____ \$____

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

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_5	· · · · · · · · · · · · · · · · · · ·	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Junior Achievement of Western New York

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(d)

Type of contribution

X

X

Schedule B (Form 990) (2022)

223452 11-15-22

2022.05010 Junior Achievement of Weste 01-18681

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

(a)

No.

2

1

Page 2 Employer identification number

16 - 0821488

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

\$

\$

15,000.

20,000.

23

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(a)	(b)	\$\$,000.	(Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ <u>20,000.</u>	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$ <u>150,180.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Junior Achievement of Western New York

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

(a)

No.

8

7

Employer identification number

(d)

Type of contribution

X

X

16 - 0821488

Person Payroll

Noncash

Person Payroll

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

1 5

^ ^ ^

\$

23,000.

Schedule B (Form 990) (2022)

Person Payroll Noncash (Complete Part II for noncash contributions.)

24

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223452 11-15-22

2022.05010 Junior Achievement of Weste 01-18681

Page 2

Junio	r Achievement of Western New York		16-0821488
Part II	Noncash Property (see instructions). Use duplicate copies of Part 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
		-	
223453 11-15	5-22	_ \$	Schedule B (Form 990) (2022

Name of organization

Employer identification number

20111227 793922 01-1868

2022.05010 Junior Achievement of Weste 01-18681

25

me of organi	zation		Employer identification				
	chievement of Wester		16-0821488				
from	n any one contributor. Complete columns (a)	through (e) and the following line e	section 501(c)(7), (8), or (10) that total more than \$1,000 fe ntry. For organizations				
Use	pleting Part III, enter the total of exclusively religious, of e duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 o space is needed.	r less for the year. (Enter this info. once.)				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of g	lift				
	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							
			[
	(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							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
— —							
		(e) Transfer of g	μπ				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
I							

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

(Form 9	9 90)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 L **Open to Public** Inspection

Name	of the	organization
------	--------	--------------

Junior Achievement of Western New York

Employer identification number 16 - 0821488

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	· ·	-
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 📃 Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic sta	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
0	Does each conservation easement reported on line 2(d) abo	up patiefy the requirements of postion 170/h	
8	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
5	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures. or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 9		nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	· •	
	service, provide in Part XIII the text of the footnote to its fina		•
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for public		
	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 tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022
	09-01-22		
		27	

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		Achievemen						L6-08			age 2
Par	t III Organizations Maintaining (Collections of A	rt, Hist	orical Tre	asures, c	or Other	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the f	ollowing that	t make siç	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			ange progra						
b	Scholarly research	e	• L C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organization	answered "	Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								1	_	٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	blowing ta	able:			 _		A		
									Amoun		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T	Ending balance								Yes		Na
	Did the organization include an amount on F										J No ∣
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete							<u></u>			
I ui		(a) Current year		ior year	(c) Two year			ears back	(e) Four	vears	back
10	Reginning of year balance	(u) ourrone your	(2)11	ior your	(0)		.,		(0) + 0 u	Jouro	Such
	Beginning of year balance										
b	Contributions										
	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		l ce (line 1 c	L column (a)) held as:						
a	Board designated or quasi-endowment		%	, column (a)							
	Permanent endowment	%									
		%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that	t are held an	d administe	red for the	e				
	organization by:	5							[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on So	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	, line 11a. Se	ee Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or c basis (investr		(b) Cost o basis (o		• •	cumulate reciation	d	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			92	2,413.		70,35	59.	2	2,0	54.
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 10)c.)				2	2,0	54.

Schedule D (Form 990) 2022

232052 09-01-22

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Schedule D (Form 990) 2022 Junior Achie Part VII Investments - Other Securities. Complete if the organization answered "Yes" of		estern New York	16-0821488 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
(1) Financial derivatives	(
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	on Form 000, Dort IV, lin	a 11a Saa Farm 000 Dart V lina 12	
Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
	(W) DOOR VAIUE		or one or yoar market value
(1)		+	
(2) (3)		+	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		-	
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15	·.
	Description		(b) Book value
(1) Security deposit			1,925.
₍₂₎ Right of use asset			54,509
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) E-t-1 (O-turne (h) must a must Farme 000, Dart V, and (D) line	15)		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	n Form QQA Dart IV lin	e 11e or 11f See Form 000 Part V i	line 25
(a) Description of lightlite	, Fait IV, III		(b) Book value
(1) Federal income taxes (2) Scholarships payable			9,000
(3) Lease Liability			54,938
(4)			54,550
(5)			
(6)			
(7)			
(8)			
(9)			
	25.)		63,938
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2J./		

