BReturn of Organization Exempt From Income Tax Control to State 2019 Control to State 2019 Control to State 2019 Control to State 2019 Control to State 2019				** PUBLIC DISCLOSURE COPY	* *		
Form CALL Dudge section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private formation.) Dudge section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private formation.) Durate is public. A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 Demonstration. Demonstration. Demonstration. 27-3209543 Break JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION 27-3209543 Control of the internation. 27-3209543 Break Unitor and stree (or IP.0. bot It mails in to delivered to street address) Poom/sule E Tadephone number (727)068-1709 Gene arrespin: 4 35,016. Break TAMPA, FL 33613 HGP set internation. Demonstrates (True III. Streen IIII. Streen IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Ω	00	Return of Organization Exempt From	n Income Tax	(OMB No. 1545-0047
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B c+c+c+z C Name of organization JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION 27-3209543 Union Doing business as 27-3209543 27-3209543 Union Tables Bornovisuite E Telephone number 13707 N. 22ND STREET City or town, state or province, country, and ZIP or foreign postal code Corea notes is 85,016. Taxexempt status: XI 5010(X) S0100(X) S0100(X) S0100(X) S0100(X) 1 Taxe exempt status: XI 5010(X) S0100(X) S0100(X) S0100(X) S0100(X) S0100(X) 1 Taxe exempt status: XI 5010(X) S010(X) S010(X) </td <td>Inter</td> <td>nal Reve</td> <td>enue Service</td> <td></td> <td></td> <td><u></u></td> <td>Inspection</td>	Inter	nal Reve	enue Service			<u></u>	Inspection
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.00000 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00000 b Total fundraising expenses (Part IX, column (D), line 25) 0.00000 17 Other expenses (Part IX, column (A), line 25) 0.000000 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 76,473.27,400. 19 Revenue less expenses. Subtract line 18 from line 12 -15,426.000000 19 Total assets (Part X, line 16) 0.00000000000000000000000000000000000						_	-
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16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 76, 473. 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 76, 473. 19 Revenue less expenses. Subtract line 18 from line 12 -15, 426. 20 Total assets (Part X, line 16) 6, 998. 21 Total liabilities (Part X, line 26) 0. 22 Net assets or fund balances. Subtract line 21 from line 20 6, 998. 4, 615. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ú		-				
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 6,998. 9,615. 21 Total liabilities (Part X, line 26) 0. 5,000. 22 Net assets or fund balances. Subtract line 21 from line 20 6,998. 4,615. Part II Signature Block 0. 5,000. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is							-
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		19	Revenue less	expenses. Subtract line 18 from line 12	-15,426	; .	-2,384.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	s or						
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	sset: 3alar	20				_	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	et As	21					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is					6,998	<i>i</i> •	4,615.
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		,					

Sign Here	Signature of officer RICHARD GEORGE , ACTING Type or print name and title	AGENT	Date						
	Print/Type preparer's name	Preparer's signature Dat	e Check PTIN						
Paid	SAM A. LAZZARA		iself-employed P01342929						
Preparer	Firm's name 🕨 RIVERO, GORDIMER		Firm's EIN 59-3040705						
Use Only	Firm's address P. O. BOX 172359								
	TAMPA, FL 33672		Phone no. (813) 875-7774						
May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)									

1 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	<u>JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION 27-3209543 Page 2</u>
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. TO DE DOCTUTONED IN ELODIDA TO CEDUE AC THE CONDUCT IN DELIVEDING
	BE POSITIONED IN FLORIDA TO SERVE AS THE CONDUIT IN DELIVERING RESOURCES TO SUPPORT THE LOCAL JA FLORIDA AREAS WHICH PROVIDE
	RELEVANT, RESPONSIVE AND INNOVATIVE PROGRAMS WHICH BUILD YOUNG
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 85,000 • including grants of \$ 60,000 •) (Revenue \$)
	SUPPORTING JUNIOR ACHIEVEMENT PROGRAMS IN THE STATE OF FLORIDA
	G
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-10	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	
	Form 990 (2021)
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	5

Form 990 (2021)	JUNIOR	ACHIEVEMENT	OF	FLORIDA	FOUNDATION	27-3209543	Page 3
Part IV Checklist of F	Required Sc	hedules					