Schedule D (Form 990) 2022

232053 09-01-22

Schedule D (Form 990) 2022 Junior Achievement of Western	New York	16-	0821488 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per	Returi	າ.
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	771,614.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	a 10,815	•	
b Donated services and use of facilities2	b		
c Recoveries of prior year grants2	c		
d Other (Describe in Part XIII.)	d		
e Add lines 2a through 2d		2e	10,815.
3 Subtract line 2e from line 1		3	760,799.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	a		
b Other (Describe in Part XIII.) 4	b		_
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			760,799.
Part XII Reconciliation of Expenses per Audited Financial Statements	With Expenses pe	r Retu	irn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		_	
1 Total expenses and losses per audited financial statements		1	687,680.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
a Donated services and use of facilities2	a		
b Prior year adjustments2	b		
c Other losses2	c		
d Other (Describe in Part XIII.)2	d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	687,680.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	a		
b Other (Describe in Part XIII.) 4	b		_
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	687,680.
Part XIII Supplemental Information.			

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

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SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
	C	organization entered more than \$1 Attach to Form 990						Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru				on.		Inspection
Name of the organization	n							entification number
		Achievement of Wes					16-0823	
	complete this par	 Complete if the organization answ t. 	ered "Y	′es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	s f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	ation of ation of I fundra al (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Ye	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	have c or cor		(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in wh	ich the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	registration
or licensing.	-	-						

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

Schedule G (Form 990) 2022

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Junior Achievement of Western New York 16-0821488 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	
				Stock Market	. ,	(d) Total events
			Bowl-a-thon	Challenge	3	(add col. (a) through
ש			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	159,128.	77,100.	32,881.	269,109
-	2	Less: Contributions	109,293.	77,100.		186,393
	3	Gross income (line 1 minus line 2)	49,835.		32,881.	82,716
	4	Cash prizes				
es	5	Noncash prizes				
typens	6	Rent/facility costs				
Uirect Expenses	7	Food and beverages				
-		Entertainment		1,068.	4,566.	51 71 5
	9	Other direct expenses			•	54,715 54,715
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				28,001
Da	irt I			990 Part IV line 19 or r		20,001
		\$15,000 on Form 990-EZ, line 6a.			oportod moro trian	
υ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
нечепие				bingo/progressive bingo		col. (a) through col. (
	1	Gross revenue				
	2	Cash prizes				
Ises	2					
ber	3	Noncash prizes				
Ulrect Expenses		Rent/facility costs				
	5	Other direct expenses				
		·	Yes%	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			Yes
а	Ent Is t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	ucts gaming activities: activities in each of these	states?		Yes N
а	Ent Is t	ter the state(s) in which the organization cond	ucts gaming activities: activities in each of these	states?		Yes N
a b	Ent Is t If "I	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ucts gaming activities: activities in each of these	states?		Yes N
a b 0a	Ent Is t If "I	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	ucts gaming activities: activities in each of these	states?	year?	Yes N
a b 0a	Ent Is t If "I	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ucts gaming activities: activities in each of these	states?	year?	Yes N
a b 0a	Ent Is t If "I	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	ucts gaming activities: activities in each of these	states?	year?	Yes N
a b 0a	Ent Is t If "I	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	ucts gaming activities: activities in each of these	states?	year?	Yes N

Sch	edule G (Form 990) 2022	Junior	Achievement	of Wester	n New York	16-082	21488	Page 3
	Does the organization conduct ga Is the organization a grantor, bene						Yes	No
13	to administer charitable gaming? Indicate the percentage of gaming						Yes	No No
	The organization's facility						Ba	%
	An outside facility							%
	Enter the name and address of th							
	Name							
	Address							
15a	Does the organization have a con-	tract with a thir	rd party from whom the	organization receive	s gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gam			on \$	and the am	ount		
	of gaming revenue retained by the							
C	: If "Yes," enter name and address	of the third par	ty:					
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Coming manager companyation	¢						
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee	e Inde	pendent contractor				
17	Mandatory distributions:							
а	Is the organization required under	r state law to m	ake charitable distributi	ons from the gamine	g proceeds to	Г		—
							_ Yes	└── No
	 Enter the amount of distributions organization's own exempt activiti 	-		ted to other exempt	organizations or spent	in the		
Pa	Supplemental Inform 15b, 15c, 16, and 17b, as	mation. Prov	ide the explanations red			; and Part II	l, lines 9	9b, 10b,
	00.40.07.00					Cohodula	С (Г а тт	000) 0000
2320	83 10-27-22			33		Schedule	ים (רטוזז	990) 2022

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Schedule G	i (Form 990) Suppleme		Junio	r Achi	evement	of	Western	New	York	16-0821488	Page 4
Part IV	Suppleme	ental Info	rmation (co	ontinued)							
										Schedule G (F	orm 990)
232084 04-01-	-22									- (-,

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	(90) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. of the Treasury Attach to Form 990 or Form 990-EZ.							
Name of the organization Junior Achievement of Western New York 16-08								
Form 990, Part I, Line 1, Description of Organization Mission:								
Junior Achievement of Western New York, Inc. inspires and prepares								
young people to succeed in the global economy. Our volunteer-delivered,								
experiential programs give students knowledge and skills in financial								
literacy, work readiness and entrepreneurship. Junior Achievement helps								
to enhance the relevance of students' classroom learning and increase								
their understanding of the value of staying in school.								

Form 990, Part III, Line 1, Description of Organization Mission: Junior Achievement helps to enhance the relevance of students' classroom learning and increase their understanding of the value of

staying in school.

Form 990, Part III, Line 4d, Other Program Services:

Junior Achievement receives donations of materials, services, and

equipment from various organizations. The curriculum is delivered by

volunteers from the community who prepare students for the real world

and the value of contributing to their community.

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

The Form 990 draft is emailed to the board members prior to our board

meeting for review. The board reviews the Form 990 draft that then motions for approval to file the 990 return with the IRS.

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

 A conflict of interest questionnaire is sent via email or hand delivered to

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

 232211 10-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization Junior Achievement of Western New York	Employer identification number 16-0821488
interested parties each year requesting verification of p	ossible conflicts.
If a conflict is disclosed in connection with any actual	or possible
conflict of interest, an interested person must disclose	the existence of
the interest and be given the opportunity to disclose all	material facts to
the directors and members of the committee with governing	board delegated
powers considering the proposed transaction or arrangemen	t

After disclosure of the interest and all material facts, and after any discussion with the interested person, he or she leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

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

On a regular basis, the organization provides documentation to the compensation committee of the board of junior achievement with respect to the compensation of the organization's key employee for review and approval. Such information includes compensation for this position with other chapters that are of similar size, demographics and geography.

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

The Organization makes its financial statements, governing documents, and

conflict of interest policy available to the public upon request.

Form 990 Line 23

The Audit Committee of the Board reviews the audited financial

statements and oversees selection of the independent auditors.

232212 10-28-22

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

16-0821488

Department of the Treasury Internal Revenue Service Name of the organization

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

Junior Achievement of Western New York

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
or disregarded entity		foreign country)			entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Junior Achievement USA - 84-1267604							
12320 Oracle Blvd, Ste 310							
Colorado Springs, CO 80921	Education	Colorado	501(C)(3)	Line 12a, I			X
	-						

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predomi	(e) nant income unrelated, rom tax under s 512-514)	Share	(f) e of total come	Sha end-o	g) are of of-year sets	Disprop	n) ortionate tions?	(i) Code V-UE amount in b 20 of Sched	UBI General box partner		(k) Percenta owners
		foreign country)		sections	512-514)			as	5615	Yes	No	K-1 (Form 10	5) Ye	s No	
	-														
														_	
														+	
	-														
	_														
t IV Identification of Related C organizations treated as a c	Organizations Taxable corporation or trust duri	as a Corpo	oration or Trust. C /ear.	omplete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it h	ad one	or m	ore relate
(a)		<u> </u>	(b)	(c)	(d)		(e)	(e) ([†]		(f)		(g))	(i)
Name, address, and of related organizat	EIN	Prim	ary activity	Legal domicile (state or	Direct con entit	trolling v	Type of (C corp, S	entity S corp.	Share o	of total		Share of end-of-year	Percer ownei	ntage rship	controlle
				foreign country)		or trus		ist)				assets			entity?
											_				