1 41				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		Х
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
	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		х
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
h	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,	144		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	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	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		- 23
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		- 23
19		40		х
00	complete Schedule G, Part III	19		A X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	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		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2021)
132003	3 12-09-21	Form	330 (2021)

Form 990 (2021)	JUNIOR	ACHIEVEMENT	OF	FLORIDA	FOUNDATION	27-3209543	Page 4
Part IV Checklist of R	lequired Sc	hedules (continued)					

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		
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,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34		24		x
25.2		34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -	Enter the number reported in box 2 of Form 1000. Enter 0, if not evel leads $[d_1, d_2]$		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
132004	12-09-21			(2021)
	5			、 ·)

Form 990 (2021) JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION 27-3209543 P	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
h	filed for the calendar year ending with or within the year covered by this return 2a 2a 4a	2b		
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	20		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		x
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).			
Ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
5	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? N/A	8		
)	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? N/A	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4		
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders N/A 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		
а	•	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	•	-		
		14a		x
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14a		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		\vdash
5	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
3	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		1
	If "Yes," complete Form 6069.			
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	209 795320 271601 2021.05010 JUNIOR ACHIEVEMENT OF FLORI			

Form 990 (2021)

JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION 27-3209543 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	 X
Section A Governing Body and Management	

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	;	8		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		B		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with	any other			
	officer, director, trustee, or key employee?			2		
	Did the organization delegate control over management duties customarily performed by or under					Ι.
	of officers, directors, trustees, or key employees to a management company or other person?			3		
	Did the organization make any significant changes to its governing documents since the prior Form			4		
	Did the organization become aware during the year of a significant diversion of the organization's a			5		
	Did the organization have members or stockholders?			6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		olders, or			
_	persons other than the governing body?		- f = U	7b		2
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				v	
	The governing body?			8a	X X	
	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
0.01	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		4
	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	e Code.)		Yes	
0-2	Did the organization have local chapters, branches, or affiliates?			10a	165	
	If "Yes," did the organization have written policies and procedures governing the activities of such			10a		Ľ
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
12	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			Tia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a	X	\vdash
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12.5		\vdash
	on Schedule O how this was done			12c	x	
	Did the organization have a written whistleblower policy?			13	x	
	Did the organization have a written document retention and destruction policy?			14	x	
	Did the process for determining compensation of the following persons include a review and appro			17		
Ŭ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-				
а	The organization's CEO, Executive Director, or top management official	•		15a		2
	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	vith a			
	taxable entity during the year?			16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m FL}$					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990	D-T (section 501(c)(3)s only) avail	labl
	for public inspection. Indicate how you made these available. Check all that apply.			-		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,			nd fina	ncial	
5	statements available to the public during the tax year.	connict	or interest policy, a	na ina	ioiai	
0	State the name, address, and telephone number of the person who possesses the organization's b	noke ar	nd records			
	THE ORGANIZATION - 813-631-1410					
	13707 N 22ND STREET, TAMPA, FL 33613					
					1 990	(00

JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION 27-3209543

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	amount of
	week		cer ar	nd a d	T) T	(iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trustee		e.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	onal		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAMELA S. MUMA	2.00	=	=	ò	1×	тə	R. R	K		
BOARD CHAIR		x		x				0.	0.	0.
(2) JOHN A. TOMLIN	2.00									
TREASURER		x		x		0	\mathfrak{D}	0.	0.	0.
(3) MARTIN A. RUBIN	2.00				\square)				
SECRETARY		X		X				0.	0.	0.
(4) GUS STARVOS	2.00			D						
CHAIR, EMERITUS		X	0	х				0.	0.	0.
(5) LARRY MCINTYRE	2.00		•							
DIRECTOR		Х						0.	0.	0.
(6) MARLIN HUTCHENS	2.00									
DIRECTOR		X						0.	0.	0.
(7) CHARLIE KAUFFMAN	2.00									_
DIRECTOR		X						0.	0.	0.
(8) TIM MYERS	2.00									•
DIRECTOR		X						0.	0.	0.
		1								
		<u> </u>		<u> </u>						
					L		-	I		

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Form 990 (2021)

Page 7

									DA FOUNDATIO		209	543	Pa	ge 8
Par	t VII Section A. Officers, Directo		ploy	ees,			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not cl , unles	ss per	ition more rson i	than o is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Esti amo o	(F) mate ount c ther	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		orga	m the nizatio relate	on ed
										1				
									\bigcirc					
									0					
							C							
1b	Subtotal		L			C			0.		0.			0.
	Total from continuation sheets to Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (includi compensation from the organization		iose	liste	d at	SOVe	e) wh	no re	eceived more than \$100	,000 of reportabl	e			0
3	Did the organization list any forme			key e	empl	loye	e, or	hig	phest compensated emp	loyee on			/es	No
4	line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a,	is the sum of reportable	le co	ompe	ensa	atior	n and	d otl				3		X
5	and related organizations greater t Did any person listed on line 1a red	ceive or accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indivi			4		X
Sec	rendered to the organization? If "Yetion B. Independent Contractors	es," complete Schedule	eJf	or sl	ich į	pers	son .				<u></u>	5		X
1	Complete this table for your five his table for your five his the organization. Report compensations	•	•								ipens	ation fro	om	
		(A) Dusiness address		ONE		VILLI			(B) Description of s		С	(C) ompens)
	-													
2	Total number of independent contr \$100,000 of compensation from th		ot lí	miteo	d to		se lis)	sted	a above) who received m	iore than		Form 9	90.00	021)
												າ ບາກກ 🥑	JU (2	∪∠ I)

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			2021) JUNIOR ACHIEV	VEMENT OF	FLORIDA	FOUNDATION	27-3209	543 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response	e or note to any lin	ie in this Part VIII (A)	(B)	(C)	[]
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
iran oun	·		Membership dues 1b	23,750.				
ts, Gra Amou			Fundraising events 1c					
Sift: lar /			Related organizations 1d					
imil imil			Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and					
			similar amounts not included above 1f	61,266.				
ontr O D C		g	Noncash contributions included in lines 1a-1f		05 01 0			
a C		h	Total. Add lines 1a-1f		85,016).		
				Business Code				
Program Service Revenue	2	a						
Serv		b						
Sen S		с а						
gra Re		d					}	
Pro		e f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		(2		
	4		Income from investment of tax-exempt bond		5	0		
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a		~			
			Less: rental expenses 6b		\mathbf{O}			
			Rental income or (loss) 6c	C				
	_		Net rental income or (loss)			_		
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
ē		D	Less: cost or other basis and sales expenses					
evenue		c	Gain or (loss)					
Rev			Net gain or (loss)					
er	8	a	Gross income from fundraising events (not					
Other			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses 8t	b l				
			Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses	-				
			Net income or (loss) from gaming activities	▶		_		
	10	а	Gross sales of inventory, less returns					
		h	and allowances 10 Less: cost of goods sold 10					
			J					
		U	Net income or (loss) from sales of inventory .	Business Code				
sno	11	а		245				
ane	. '	b						1
eve		c						
Miscellaneous Revenue			All other revenue					<u> </u>
~			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		85,016	0.	0.	-
13200	0 10		-01					Form 990 (2021)

27-3209543 Page 10 JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION Form 990 (2021) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрензез	general expenses	expenses
•	and domestic governments. See Part IV, line 21	60,000.	60,000.		
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		(1		
10	Payroll taxes		V		
11	Fees for services (nonemployees):		.0.		
а	Management				
b	Legal	1 0 0 0			
С	Accounting	1,200.		1,200.	
d	, ,				
е	Professional fundraising services. See Part IV, line 17)		
f	Investment management fees				
g		. 6			
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14 4 -	Information technology				
15 10	Royalties				
16 17	Occupancy Travel				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPORT	25,000.	25,000.		
b	PROFESSIONAL DUES	1,200.		1,200.	
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	87,400.	85,000.	2,400.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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27-3209<u>543 Page 11</u> JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION Part X Balance Sheet

(A)

Beginning of year

(B)