Schedule R (Form 990) 2022 Junior Achievement of Western New York

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
с	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organi	ization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related organi				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete t	his line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		

(1) Junior Achievement USA	R	60,704.JAUSA program & support fees
(2) Junior Achievement USA	S	17,812.JAUSA contributions
(3)		
<u>(4)</u>		
(5)		
(6)		

Schedule R (Form 990) 2022 Junior Achievement of Western New York

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Are a partners 501(c) orgs. Yes I	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes) ging ler? NO	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule R	(Form 990) 2022 Duffiel Achievement of Western New 101K 10-0021400 Page 5
Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

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- CURRENT YEAR FEDERAL - Junior Ach

Junior Achievement of Western New York

Asset No.	Description	Date Acquirec	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Buildings											
70	(D)Painting	08011	9SL	5.00	16	872.			872.	508.		0.
71	(D)TV Mounting	09011	9SL	5.00	16	2,300.			2,300.	1,303.		0.
	(D)TV installation		9SL	5.00	16	1,115.			1,115.	595.		0.
	* 990 Page 10 Total Buildings Furniture & Fixtures					4,287.		0.	4,287.	2,406.		0.
39	(D)Pictures & Frames	09018	3SL	12.00	16	673.			673.	673.		ο.
40		09018	8SL	5.00	16	520.			520.	520.		0.
41	(D)2 secretary desks	09018	8SL	5.00	16	574.			574.	574.		0.
43	(D)2 small tables	09018	8SL	5.00	16	357.			357.	357.		0.
44	board table	09018	8SL	5.00	16	390.			390.	390.		0.
47	(D)2 large tables	09018	8SL	5.00	16	71.			71.	71.		0.
48	6 filing cabinets	09018	8SL	5.00	16	1,132.			1,132.	1,132.		0.
49	48x48 visual	09238	8SL	5.00	16	396.			396.	396.		0.
56	2 cabinets	05210	2SL	5.00	16	386.			386.	386.		0.
57	fire fite	05161	2SL	5.00	16	699.			699.	699.		0.
		03301	2SL	5.00	16	499.			499.	499.		0.
	sign- 8x46 5" Aluminum Panel	01201	5SL	5.00	16	450.			450.	450.		0.

228102 04-01-22

(D) - Asset disposed

- CURRENT YEAR FEDERAL - Junior Achievement of Western New York

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	7 Task Chairs - Staff 18 Side Chairs -	020818	SL	5.00	16	1,561.			1,561.	1,378.		183.
		040418	SL	5.00	16	4,032.			4,032.	3,426.		606.
		073119	SL	5.00	16	3,640.			3,640.	2,123.		728.
	microwave, dishwasher	121314	SL	7.00	16	696.			696.	550.		0.
80	1 large table	090188	SL	5.00	16	36.			36.	36.		Ο.
81	3 small tables	090188	SL	5.00	16	535.			535.	535.		0.
		011123	SL	5.00	16	1,968.			1,968.			197.
	* 990 Page 10 Total Furniture & Fixtur					18,615.		0.	18,615.	14,195.		1,714.
	Machinery & Equipment											
1	Banner - JA	083194	SL	7.00	16	100.			100.	100.		0.
2	Visual Market	101095	SL	7.00	16	475.			475.	475.		0.
3	Softpath Infocus	110102	SL	5.00	16	2,772.			2,772.	2,772.		0.
4	calculator	051199	SL	5.00	16	120.			120.	120.		0.
5	self storage unit	091103	SL	5.00	16	631.			631.	631.		0.
6	Platform Truck	100103	SL	5.00	16	169.			169.	169.		0.
8	Round Table	051714	SL	5.00	16	40.			40.	40.		0.
9	dolly hand truck	021006	SL	7.00	16	70.			70.	70.		0.
12	Digital Camera	063010	SL	5.00	16	1,041.			1,041.	1,041.		0.