End of year

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

	1	Cash - non-interest-bearing		6,998.	1	7,115.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	2,500.	
	5	Loans and other receivables from any current or			-	
	-	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif			-	
	Ū	under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other		· ·	Ŭ	
	100	basis. Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		$+ \cdots$	11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	A		16	9,615.
	17	Accounts payable and accrued expenses			17	5,000.
	18			×	18	
	19	Grants payable Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
s	22	Loans and other payables to any current or form		21		
itie	~~	trustee, key employee, creator or founder, subst				
Liabilities		controlled entity or family member of any of thes		22		
Lia	23	Secured mortgages and notes payable to unrela		23		
	24	Unsecured notes and loans payable to unrelated		24		
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	5,000.
		Organizations that follow FASB ASC 958, che	ck here ▶ X			
sec		and complete lines 27, 28, 32, and 33.	······································			
and	27	Net assets without donor restrictions		6,998.	27	4,615.
Bal	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC 9				
μ		and complete lines 29 through 33.	, .			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
As	31	Retained earnings, endowment, accumulated inc			31	
Net	32	Total net assets or fund balances			32	4,615.
-	33	Total liabilities and net assets/fund balances		·	33	9,615.
						Form 990 (2021)

Form	JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION	27-320	9543	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			16.
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	5,9	98.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	.,6	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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?		. 2 b		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:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				37
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
	·• C1		Form	990 ((2021)
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

21 Open to Public Inspection

OMB No. 1545-0047

Name	of the	organization	

Name of	of t	he organization	Employer identification number
		JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION	27-3209543
Part	Ι	Reason for Public Charity Status. (All organizations must complete this part.) See instruction	าร.
The org	jan	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A	.)(iii). Enter the hospital's name,
		city, and state:	
5		An organization operated for the benefit of a college or university owned or operated by a governmental	unit described in
		section 170(b)(1)(A)(iv). (Complete Part II.)	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 🗋		An organization that normally receives a substantial part of its support from a governmental unit or from the	the general public described in
	_	section 170(b)(1)(A)(vi). (Complete Part II.)	
8 _		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant college
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	f the college or
_	_	university:	
10 X	ζ	An organization that normally receives (1) more than 33 1/3% of its support from contributions, members	hip fees, and gross receipts from
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of	its support from gross investment
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the or	rganization after June 30, 1975.
_	_	See section 509(a)(2). (Complete Part III.)	
11 _		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12 🗌		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to c	arry out the purposes of one or
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section	
r		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, an	d 12g.
a		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s),	
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or truste	ees of the supporting
г		organization. You must complete Part IV, Sections A and B.	
b		Type II. A supporting organization supervised or controlled in connection with its supported organization	on(s), by having
		control or management of the supporting organization vested in the same persons that control or management	age the supported

control or manager organization(s). You must complete Part IV, Sections A and C.

;	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	 its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

•	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations f

g Provide the following information about the supported organization(s).											
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other					
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
Total											

JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION27-3209543 Page 2 Schedule A (Form 990) 2021 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				A		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				~ 0		
_	column (f)						
_	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,			C			
	dividends, payments received on		. (
	securities loans, rents, royalties,						
-	and income from similar sources						
9	Net income from unrelated business		+ C				
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	.•. C)					
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					12	
	Gross receipts from related activities,			fourth or fifth toy			
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the o						
100	stop here. The organization qualifies a	0					
h	33 1/3% support test - 2020. If the or		0				
~	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test						
170	and if the organization meets the facts						
	meets the facts-and-circumstances tes			-		-	
h	10% -facts-and-circumstances test	•	•		•	17a and line 15 is	
~	more, and if the organization meets the	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
				, , . , . , . ,	,		(Form 990) 2021

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Schedule A (Form 990) 2021 JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION27-3209543 Page 3 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	418,747.	817,694.	113,997.	61,047.	85,016.	1496501.
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	418,747.	817,694.	113,997.	61,047.	85,016.	1496501.
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons			0	•		0.
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			1			0
	amount on line 13 for the year			<u>C</u>			0.
	Add lines 7a and 7b						•••
8	Public support. (Subtract line 7c from line 6.)						1496501.
	tion B. Total Support				(() === (
	ndar year (or fiscal year beginning in) 🕨	(a) 2017 418,747.	(b) 2018 817,694.	(c)2019 113,997.	(d)2020 61,047.	(e)2021 85,016.	(f) Total 1496501.
	Amounts from line 6	410,/4/.	017,094.	113,997.	01,04/.	05,010.	1490501.
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						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	418,747.	817,694.	113,997.	61,047.	85,016.	1496501.
	First 5 years. If the Form 990 is for th	ne organization's fi	-	-	-	-	
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Pe					
	Public support percentage for 2021 (column (f))		15	100.00 %
	Public support percentage from 2020						100.00 %
	tion D. Computation of Invest						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment income percentage for 20			ne 13. column (f))		17	.00 %
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the						
.50	more than 33 1/3%, check this box a	-					
h	33 1/3% support tests - 2020. If the						
5	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 01-04-22		55X 611 mile 14, 19	a, 51 105, 0100K ti			(Form 990) 2021
10202				16		Schedule A	

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

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

Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990) 2021

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990) 2021 JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION27-3209543 Page 5

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion 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. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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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Schedule A (Form 990) 2021

2a

2b

За

3b

18

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Sche	dule A (Form 990) 2021 JUNIOR ACHIEVEMENT OF FL	ORI	DA FOUNDATION2	7-3209543 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (e <i>xplain in</i> P	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	V	
е	Discount claimed for blockage or other factors	0		
	(explain in detail in Part VI):	<u>{ C</u>		
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	integr	ated Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

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JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION27-3209543 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - <i>explain in</i> Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018	.0		
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$	•		
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, <i>explain in</i> Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
_				

Schedule A (Form 990) 2021

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Part VI			ACHIEV BRENT	OF FLORI	DA FOUNDATION	27-3209543 _{Page} 8
	Part IV, Section A, li	nes 1, 2, 3b, 3c, 4b,	4c, 5a, 6, 9a, 9b, 9c, 1 ⁻	1a, 11b, and 11c; P	ne 10; Part II, line 17a or 1 art IV, Section B, lines 1 a 3b; Part V, line 1; Part V, S	nd 2; Part IV, Section C,
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Part V, 5	Section E, lines 2, 5, an	id 6. Also complete	this part for any additiona	l information.
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X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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

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

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

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

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

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

202⁻

Employer identification number

27 - 3209543

Schedule B	

(Form 990)

Filers of:

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

General Rule

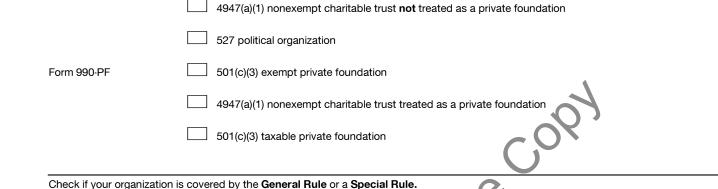
Special Rules

Name of the organization

Organization type (check one):

Section:

** PUBLIC DISCLOSURE COPY



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

JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION

X 501(c)(3) (enter number) organization

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Name of organization

JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Turce of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>-007</u>	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oronaction Person Payroll Oronaction (Complete Part II for noncash contributions.)

27 - 3209543

JUNIO	R ACHIEVEMENT OF FLORIDA FOUNDATION		27-3209543
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
		\$ 6083	
(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
		\$	
123453 11-11	-21 21	¥	Schedule B (Form 990) (20

Name of organization

Employer identification number

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	3 (Form 990) (2021)		Page 4					
Name of or	rganization		Employer identification number					
	R ACHIEVEMENT OF FLORII	A FOUNDATION	27-3209543					
Part III	from any one contributor. Complete columns (a) through (e) and the following line e	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 o	or less for the year. (Enter this info. once.) (\$					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of g	Jift					
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of transferor to transferee					
F								
(a) No. from	(h) Dumpers of sift	(a) Llos of sift	Constitution of how sift is hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
	(e) Transfer of gift							
	Transferee's name, address, and 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					
raiti								
		P						
	<u>````````````````````````````````</u>							
F	(e) Transfer of gift							
F	Transferee's name, address, a		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	JITT					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee					
123454 11-11	I-21	25	Schedule B (Form 990) (2021)					

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organizatio	d Individua	ls in the Ŭn ' on Form 990, Pa	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization JUNIOR AC	HIEVEMENT	OF FLORIDA	FOUNDATI	ON			Employer identification number 27-3209543
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro- 	stance?						tion Yes X No
Part II Grants and Other Assistance to recipient that received more than	-					′es" on Form 990, Par	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	59-1098499		17,000.				TO SUPPORT JUNIOR ACHIVEMENT PROGRAMS IN THE STATE OF FLORIDA
JA OF PALM BEACH 700 S ROSEMARY AVE SUITE 204-105 WEST PALM BEACH, FL 33401	59-2333738		6,000.	0.			TO SUPPORT JUNIOR ACHIVEMENT PROGRAMS IN THE STATE OF FLORIDA
JA OF SOUTHWEST FLORIDA 13241 UNIVERISTY DRIVE SUITE 102 FORT MEYERS, FL 33907	65-0503084	<	7,000.	0.			TO SUPPORT JUNIOR ACHIVEMENT PROGRAMS IN THE STATE OF FLORIDA
		i) ^{IIC}					
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			l le line 1 table		l		

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

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION

27-3209543

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				•	
				6	
				0X	
)	
			10		
			SV.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lir	ne 2; Part III, columr	n (b); and any other a	dditional information.	
	• С •				
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	v				

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. OMB No. 1545-0047 Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990 or Form 990-EZ. Open to Public Inspection
Name of the organization Employer identification numb JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION 27-3209543
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SERVE AS THE CONDUIT IN DELIVERING RESOURCES TO SUPPORT THE LOCAL
JA FLORIDA AREAS WHICH PROVIDE RELEVANT, RESPONSIVE AND INNOVATIVE
PROGRAMS WHICH BUILD YOUNG PEOPLES' CAPACITY TO SPUR ECONOMIC
DEVELOPMENT AND CONTRIBUTE TO FLORIDA'S GLOBAL ECONOMIC
COMPETITIVENESS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PEOPLES' CAPACITY TO SPUR ECONOMIC DEVELOPMENT AND CONTRIBUTE TO
FLORIDA'S GLOBAL ECONOMIC COMPETITIVENESS.
FORM 990, PART VI, SECTION B, LINE 11E:
APPROVED BY THE BOARD PRIOR TO SIGNING.
FORM 990, PART VI, SECTION B, LINE 12C:
MEMBERS OF THE BOARD OF DIRECTORS ARE EXPECTED TO DISCLOSE ANY POTENTIAL
CONFLICTS PRIOR TO ACTION BEING TAKEN ON THE MATTER. THE MEMBERS OF THE
BOARD COMPLETE A DISCLOSURE ANNUALLY ON WHICH THEY AFFIRM THAT NO CONFLICT
EXIST OR ELSE THEY DETAIL ANY CONFLICTS OR RELATED PARTY TRANSACTIONS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2021

132211 11-11-21

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WAITING ON	3RD	PARTY	INFO
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Form	8868
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(Rev. January 2022)

Exempt Organization Return

Application for Automatic Extension of Time To File an

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)						
print	JUNIOR ACHIEVEMENT OF FLORIDA FOUNDATION					27-3209543		
File by the due date filing your	he for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructio	n. See							
Enter th	ne Return Code for the return that this application is for (fil	e a separa	te application for each return)					
Application Return Application					Return			
Is For		Code	Is For			Code		
Form 9	1 990 or Form 990-EZ 01 Form 1041-A			08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation) THE ORGANIZATIO	07	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Tele If the If the Tele If the Tele If the Tele Tele Tele Tele Tele Tele Tele Te	request an automatic 6-month extension of time until he organization named above. The extension is for the org ↓ or ↓ X tax year beginning JUL 1, 2021 the tax year entered in line 1 is for less than 12 months, c Change in accounting period	and atta MAX anization's , an heck reas	emption Number (GEN) If ch a list with the names and TINs of X 15, 2023, to file s return for: d ending JUN 30, 2022 on: Initial return F	this is fo all memb	r the whole (ers the extended or extended or ganization or ganization of the second or ganization of the second o			
	3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					0.		
-	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and		,			
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b							
	alance due. Subtract line 3b from line 3a. Include your pa	•	· · · ·	3c		0		
					\$	0.		
Cautio instruct	n: If you are going to make an electronic funds withdrawal tions.	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 887	9-TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 8	868 (Rev. 1-2022)		

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