228102 04-01-22

(D) - Asset disposed

- CURRENT YEAR FEDERAL - Ju

Junior Achievement of Western New York

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	fellows shredder	091510	SL	5.00	16	317.			317.	317.		0.
14	hp laser jet m60	091912	SL	5.00	16	1,412.			1,412.	1,412.		0.
16	500 gb external	082712	SL	5.00	16	62.			62.	62.		0.
17	microsoft surface jabra solemate	041014	SL	5.00	16	900.			900.	900.		0.
	speaker	092314	SL	5.00	16	127.			127.	127.		Ο.
	dell portable protector	092314	SL	5.00	16	837.			837.	837.		0.
	dell optiplex EAATCHGUARD XTM 26	092314	SL	5.00	16	1,251.			1,251.	1,251.		Ο.
		092314	SL	5.00	16	1,412.			1,412.	1,412.		0.
22	TP LINK WI-FI	092314	SL	5.00	16	30.			30.	30.		Ο.
	ups triplite smart belkin mira cast	092314	SL	5.00	16	158.			158.	158.		0.
26		092314	SL	5.00	16	60.			60.	60.		Ο.
		092314	SL	5.00	16	3,218.			3,218.	3,218.		0.
28	tv & mount	121314	SL	5.00	16	825.			825.	825.		Ο.
		121814	SL	5.00	16	116.			116.	116.		0.
30		033115	SL	5.00	16	5,425.			5,425.	5,425.		Ο.
31		051415	SL	5.00	16	195.			195.	195.		0.
32		071516	SL	7.00	16	2,771.			2,771.	2,376.		395.
	7 dell xps notebooks	111116	SL	5.00	16	10,716.			10,716.	10,716.		0.

228102 04-01-22

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

Junior Achievement of Western New York

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34	7 dell xps sleeves	11111	SL	5.00	16	259.			259.	259.		0.
		11111	SL	5.00	16	55.			55.	55.		0.
36	1 dell portable hard drive 7 keyboard/mouse	11111	SL	5.00	16	60.			60.	60.		0.
37	combo	11111	SL	5.00	16	175.			175.	175.		0.
38		01241	7SL	7.00	16	230.			230.	179.		33.
67	6 Dell optiplex computers Cannon Rebel 7i	09111	BSL	5.00	16	12,968.			12,968.	9,943.		2,594.
		09111	BSL	5.00	16	900.			900.	690.		180.
		01012	2SL	3.00	16	13,866.			13,866.	2,311.		4,622.
77	American Express - Dell Konica Minolta	01222	2SL	3.00	16	10,057.			10,057.	1,397.		3,352.
78	Copier-BizHub C250i	04182	BSL	5.00	16	5,684.			5,684.			189.
79	2-JA Retractable Banner w/ New Logo		BSL	5.00	16	375.			375.			6.
	* 990 Page 10 Total Machinery & Equipm					79,879.		0.	79,879.	49,924.		11,371.
	Other											
	Watchguard software support	04032:	lsl	3.00	16	1,240.			1,240.	516.		413.
		12032	SL	5.00	16	300.			300.	95.		60.
	* 990 Page 10 Total Other					1,540.		0.	1,540.	611.		473.
	* Grand Total 990 Page 10 Depr					104,321.		0.	104,321.	67,136.		13,558.

228102 04-01-22

(D) - Asset disposed

- CURRENT YEAR FEDERAL - Junior Achievement of Western New York

Asset No.	Description	D Acq	ate Juired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Current Year Activity												
	Beginning balance						96,294.		0.	96,294.	67,136.		
	Acquisitions						8,027.		0.	8,027.	0.		
	Dispositions						11,907.		0.	11,907.	10,026.		
	Ending balance						92,414.		0.	92,414.	57,110.		

228102 04-01-22

– NEXT YEAR FEDERAL –

Junior Achievement of Western New York

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	Buildings								
	Furniture & Fixtures								
	board table	090188		5.00	390.		390.	390.	0.
	6 filing cabinets	090188	SL	5.00	1,132.		1,132.		0.
	48x48 visual	092388		5.00	396.		396.	396.	0.
	2 cabinets	052102		5.00	386.		386.	386.	0.
	fire fite	051612	SL	5.00	699.		699.	699.	0.
	credenza	033012		5.00	499.		499.	499.	0.
	sign- 8x46 5" Aluminum Panel	012015		5.00	450.		450.	450.	0.
	7 Task Chairs - Staff	020818		5.00	1,561.		1,561.	1,561.	0.
	18 Side Chairs - boardroom/offices	040418		5.00	4,032.		4,032.	4,032.	0.
	Office desks	073119		5.00	3,640.		3,640.		728.
73	microwave, dishwasher	121314		7.00	696.		696.	550.	0.
	1 large table	090188		5.00	36.		36.	36.	0.
	3 small tables	090188		5.00	535.		535.	535.	0.
	Office Panels	011123	SL	5.00	1,968.		1,968.	197.	394.
	* 990 Page 10 Total Furniture &								
	Fixtures				16,420.		16,420.	13,714.	1,122.
	Machinery & Equipment								
1	Banner - JA	083194		7.00	100.		100.	100.	Ο.
2	Visual Market	101095		7.00	475.		475.	475.	Ο.
3	Softpath Infocus	110102		5.00	2,772.		2,772.	2,772.	Ο.
4	calculator	051199		5.00	120.		120.	120.	0.
5	self storage unit	091103		5.00	631.		631.	631.	Ο.
	Platform Truck	100103		5.00	169.		169.	169.	0.
8	Round Table	051714		5.00	40.		40.	40.	Ο.
9	dolly hand truck	021006		7.00	70.		70.	70.	0.
12	Digital Camera	063010	SL	5.00	1,041.		1,041.	1,041.	Ο.
13	fellows shredder	091510	SL	5.00	317.		317.	317.	Ο.
14	hp laser jet m60	091912	SL	5.00	1,412.		1,412.	1,412.	0.
16	500 gb external	082712	SL	5.00	62.		62.	62.	Ο.
	microsoft surface	041014	SL	5.00	900.		900.	900.	Ο.
18	jabra solemate speaker	092314	SL	5.00	127.		127.	127.	Ο.
	dell portable protector	092314	SL	5.00	837.		837.	837.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -

Junior Achievement of Western New York

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	dell optiplex	092314		5.00	1,251.		1,251.		0.
	EAATCHGUARD XTM 26 WIRELESS FIRE	092314	\mathtt{SL}	5.00	1,412.		1,412.		0.
	TP LINK WI-FI	092314		5.00	30.		30.	30.	0.
	ups triplite smart	092314		5.00	158.		158.	158.	0.
	belkin mira cast adapter	092314		5.00	60.		60.	60.	0.
	microsoft surface pro3	092314		5.00	3,218.		3,218.		0.
	tv & mount	121314		5.00	825.		825.	825.	0.
	typewriter	121814		5.00	116.		116.		0.
	ja retractable banner	051415		5.00	195.		195.		0.
	comtel voip phone system	071516		7.00	2,771.		2,771.		0.
	7 dell xps notebooks	111116		5.00	10,716.		10,716.		0.
	7 dell xps sleeves	111116		5.00	259.		259.	259.	0.
	1 dell adapter	111116		5.00	55.		55.	55.	0.
	1 dell portable hard drive	111116		5.00	60.		60.		0.
	7 keyboard/mouse combo	111116		5.00	175.		175.		0.
	3 luggage cargo carts	012417		7.00	230.		230.		18.
	6 Dell optiplex computers	091118		5.00	12,968.		12,968.		431.
	Cannon Rebel 7i Camera	091118		5.00	900.		900.		30.
	Dell Equipment	010122		3.00	13,866.		13,866.	6,933.	4,622.
77	American Express - Dell	012222	\mathtt{SL}	3.00	10,057.		10,057.	4,749.	3,352.
	Konica Minolta Copier-BizHub								
-	C250i+DR-714	041823		5.00	5,684.		5,684.	189.	1,137.
79	2-JA Retractable Banner w/ New Logo	060123	\mathtt{SL}	5.00	375.		375.	6.	75.
	* 990 Page 10 Total Machinery &								
	Equipment				74,454.		74,454.	55,870.	9,665.
	Other								
	Watchguard software support	040321		3.00	1,240.		1,240.	929.	311.
75	Webcam	120320	SL	5.00	300.		300.		60.
	* 990 Page 10 Total Other				1,540.		1,540.		371.
	* Grand Total 990 Page 10 Depr				92,414.		92,414.	70,668.	11,158.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone