

APPROPRIATIONS CONTRACT

THIS CONTRACT is signed on _____, by the City of Pompano Beach (“City”) and JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC., a Not For Profit Corporation authorized to do business in the State of Florida (“Recipient”).

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2022-2023 (October 1st through September 30th), the sum of \$7,500 to Recipient, to conduct a program entitled or activity as described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description” (collectively the “Work”) attached hereto and incorporated herein by reference, for the period beginning October 1, 2022 and ending September 30, 2023; and

WHEREAS, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own; and

WHEREAS, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

NOW, THEREFORE, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as set forth below.

1. *Contract Documents.* This Contract consists of Exhibit A, “Recipients Requirements, Contractual Responsibilities and Program Description”; Exhibit B, “Payment Schedule”; and Exhibit C, “Insurance Requirements” attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract.* This Contract shall be for the period beginning October 1, 2022 and ending September 30, 2023.

3. *Renewal.* This Contract is not subject to renewal.

4. *City’s Maximum Obligation.* City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program.* City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit B.

6. *Disputes.* Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be Adrinia Woods or his/her written designee.

B. *Notices and Demands.* A notice, demand or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representative(s) named below or is addressed and delivered to such other authorized representative at the address as that party from time to time may designate in writing and forward to the other as provided herein.

If to Recipient: Adrinia Woods
 Chief Revenue Officer
 1131 Coconut Creek Blvd.
 Coconut Creek, FL 33067
 Office: (954) 979-7101
 Email: adrinia@jasouthflorida.org

If to City: Greg Harrison, City Manager
 100 W Atlantic Blvd.
 Pompano Beach, FL 33060
 Office: (954) 786-4601
 Email: greg.harrison@copbfl.com

8. *Ownership of Documents and Information.* All information, data, reports, plans, procedures or other proprietary rights in all items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for use and/or distribution as City deems appropriate provided City has compensated Recipient in accordance with the terms set forth herein. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, Recipient shall promptly provide City's Contract Administrator copies of all of the above Work documents upon written request. Recipient may not disclose, use, license or sell any Work developed, created or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this paragraph shall survive termination or expiration of this Contract.

To the extent it is necessary for Recipient to perform the Work, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. *Termination.* City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the Program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after

City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event the City fails for any reason to appropriate funds for this Contract, it shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of City's written notice from the City.

10. *Force Majeure.* Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

11. *Insurance.* Recipient shall maintain insurance in accordance with Exhibit C throughout the term of this Contract.

12. *Indemnification.* Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of Work under this Contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Paragraph and these provisions shall survive expiration or early termination of this Contract.

13. *Sovereign Immunity.* Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting.*

A. *Non-Assignability.* This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. *Subcontracting.* Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

15. *Performance Under Law.* Recipient, in performance of its duties under this Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. *Audit and Inspection Records.* Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall,

until **three (3) years after City's final payment to Recipient**, have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars (\$50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within 120 days of the close of the City's fiscal year.

17. *Adherence to Law.* Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. *Independent Contractor.* Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

19. *Mutual cooperation.* Recipient recognizes its performance of Work hereunder is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and the public and shall actively foster a public image of mutual benefit to both parties. Recipient shall not make any statements or take any actions detrimental to this effort.

20. *Public Records.*

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

1. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

2. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the Contract if Recipient does not transfer the records to the City.

4. Upon completion of this Contract, transfer, at no cost to City, all public records in its possession or keep and maintain public records required by the City as required hereunder. If Recipient transfers all public records to the City upon completion of this Contract, Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient keeps and maintains public records upon completion of this Contract, Recipient shall meet all applicable requirements for retaining public records. Upon request from the City's custodian of public records, all records stored electronically by Recipient must be provided to the City in a format that is compatible with the information technology systems of the City.

A. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under §119.10, Florida Statutes, as amended.

PUBLIC RECORDS CUSTODIAN

IF THE RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

**CITY CLERK
100 W. Atlantic Blvd., Suite 253
Pompano Beach, Florida 33060
(954) 786-4611
RecordsCustodian@copbfl.com**

21. *Governing Law.* Agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. No Waiver by Delay. The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. *No Contingent Fee.* Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. *Attorneys' Fees and Costs.* In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. *No Third-Party Beneficiaries.* Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. *Public Entity Crimes Act.* As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings

concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. *Headings.* The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. *Counterparts.* This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. *Approvals.* Whenever City approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. *Absence of Conflicts of Interest.* Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. *Binding Effect.* The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

33. *Employment Eligibility.* By entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

34. *Severability.* Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

Attest:

CITY OF POMPANO BEACH

ASCELETA HAMMOND, CITY CLERK

By: _____
REX HARDIN, MAYOR

(SEAL)

By: _____
GREGORY P. HARRISON, CITY MANAGER

APPROVED AS TO FORM:

MARK E. BERMAN, CITY ATTORNEY

“RECIPIENT”

JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC.
(Print or type name of company here)

Witnesses:

Adrinia L. Woods

Adrinia Woods

(Print or Type Name)

Toni Collier

Toni Collier

(Print or Type Name)

By: Laurie Sallarulo

Print Name: Laurie Sallarulo

Title: President & CEO

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 24th day of August, 2022, by LAURIE SALLARULO as PRESIDENT/CEO of JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC., a Florida non for profit corporation. She is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY'S SEAL:



Stephanie Theile
NOTARY PUBLIC, STATE OF FLORIDA

Stephanie Theile
(Name of Acknowledger Typed, Printed or Stamped)

HH 047885
Commission Number

Exhibit "A"

Recipients Requirements, Contractual Responsibilities and Program Description

1. RECIPIENT agrees to do as follows:
 - a) To accept the funds as appropriated in accordance with the terms of this Contract; and
 - b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and
 - c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT's corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and
 - d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and
 - e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and
 - f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
 - g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
 - i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
 - ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
 - iii. Proposal preparation including the costs to develop, prepare or write the proposal
 - iv. Pre-award costs
 - v. Out-of-state travel; non-local travel expenses
 - vi. Gift cards
 - vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
 - viii. Rentals – one day only (written justification and approval needed for additional time)

- ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and

2) RECIPIENT agrees to provide the City Manager’s Office or designee with a quarterly narrative and financial progress report, if applicable, on the program or activity described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

1st Quarterly Narrative & Financial Report (October/November/December) - February 1st

2nd Quarterly Narrative & Financial Report (January/February/March) - May 1st

3rd Quarterly Narrative & Financial Report (April/May/June) - August 1st

4th Quarterly Narrative & Financial Report (July/August/September) - September 30th

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of \$5,000 or less then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

However, if any of the above dates fall on a weekend, then the due date shall be extended to the next business day, thereafter, as long as it does not exceed the term of this contract.

When submitting the quarterly narrative reports, RECIPIENT shall track and report to the CITY the following:

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application
- b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)
 - i. Age
 - ii. Race
 - iii. Gender
 - iv. Zip Codes
 - v. Household income (if applicable)
- c. Describe accomplishments of the program to date
- d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

Failure to provide the quarterly narrative reports shall render an organization ineligible to receive future payouts.

- 3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Lump Sum narrative and financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.
- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.
- 8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

Organization Name: JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC.

Program Funded: JA Inspire

Amount Funded: \$7,500.00

Program Description: JA Inspire is an interactive career exploration program that introduces students to high growth/high wage career fields following 3 hours of career readiness curriculum. Students engage with JA Inspire volunteers at the career fair (in-person or virtually) to create connections that allow them to build an understanding of the cross-section of high demand jobs available to them in the future, from mid-skilled trades to highly technical STEM related careers.

Form Name: City of Pompano Beach Nonprofit Sponsorship Application
Submission Time: May 6, 2022 10:35 am
Browser: Chrome 101.0.4951.41 / Windows
IP Address: 12.2.113.34
Unique ID: 961682865
Location: 24.7259, -81.0375

About Your Organization

Which Fiscal Year Is Your Organization Applying For? 2022-2023

Full Name of Nonprofit: Junior Achievement of South Florida

Mission of Nonprofit: Junior Achievement of South Florida's (JASF) mission is to inspire and prepare youth to succeed in a global economy by training the next generation of business leaders, employees and consumers by educating students through financial literacy, entrepreneurship, and workforce readiness programs.

Brief Overview of Nonprofit:

The mission of Junior Achievement of South Florida is fulfilled through over twenty volunteer-based K-12 programs provided in local classrooms and at the JA World Huizenga Center at the Lillian S. Wells Pavilion. Approximately 70% of the children we serve are eligible for free/reduced priced lunches, though it varies per school. Last year we served over 54,000 K-12 students and filled more than 3,000 volunteer opportunities!

Junior Achievement of South Florida's twenty-plus K-12 programs address:

- **Work-Readiness:** JA programs empower and prepare local students to succeed in the work force. Through volunteer mentors we educate students about employer expectations and real-world work experiences. Students develop and strengthen the soft skills, technical skills, and interview skills needed to stand out.
- **Career Awareness:** Many JA programs let students "live in the adult world" for a day to explore careers and gain valuable insight and motivation to begin their own path to meaningful work.
- **Leadership Skills:** JA programs help students, particularly high school students, practice and utilize leadership skills, make critical decisions, learn from actual good and "not so good" decisions, and make meaningful philanthropic investments.
- **Drop Out Prevention:** JA programs reengage students and make school meaningful and even fun. While the estimated U.S. national graduation rate is 73%, the rate for JA students involved in a longitudinal study with two JA experiences is 93%, and those with 3+ JA experiences is 100%.
- **Financial Literacy:** JA programs can stop the cycle of financial illiteracy by providing fundamental knowledge that will be used for a lifetime.
- **Entrepreneurial Education:** Sparking the flame of business ownership can change a family's destiny and an entire community. JA lights the match for hundreds of students from families of all backgrounds.

Nonprofit Website: www.jasouthflorida.org

Which Funding Priority Does Your Nonprofit Qualify For: Workforce Readiness

Type of Organization - select the one that best applies: Education/Research

**Executive Summary of How Nonprofit
will use City of Pompano Beach**

Funding:

Funding from the City of Pompano Beach will help provide ...

- JA BizTown in-class curriculum and culminating one-day simulation at JA World for approximately 795 fifth grade students from Charles Drew, Cresthaven, Cypress, Markham, McNab, Norcrest, Palmview, Pompano Beach, and Sanders Park Elementary Schools. Following in-class curriculum, students will complete JA BizTown. Students will run the various businesses, earn paychecks, open/manage bank accounts, take out and repay business loans, vote, price and advertise goods and services for sale, and more. Students become full-fledged consumers by making purchases at other student-run businesses within the "town."
 - JA Finance Park in-class curriculum and culminating one-day simulation at JA World for approximately 825 eighth grade students from Crystal Lake and Pompano Beach Middle Schools. Following 16-hours of in-class curriculum, students will participate in JA Finance Park at JA World to explore career opportunities and create a 21-line-item budget based on an assigned an individual profile, including career, family size, credit score, salary and student loans.
 - JA Inspire in-class curriculum and culminating JA Inspire Career Fair Day (virtually) for approximately 597 eighth grade students from Crystal Lake and Pompano Beach Middle Schools. JA Inspire is a career pathways exploratory program that gets students to examine their individual interests to figure out where they want to be, and then connects students to local employers to open students' eyes to skills and coursework needed to get them there. JA Inspire Virtual will be offered to students upon completion of the in-class curriculum. JA Inspire Virtual gives students the opportunity to learn about South Florida's high wage/high demand jobs and exposes them to career and networking opportunities prior to deciding what career path they choose.
-

How Does Your Nonprofit/Program Fit the Guidelines and Funding Interests?

Junior Achievement of South Florida (JASF) believes that helping young people gain the skills needed to compete in the workforce is critical to their future success and the vitality of our economy. JASF has long been a leader in providing hands-on, relevant, interactive, project based critical career skills training that helps prepare youth for the workforce. In fact, this has been one of our three core focuses for several decades. Sir Richard Branson has stated, "transformation of education is necessary to create more effective outcomes for students," and then cited JASF as the model framework through which to achieve such a transformation. "Not only does JASF inspire passionate young people," Sir Richard said, but "they fuel the entrepreneurial spirit and cultivate a culture of success."

JASF's leadership is committed to creating opportunities and pathways for youth employment. The leadership is dedicated to further developing innovative programs that produce highly effective outcomes for students. We recognize that programs like JA BizTown, JA Finance Park, and JA Inspire must not only provide skills training that will prepare students for employment and entrepreneurship, but must also promote and support employment and self-employment.

JASF has a massive opportunity and ability to link with businesses, educational institutions, governmental entities, etc. due to the very nature of our core focus areas of workforce readiness, entrepreneurship and financial literacy. Our mission is well aligned with the focuses of many business leaders, governmental representatives, and educational institutions. We are all focused on the issue of building a talent pipeline for the future.

JASF has very strong ties to business leaders and has several ways that we interact with them on a regular basis. We are fortunate to have a diverse board of directors of 72 business leaders who are committed to supporting the mission. These members represent companies of various sizes across many industries. These companies are involved with JASF in many ways and have come to trust JASF's expertise in the areas of workforce readiness, entrepreneurship, and financial literacy.

In addition, JASF continues to host a CEO Advisory Council, which brings C-level executives together 3-4 times a year, to discuss issues like workforce development. Through these meetings, we are able to better understand the needs of the employers and educate them on why strategies like soft skills training can help prepare the next generation of employees. We communicate with these leaders throughout the year and share successful examples of the experiences of youth and employers through our various programs. This forum also allows us to encourage these leaders to get their employees involved in our programs as volunteer mentors.

Junior Achievement of South Florida, celebrating over 100 years of service worldwide, and sixty-plus years of service locally, is proud to serve the

residents of Pompano Beach through our work readiness, entrepreneurship, and financial literacy programs.

Statement of Need:

Youth unemployment remains consistently higher than other age groups. Current numbers are high due to the coronavirus pandemic, but this is also due to unskilled workers entering the labor force from high school. Employers cite a lack of critical life and soft skills as a key barrier to employment. And the demand for these types of skills is only increasing. According to Harvard University research, occupations that require strong social skills have grown faster than others since 1980 and show consistent wage growth since 2000. Since educational leaders have focused on increasing academic standards and measuring progress through a barrage of tests, soft skills have been pushed aside, leaving our youth at a distinct disadvantage.

JA BizTown addresses soft skills training at an early age, teaching customer service, communication, teamwork, adaptability, problem-solving, creativity, work ethic, interpersonal skills and even time management.

The JA Finance Park program addresses this issue by introducing hundreds of career opportunities during the virtual simulation portion, including salary ranges and educational requirements. Today's students have little opportunity in school to gain exposure to the plethora of careers that exist in our community across numerous industries. Whether a student is college-bound or bound for trade school, students need to have the opportunity to learn about careers that will excite them and motivate them to graduate and grow. The JA Finance Park program addresses this issue by introducing hundreds of career opportunities during the virtual experience, including salary ranges and educational requirements.

JA Inspire teaches necessary success skills and provides an opportunity to utilize them at the culminating JA Inspire Career Fair.

Include a Description of the Geographic Area You Serve: Broward County, Boca Raton and Delray Beach

About Your Board of Directors

Board Disabled 0

Board Minorities 17

Board Seniors 20

Total Board Members 72

Program/Event Information #1

Will your organization be hosting an event on City property?

No

Which are you applying for? (Program/Event)

Program

Program/Event Name

JA Biztown/JA Finance Park

Type of Program/Event

Nonprofit Program/Seminar/Workshop

Describe the program/event succinctly:

JA BizTown is a fully interactive, true-to-life, simulated town experience, following up to 16 hours of in-class curriculum, where students work and live as citizens and employees of JA BizTown, while utilizing their newly learned soft skills necessary for successful participation in the world of work. Students run the various eighteen businesses, earn paychecks, open/manage bank accounts, take out and repay business loans, vote, price and advertise goods and services for sale, and more.

JA Finance Park starts with up to 16 hours of in-class curriculum and culminates in a one-day experience during which students explore careers and figure out how much to spend on housing, insurance, transportation, etc. to create/balance a 21-line item budget. This is all done based on an assigned life-scenario that includes family size, marital status, credit score, education and salary.

By taking on adult roles, kids become better prepared for their future as consumers, investors & workers.

Elaborate on your program/event objectives. How do you plan on using the funding to solve the problem?

JA BizTown "citizens" will learn how their interests and skills can lead to exciting careers. They will have an opportunity to assess their own skills and interests and to see what kinds of jobs are available at JA BizTown. They will even have an opportunity to fill out a job application and experience the job interview process. Students will:

- Recognize their interests and skills.
- Explain the relevance of interests and skills in career exploration and planning.
- Distinguish the differences among the four primary career types: people, ideas, data, and things.
- Categorize STEM careers into different types.
- Demonstrate appropriate workplace behaviors.
- Define resume, job interview, and applicant.
- Complete a job application.
- Model appropriate business greetings.
- Demonstrate proper interview skills.

JA Finance Park students will recognize the fundamental role that income plays in their personal finances and the factors that affect income and take-home pay. They will discover how their decisions about education and careers make an impact on their potential income and quality of life.

Students will:

- Rate their interests, abilities, and values.
- Determine work preferences and match them to career choices.
- Define taxes and explain their purpose and impact on income.
- Figure net monthly income.

Funding of \$15,000 from the City of Pompano Beach will cover a portion of:

- Program Salaries for employees who provide hands-on services with students: VP of Education, Capstone Director, Program Coordinator, Administrative Support Leader, Director of Volunteer Services, Volunteer Coordinator, Receptionist, Program Manager (3), and Program Assistants (4)
 - Curriculum costs
 - Volunteer recruitment, training, and recognition
-

What are the outcomes of your program/event?

The program is considered a success for the City of Pompano Beach when:

(JA BizTown)

- 97% of the fifth graders complete the JA BizTown curriculum and simulation.
- 97% of students research and get a job at JA BizTown.
- 80% of students show an increase between the pre- and post-tests.
- Business CEO's create reports that detail production and sales figures, and provide instant feedback as to whether a business is meeting goals.
- 80% of student checkbook registers are reconciled to their bank statements.

(JA Finance Park)

- 97% of the eighth graders complete the JA Finance Park curriculum and simulation.
- At least 90% of the students correctly complete their budget, meaning they pay their bills for all of the twenty-one items on the budget and have money left over to save, invest, and/or donate to charity.
- 80% of students show an increase between the pre- and post-tests.

Estimated # of Attendees at the Program/Event (select the one that best applies)

10,001+

Please Specify the Number of City of Pompano Beach Residents Your Organization will Serve if the Program/Event is Funded:

1620

Describe the demographics of the population you are impacting with this program/event: Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation.

Based on Broward County Public School's Demographics & Student Assignments Department, the 795 fifth graders, to be served from the nine public elementary schools in Pompano Beach, are mostly between 10-11 years old with an average of 89% eligible for free/reduced priced lunches and 54% African American, 1% Asian, 3% multi-ethnicity, 42% Caucasian and 33% Hispanic. These students will be provided the JA BizTown in-class curriculum and JA BizTown one-day simulation.

Based on Broward County Public School's Demographics & Student Assignments Department, the 825 eighth graders, to be served from the two public middle schools in Pompano Beach, are mostly between 13-14 years old with an average of 86% eligible for free/reduced priced lunches and 51% African American, 2% Asian, 2% multi-ethnicity, 45% Caucasian and 32% Hispanic. These students will receive the JA Finance Park in-class curriculum and JA Finance Park one-day simulation.

Start Date of Program/Event:

Oct 01, 2022

| | |
|---|--|
| End Date of Program/Event: | Jun 30, 2023 |
| Does your program/event have a start time/end time? | No |
| Name of Program/Event Venue: | Junior Achievement of South Florida |
| Address of Program/Event Venue Location: | 1130 Coconut Creek Boulevard Coconut Creek, FL 33066 |
| Attire of Program/Event (select the one that best applies): | Casual |
| List any Benefits or Amenities the City of Pompano Beach Receives: | Recognition of the City of Pompano Beach via: <ul style="list-style-type: none"> • Logo and story in the Junior Achievement email blast to 27,000 community members. • Recognition on the JA BizTown and JA Finance Park virtual simulation days. • Annual Junior Achievement Impact Report. • www.jasouthflorida.org • www.facebook.com/JASFL • www.twitter.com/JASouthFlorida • www.instagram.com/jasouthflorida |
| Amount Requested: | 15000 |
| Are you applying for a second Program/Event? | Yes |
| Program/Event Information #2 | |
| Will your organization be hosting an event on City property? | No |
| Which are you applying for? (Program/Event) | Program |
| Program/Event Name | JA Inspire |
| Type of Program/Event | Nonprofit Program/Seminar/Workshop |
| Describe the program/event succinctly: | JA Inspire is an interactive career exploration program that introduces students to high growth/high wage career fields following 3 hours of career readiness curriculum. Students engage with JA Inspire volunteers at the career fair (in-person or virtually) to create connections that allow them to build an understanding of the cross-section of high demand jobs available to them in the future, from mid-skilled trades to highly technical STEM related careers. |

Elaborate on your program/event objectives. How do you plan on using the funding to solve the problem?

JA Inspire allows students to:

- Connect with professionals from some of the region's most prominent employers.
- Explore career pathways and learn about the skills needed for in-demand jobs.
- Empower students to connect their own interests with a variety of career opportunities.
- Strengthen their coursework pathway for high school and beyond.

Funding of \$7,500 from the City of Pompano Beach will cover a portion of:

- Program Salaries for employees who provide hands-on services with students: In-class Program Manager and Sr. Director, Workforce Development.
- Curriculum costs
- Volunteer recruitment, training, and recognition

What are the outcomes of your program/event?

(JA Inspire)

- 97% of the eighth graders complete the JA Inspire curriculum and JA Inspire Career Fair.
- 80% of students show an increase between the pre- and post-tests.
- 75% of students are introduced to businesses that they didn't know before.
- 70% of students will learn things that will help get them a job.

Estimated # of Attendees at the Program/Event (select the one that best applies)

501-1,000

Please Specify the Number of City of Pompano Beach Residents Your Organization will Serve if the Program/Event is Funded:

597

Describe the demographics of the population you are impacting with this program/event: Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation.

Based on Broward County Public School's Demographics & Student Assignments Department, the 597 eighth graders, to be served from the two public middle schools in Pompano Beach, are mostly between 13-14 years old with an average of 51% eligible for free/reduced priced lunches and 53% African American, 1% Asian, 1% multi-ethnicity, 15% Hispanic and 21% Caucasian. These students will receive the JA Inspire in-class curriculum and JA Inspire Career Fair or JA Inspire Virtual.

Start Date of Program/Event:

Oct 01, 2022

End Date of Program/Event:

Jun 30, 2023

Does your program/event have a start time/end time?

Yes

Start Time of Program/Event:

09:00 AM

| | |
|---|--|
| End Time of Program/Event: | 02:00 PM |
| Name of Program/Event Venue: | Junior Achievement of South Florida |
| Address of Program/Event Venue Location: | 1130 Coconut Creek Blvd. Coconut Creek, FL 33066 |
| Attire of Program/Event (select the one that best applies) | Business Casual |
| List any Benefits or Amenities the city of Pompano Beach Receives: | Recognition of the City of Pompano Beach via: <ul style="list-style-type: none">• Logo and story in the Junior Achievement email blast to 27,000 community members.• Recognition on the JA BizTown and JA Finance Park virtual simulation days.• Annual Junior Achievement Impact Report.• www.jasouthflorida.org• www.facebook.com/JASFL• www.twitter.com/JASouthFlorida• www.instagram.com/jasouthflorida |
| Amount Requested: | 7500 |

Additional Activities

| | |
|--|----|
| Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...) | No |
|--|----|

Additional Information

What are your organization's credentials? Tell us why your organization does it better than anyone else.

Over the past 60 years (since inception in 1959), Junior Achievement of South Florida has served over 1,000,000 students in Broward County teaching financial literacy, workforce readiness and entrepreneurship. No other organization is offering programs like ours to local youth. The JA World Huizenga Center is the largest facility of its kind in the world. This pandemic has solidified the need for financial literacy education. Our programs offers students fundamental elements to a personal financial plan and expands knowledge on career paths.

Junior Achievement of South Florida was selected as the 2019 FAU Research Park Organization of the Year, and for the third year in a row was awarded one of JA USA's highest honors: the 4 Star Award to recognize staff and boards that meet national standards. In addition, JA was also the 2019 Greater Fort Lauderdale Alliance Economic Partner Finalist of the Year. Several other major successes have occurred over the last four years, like securing over \$850,000 in public funding from Broward County Public Schools, Broward County, and several municipalities.

Members of the Board of Directors are expected to attend all six board meetings and at least two JA events. Each member is expected to secure financial support of a minimum of \$5,000 and to make a meaningful personal gift. Each member must also serve on at least one Committee (Development, Finance, Governance, Programs, or Storefronts) and personally volunteer in at least one JA World program. New members attend a 45-minute orientation and are assigned a mentor.

The JA model gives school children exposure to adults who can bring their work experiences to the classroom and connect school lessons to the business world. Each year volunteers must be recruited and recognized in order to continue a history of very engaged, qualified volunteers. Our volunteers consistently rate their overall experience as 4.9 on a 5.0 scale, and they also provide anecdotal feedback that we use to improve our sign-up process and training.

Additionally:

- Junior Achievement of South Florida manages a \$6 million annual budget.
 - Over fifty grants, including 12 municipal grants, were received and managed last year alone.
 - Employee Policies and Procedures and Accounting Policies and Procedures are reviewed, and updated as needed, on an annual basis.
 - A background check is implemented prior to hiring all employees.
 - Appropriate performance incentives and disciplinary measures are in place.
 - A financial audit is completed every year.
 - An outside CPA closes our books every month to make sure we comply with federal and state rules and regulations, including those related to prohibited and unallowable activities.
-

Any other information you wish to share?

This initiative includes 3 high-impact educational programs for Pompano Beach's public school 5th and 8th grade students. JA BizTown, JA Finance Park and JA Inspire are available for elementary and middle school students. In addition, JASF continues to provide a myriad of programs to students at Ely High School and Pompano Beach High School. These programs include JA Career Bound, JA Fellows, JA Personal Finance, and JA Inspire.

We hope you will once again invest in the youth of Pompano Beach through Junior Achievement to help them own their own economic success and see a path to graduation and a career. The students we are training today are the future drivers of our local economy - our consumers, our employees, and our business owners. We proudly recognize the City of Pompano Beach in JA BizTown Town Hall, and we hope you'll continue and grow your support as we propose to increase our impact even more.

City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?

Yes

If yes, when was the most recent year?

2021/2022

What was the name of program/event funded?

JA BizTown / JA Finance Park / JA Inspire

How much was the funding for this program/event?

22500

Requested Budget Information

What is the total value your nonprofit is applying for?

22500

If you are not awarded the full funding requested for your event/program, will you be able to complete your project?

No

Are you including the following:

Itemized Budget - Please provide a budget for the program/event you are applying for vs. the agency's annual budget = Yes
W9 = Yes
IRS Letter = Yes
List of Board of Directors = Yes
Articles of Incorporation = Yes
Most Recent 990 Form = Yes

Upload your documents: All items are mandatory.

Itemized Budget - Please provide a budget ONLY for the program/event you are applying for. Annual agency budgets will not be accepted.

<https://www.formstack.com/admin/download/file/12690374811>

| | |
|-----------------------------------|---|
| W9 | https://www.formstack.com/admin/download/file/12690374812 |
| IRS Letter | https://www.formstack.com/admin/download/file/12690374813 |
| List of Board of Directors | https://www.formstack.com/admin/download/file/12690374814 |
| Articles of Incorporation | https://www.formstack.com/admin/download/file/12690374815 |
| Most Recent 990 Form | https://www.formstack.com/admin/download/file/12690374816 |

Upload your documents: Matching Gift Documentation

| | |
|---|-----|
| Does Your Organization Receive Matching Funds? | Yes |
|---|-----|

| | |
|---|---|
| Please indicate one or more matching gift options below: | One or more donors match general contributions to our organization. |
|---|---|

| | |
|---|---|
| Matching Gift Documentation Supporting Your Organization | https://www.formstack.com/admin/download/file/12690374819 |
|---|---|

Primary Nonprofit Contact

| | |
|--|--|
| Name | Adrinia Woods |
| Title | Chief Revenue Officer |
| Email | adrinia@jasouthflorida.org |
| Phone Number | (954) 979-7100 |
| Mailing Address (If awarded, your payment will be mailed to this address) | 1130 Coconut Creek Blvd. Coconut Creek, FL 33066 |

Secondary Nonprofit Contact

| | |
|---------------------|--|
| Name | Laurie Sallarulo |
| Title | President/CEO |
| Email | laurie@jasouthflorida.org |
| Phone Number | (954) 979-7100 |



FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

| | | | |
|--------------------|----------------|-----------------|------------------------|
| 85-8012673027C-7 | 01/31/2021 | 01/31/2026 | 501(C)(3) ORGANIZATION |
| Certificate Number | Effective Date | Expiration Date | Exemption Category |

This certifies that

JUNIOR ACHIEVEMENT OF SOUTH FLORIDA INC
1130 COCONUT CREEK BLVD
COCONUT CREEK FL 33066-1647

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|--|---|---|
| Print or type. See Specific Instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Junior Achievement of South Florida, Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p> | |
| | <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ Non-Profit</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
| | <p>5 Address (number, street, and apt. or suite no.) See instructions. 1130 Coconut Creek Boulevard</p> <p>6 City, state, and ZIP code Coconut Creek, Florida 33066</p> | <p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p> |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|--|
| Social security number | | | | | | | | | | |
| | | | | | | | | | | |
| or | | | | | | | | | | |
| Employer identification number | | | | | | | | | | |
| 5 | 9 | - | 0 | 8 | 7 | 1 | 4 | 4 | 6 | |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . . | THEN check the box for . . . |
|--|---|
| • Corporation | Corporation |
| • Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. | Individual/sole proprietor or single-member LLC |
| • LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership | Partnership |
| • Trust/estate | Trust/estate |

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|--|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| 4. Custodial account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 6. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor* |
| For this type of account: | Give name and EIN of: |
| 8. Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 12. Partnership or multi-member LLC | The partnership |
| 13. A broker or registered nominee | The broker or nominee |

| For this type of account: | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

State of Florida

Department of State

I certify from the records of this office that JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on January 13, 1984.

The document number of this corporation is N00908.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on January 24, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-fourth day of January,
2022*



Ronald R. Lee
Secretary of State

Tracking Number: 0574727022CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Junior Achievement of South Florida

Board of Directors

Active Members Between 3/31/2022 and 3/31/2022

| Board Member | Company | Job Title |
|---|---|---|
| Mr. Alfredo Aguirre | Merrill Lynch Wealth Management | First Vice President |
| Address: 600 N Pine Island Road, Ste. 300 Plantation, FL 33324 | | Phone: 954-916-2834 (Organization-Direct) (954) 261-5973 (Mobile) Email Address: alfredo_aguirre@ml.com |
| Committee(s): Board of Directors Governance Committee Marketing/PR/External Affairs Committee | | |
| Ms. Lisa B. Anderson | Bank United | Senior Vice President |
| Address: 900 SE 3rd Avenue, Ste. 200 Fort Lauderdale, FL 33316 | | Phone: 954-712-2910 (Organization-Main) (954) 599-1818 (Mobile) Email Address: landerson@bankunited.com |
| Committee(s): Board of Directors Governance Committee | | |
| Akin Ayodele | Sapoznik Insurance | Business Development Executive |
| Address: 300 Sunny Isles Boulevard #1107 Sunny Isles Beach, FL 33160 | | Phone: (305) 948-8887 (Organization-Main) Email Address: akinayodele@worldinsurance.com |
| Committee(s): 3DE Ad Hoc Committee Board of Directors | | |
| Mr. Robert Birdsong | OK Generators | President |
| Address: 373 N River Avenue Deerfield Beach, FL 33441 | | Phone: 954-428-9990 (Organization-Main) 954-501-5547 (Mobile) Email Address: bobb@okgenerators.com |
| Committee(s): Board of Directors Executive Committee Governance Committee, Chairman | | |
| Mr. Kyle C. Boos | Morgan Stanley Wealth Management | Senior Vice President, Wealth Advisor |
| Address: 148 Isle of Venice Drive Fort Lauderdale, FL 33301 | | Phone: 954-551-0143 (Home) Email Address: Kyle.boos@ms.com |
| Committee(s): Board of Directors Revenue Advisory Committee | | |
| Ms. Karen Brooks | City of Coconut Creek | City Manager |
| Address: 4800 West Copans Road Coconut Creek, FL 33063 | | Phone: (954) 973-6770 (Organization-Main) 954-401-8859 (Mobile) Email Address: KBrooks@coconutcreek.net |
| Committee(s): Board of Directors Community & Government Affairs Committee | | |
| Timothy Bryant | NextEra Energy (FPL) | Senior Manager, External Affairs |
| Address: 7201 Cypress Road Plantation, FL 33317 | | Phone: (561) 602-8279 (Mobile) Email Address: Timothy.Bryant@fpl.com |
| Committee(s): Board of Directors, Member | | |
| Ms. Maureen Canada | Lighthouse Point Marina, Inc. | CEO |
| Address: 2830 NE 29 Avenue Lighthouse Point, FL 33064 | | Phone: 954-941-0227 (Organization-Main) (954) 261-6251 (Mobile) Fax: (954) 941-3223 Email Address: mcanada@lhpmarina.com |
| Committee(s): Board of Directors Circle of Wise Women Rose Soiree Committee | | |
| Mr. Christopher G. Cavanagh | Petri Positive Pest Control | Vice-President and General Manager |

| Board Member | Company | Job Title |
|---|--------------------------------------|--|
| <p>Address: 737 SW 9th Terrace Pompano Beach, FL 33069</p> <p>Committee(s): Board of Directors Marketing/PR/External Affairs Committee</p> | | <p>Phone: 954-781-4100 (Organization-Main) 954-448-0969 (Mobile)</p> <p>Email Address: ccavanagh@petrispestcontrol.com</p> |
| Mr. David Chanon | Stiles Corporation | President, Financial Services |
| <p>Address: 248 Codrington Drive Lauderdale by the Sea, FL 33308</p> <p>Committee(s): Board of Directors Finance Committee</p> | | <p>Phone: 954.627.9258 (Organization-Main) (954) 422-2673 (Mobile)</p> <p>Email Address: davidc@stiles.com</p> |
| Mrs. Jeni Chokron | First Horizon Bank | SVP Broward Commercial Banking Team Lead Relationship Manager |
| <p>Address: 1000 S Pine Isand Rd., Ste. 430 Plantation, FL 33324</p> <p>Committee(s): Board of Directors Community & Government Affairs Committee Executive Committee</p> | | <p>Phone: 954-275-6115 (Mobile)</p> <p>Email Address: jchokron@firsthorizon.com</p> |
| Mrs. Monique L. Corker | Comerica | AVP - External Affairs Market Manager |
| <p>Address: 1675 N Military Trail Suite 600 Boca Raton, FL 33486-4310</p> <p>Committee(s): Board of Directors</p> | | <p>Phone: 561-961-6600 (Organization-Main)</p> <p>Email Address: mlcorker@comerica.com</p> |
| Ms. Lisa D'Augustino | Corvus Insurance | AVP, Southeast |
| <p>Address: 153 SW 99 Way Coral Springs, FL 33071</p> <p>Committee(s): Board of Directors</p> | | <p>Phone: 954-551-5190 (Mobile)</p> <p>Email Address: ldaugustino@corvusinsurance.com</p> |
| Mr. Kenneth DeBritto | Ai Media Group | Partner |
| <p>Address: 2951 East Stonebrook Circle Davie, FL 33330</p> <p>Committee(s): Board of Directors Marketing/PR/External Affairs Committee</p> | | <p>Phone: (561) 758-0100 (Mobile)</p> <p>Email Address: kdebritto@aimg-partners.com</p> |
| Mr. Seth E. Ellis | Ellis Law | Managing Partner |
| <p>Address: 4755 Technology Way, Ste.205 Boca Raton, FL 33431</p> <p>Committee(s): Board of Directors Revenue Advisory Committee</p> | | <p>Phone: (561) 910-7500 (Organization-Main) (561) 441-7599 (Mobile)</p> <p>Email Address: seth@ellis-law.com</p> |
| Ms. Milin Espino | Memorial Healthcare System | Administrative Director |
| <p>Address: 4460 Sheridan St Hollywood, FL 33021</p> <p>Committee(s): Board of Directors Circle of Wise Women Rose Soiree Committee</p> | | <p>Phone: (954) 265-4646 (Organization-Main) 954-559-2636 (Mobile)</p> <p>Email Address: mespino@mhs.net</p> |
| Mr. Richard Farah | Salesforce | Director, Software Engineering |
| <p>Address: 7312 NW 45th Ave Coconut Creek, FL 33073</p> <p>Committee(s): Board of Directors Innovative Initiatives Committee</p> | | <p>Phone: (954)249-6746 (Mobile)</p> <p>Email Address: rfarah@salesforce.com</p> |
| Mr. Michael A. Fischler | Fischler & Friedman, P.A. | Senior Partner |
| <p>Address: 1000 S Andrews Avenue Fort Lauderdale, FL 33316</p> | | <p>Phone: 954-763-5778 (Organization-Main) (954) 232-9582 (Mobile)</p> <p>Fax: (954) 763-3238</p> <p>Email Address: michael@ffpa-law.com</p> |

| Board Member | Company | Job Title |
|---|---|--|
| Committee(s): Board of Directors Compensation Committee Governance Committee Legacy Council, Chairman | | |
| Mrs. Katherine Foster | Bluegreen Corp. | SVP of Business Development & Innovation |
| Address: 4960 Conference Way North, Suite 100 Boca Raton, FL 33431 | | Phone: 561-912-8000 (Organization-Main) (954) 646-1239 (Mobile) Email Address: kathy.foster@bluegreenvacations.com |
| Committee(s): Board of Directors Executive Committee Programs Committee | | |
| Miss Monica Frank | Ernst & Young LLP | Partner |
| Address: 400 Ne 3rd Avenue, #1703 Fort Lauderdale, FL 33301 | | Phone: (978) 902-5727 (Mobile) Email Address: monica.frank@ey.com |
| Committee(s): Board of Directors Programs Committee | | |
| Ms. Lynn Goldman | McFatter Technical High | Community Relations Coordinator |
| Address: 6500 Nova Drive Davie, FL 33317 | | Phone: 754-321-5728 (Organization-Main) Email Address: lynn.goldman@browardschools.com |
| Committee(s): 3DE Ad Hoc Committee Board of Directors Programs Committee | | |
| Dr. Shernette Grant | The School Board Of Broward County | Dir-Innovative Programs Design/Support Dept. |
| Address: 600 SE 3 Avenue Fort Lauderdale, FL 33301 | | Phone: 754-321-0000 (Organization-Main) (954) 319-7558 (Mobile) Email Address: shernette.grant@browardschools.com |
| Committee(s): Board of Directors Programs Committee | | |
| Major Kevin Granville | Broward County Sheriff's Office | Major |
| Address: 2601 West Broward Blvd Fort Lauderdale, FL 33312 | | Phone: (954) 868-3822 (Mobile) Email Address: kevin_granville@sheriff.org |
| Committee(s): Board of Directors Community & Government Affairs Committee | | |
| Mr. David D. Greenberg | Greenberg Capital | President/CEO |
| Address: 4183 Briarcliff Circle Boca Raton, FL 33496 | | Phone: (855) 521-9100 (Organization-Main) (561) 521-9100 (Mobile) Email Address: david@greenbergcapital.com |
| Committee(s): Board of Directors Executive Committee Innovative Initiatives Committee, Chairman Revenue Advisory Committee | | |
| Mr. David Gussack | Exotech, Inc. | President CEO |
| Address: 1851 Blount Road Pompano Beach, FL 33069 | | Phone: 954-917-1919 (Organization-Main) Email Address: David@exotech.com |
| Committee(s): Marketing/PR/External Affairs Committee | | |
| Ms. Brenda Horner | Consolidated Credit Solutions | Director of Operations |
| Address: 5701 W Sunrise Blvd. Suite 200 Fort Lauderdale, FL 33313 | | Phone: 954-377-9100 (Organization-Direct) Email Address: bhorner@consolidatedcredit.org |
| Committee(s): Board of Directors Compensation Committee Executive Committee Governance Committee, Member | | |
| Mr. Geoffrey Horst | Deloitte LLP | Tax Partner |

| Board Member | Company | Job Title |
|--|---|---|
| <p>Address: 333 SE 2nd Avenue Suite 3600 Miami, FL 33131</p> <p>Committee(s): Audit Committee Board of Directors, Treasurer Executive Committee Finance Committee</p> | | <p>Phone: 305-372-3125 (Organization-Direct) Email Address: ghorst@deloitte.com</p> |
| Mr. Andrew Koenig | City Furniture | President |
| <p>Address: 6701 N Hiatus Road Tamarac, FL 33321</p> <p>Committee(s): Board of Directors, Vice Chairman Executive Committee</p> | | <p>Phone: 954-597-2200 (Organization-Main) (954) 829-4385 (Mobile) Email Address: andrewk@City-Furniture.com</p> |
| Jessica Lerner | Community Care Plan | President and Chief Executive Officer |
| <p>Address: 1643 Harrison Parkway, Ste. 200 Sunrise, FL 33323</p> <p>Committee(s): Board of Directors Programs Committee</p> | | <p>Phone: (954) 622-3222 (Organization-Direct) 954-309-2567 (Mobile) Email Address: jlerner@ccpcares.org</p> |
| Mr. Thomas H. Loffredo | Gray Robinson | Managing Shareholder |
| <p>Address: 401 E Las Olas Blvd. Suite 1000 Fort Lauderdale, FL 33301</p> <p>Committee(s): Board of Directors Executive Committee Governance Committee</p> | | <p>Phone: 954-761-7499 (Organization-Direct) 954-895-3405 (Mobile) Fax: (954) 761-8112 Email Address: tom.loffredo@gray-robinson.com</p> |
| Peter Loyello | PJLC, LLC | President |
| <p>Address: 2534 Montclair Ct. Weston, FL 33327</p> <p>Committee(s): Board of Directors, Member</p> | | <p>Phone: (305) 502-1531 (Mobile) Email Address: pjloyello@gmail.com</p> |
| Jamie Manburg | NSU - Main Campus | |
| <p>Address: 815 NE 17th Way Fort Lauderdale 33304, FL</p> <p>Committee(s): Board of Directors Programs Committee</p> | | <p>Phone: (954) 262-8466 (Organization-Direct) (954) 804-0860 (Mobile) Email Address: jmanburg@nova.edu</p> |
| Ms. Lois Marino | BBX Capital | |
| <p>Address: 401 E Las Olas Blvd., Ste 800 Fort Lauderdale, FL 33301</p> <p>Committee(s): Board of Directors Marketing/PR/External Affairs Committee, Co Chair Programs Committee</p> | | <p>Phone: 954-940-6373 (Organization-Direct) (954) 558-5543 (Mobile) Email Address: lmarino@bbxcapital.com</p> |
| Mr. Joel D. Mayersohn | Dickinson Wright | Member |
| <p>Address: 350 East Las Olas Blvd., Suite 1750 Fort Lauderdale, FL 33301</p> <p>Committee(s): Board of Directors Executive Committee Finance Committee, Chairman</p> | | <p>Phone: 954-991-5426 (Organization-Direct) (954) 557-5664 (Mobile) Fax: (844) 670-6009 Email Address: JMayersohn@dickinson-wright.com</p> |
| Ms. Stacey Miller | Construction Executive Association | |
| <p>Address: 4440 NW 42 Terrace Coconut Creek, FL 33073</p> | | <p>Phone: (954) 295-3312 (Mobile) 954-509-3777 (Mobile) Email Address: smiller@landmarkservicesllc.com</p> |

| Board Member | Company | Job Title |
|---|--|---|
| Committee(s): Board of Directors Circle of Wise Women Rose Soiree Committee | | |
| Mr. Stuart R. Morris | Cozen O'Conner Law Firm | Wealth Preservation Attorney |
| Address: 7284 W Palmetto Park Road, Suite 101 Boca Raton, FL 33433 | | Phone: 561-750-3850 (Organization-Main) 954-695-7118 (Mobile) Email Address: smorris@cozen.com |
| Committee(s): Board of Directors Executive Committee Revenue Advisory Committee | | |
| Mr. Zachary Morrison | Tinuiti | CEO |
| Address: 150 NW 108th Terrace Plantation, FL 33324 | | Phone: (954) 606-6672 (Organization-Direct) (954) 913-4321 (Mobile) Email Address: Zachary.I.Morrison@gmail.com |
| Committee(s): 3DE Ad Hoc Committee Board of Directors Innovative Initiatives Committee | | |
| Mrs. Monica Navarro | Molina Healthcare Of Florida | |
| Address: 1066 Twin Branch Lane Weston, FL 33326 | | Phone: (954) 907-6593 (Mobile) Email Address: Monica.Navarro@MolinaHealthCare.Com |
| Committee(s): Board of Directors Finance Committee | | |
| Mr. Steve Nudelberg | On the Ball Ventures | Principal |
| Address: 701 S. Oliv Avenue, 1102 West Palm Beach, FL 33401 | | Phone: 954-332-2200 (Organization-Main) (305) 776-1100 (Mobile) Email Address: steve@ontheballmarketing.com |
| Committee(s): Board of Directors Executive Committee Innovative Initiatives Committee Revenue Advisory Committee | | |
| Ms. Robyn Raphael Dynan | RCC Associates, Inc. | |
| Address: 1240 Sw 19th Avenue Boca Raton, FL 33486 | | Phone: 561-251-4111 (Mobile) Email Address: rraphael@rccassociates.com |
| Committee(s): Board of Directors | | |
| Mr. John T. Ray, III | Sonitrol of Fort Lauderdale | President & CEO |
| Address: 1770 NW 64 Street Suite 630 Fort Lauderdale, FL 33309 | | Phone: 954-772-9700 (Organization-Main) (954) 275-6120 (Mobile) Email Address: jray@securefl.com |
| Committee(s): Board of Directors Executive Committee Finance Committee | | |
| Mrs. Tamara Rodriguez | Island TV | |
| Address: 2515 SW 105 Terr Davie, FL 33324 | | Phone: (954) 253-1513 (Mobile) Email Address: Trodriguez@islandtv.tv |
| Committee(s): Board of Directors Finance Committee | | |
| Mr. Jerome Rosenthal | Tire Hut, Inc. | CEO |
| Address: 1250 W Sunrise Blvd. Fort Lauderdale, FL 33311 | | Phone: 954-462-7780 (Organization-Main) Email Address: jrwin@bellsouth.net |
| Committee(s): Board of Directors | | |
| Mr. Timothy A. Rubin | Kaufman Rossin & Co - Fort Lauderdale | Director of Client Services |

| Board Member | Company | Job Title |
|--|--|---|
| <p>Address: 100 SE 3rd Avenue, Ste 2400 Fort Lauderdale, FL 33394</p> <p>Committee(s): Board of Directors, Chairman Executive Committee, Chairman Governance Committee</p> | | <p>Phone: 954-713-7435 (Organization-Direct) (954) 609-8127 (Mobile)</p> <p>Email Address: trubin@kaufmanrossin.com</p> |
| Ms. Meaghan Ryan | Seminole Gaming | Vice President of Global Talent and Team Member Relations |
| <p>Address: 6401 Sheridan St Hollywood, FL 33024</p> <p>Committee(s): Board of Directors Executive Committee Programs Committee, Chairman</p> | | <p>Phone: (702) 428-9326 (Mobile)</p> <p>Email Address: meaghaneryan48@yahoo.com</p> |
| Ms. Daphnee A. Sainvil | City of Fort Lauderdale | Government & External Affairs Manager |
| <p>Address: 100, North Andrews Avenue Fort Lauderdale, FL 33301</p> <p>Committee(s): Board of Directors Community & Government Affairs Committee Marketing/PR/External Affairs Committee</p> | | <p>Phone: 305-343-2104 (Mobile)</p> <p>Email Address: dsainvil02@gmail.com</p> |
| Kim Sarni | South Florida Business & Wealth | Managing Director |
| <p>Address: 3511 West Commercial Blvd. Suite 200 Fort Lauderdale, FL 33309</p> <p>Committee(s): Board of Directors Revenue Advisory Committee Rose Soiree Committee</p> | | <p>Phone: (917) 225-0507 (Mobile)</p> <p>Email Address: ksarni@sfbwrmag.com</p> |
| Ms. Angelika Schlanger | The Frederick A. DeLuca Foundation | Director |
| <p>Address: 500 E. Broward Blvd., Ste. 2300 Fort Lauderdale, FL 33394</p> <p>Committee(s): Board of Directors Programs Committee</p> | | <p>Phone: 954-495-2312 (Organization-Main)</p> <p>Email Address: aschlanger@freddelucafoundation.com</p> |
| Ms. Franki Schmidt | American Express Company | Vice President Business Development |
| <p>Address: 714 NW 123rd Drive Coral Springs, FL 33071</p> <p>Committee(s): Board of Directors Executive Committee</p> | | <p>Phone: 888-297-6282 (Organization-Main) 954-675-8358 (Mobile)</p> <p>Email Address: franki.lupo.schmidt@aexp.com</p> |
| Mr. Don Silvestri | Debt.com | President |
| <p>Address: 5769 West Sunrise Blvd. Plantation, FL 33313</p> <p>Committee(s): Board of Directors Programs Committee Revenue Advisory Committee</p> | | <p>Phone: (954) 377-9156 (Organization-Main) (954) 577-6964 (Mobile)</p> <p>Email Address: don@debt.com</p> |
| Ms. Dawn Stagliano | Comcast Corporation | Director, Government Affairs |
| <p>Address: 4296 Palo Verde Dr Boynton Beach, FL 33436</p> <p>Committee(s): Board of Directors Circle of Wise Women Marketing/PR/External Affairs Committee Rose Soiree Committee</p> | | <p>Phone: 561-882-4379 (Organization-Main) 954-650-0053 (Mobile)</p> <p>Email Address: dawn_stagliano@comcast.com</p> |
| Jennifer Starkey | TD Bank | |
| <p>Address: 5900 N Andrews Ave. 2nd Fort Lauderdale, FL 33309</p> <p>Committee(s): Board of Directors</p> | | <p>Phone: (954) 595-8077 (Mobile)</p> <p>Email Address: jennifer.starkey@td.com</p> |

| Board Member | Company | Job Title |
|--|---|---|
| | Rose Soiree Committee | |
| Mr. Justin Stone | Crowe LLP | Partner |
| Address: 401 East Las Olas Blvd, #1100 Fort Lauderdale, FL 33301 | | Phone: (954) 202-8572 (Organization-Direct) (954) 551-3174 (Mobile) Email Address: justin.stone@crowe.com |
| Committee(s): Audit Committee Board of Directors Governance Committee | | |
| Mr. Alfredo Suarez | Royal Caribbean Cruises Ltd. | Vice President, Strategy & Corporate Development |
| Address: 1050 Caribbean Way Miami, FL 33132 | | Phone: 305-539-6000 (Organization-Main) Email Address: asuarez@rccl.com |
| Committee(s): Board of Directors Finance Committee | | |
| Mrs. Kim Sweers | FastBoat Marine Group | Founder/Managing Partner |
| Address: 1490 N Federal Hwy Pompano Beach, FL 33062 | | Phone: (954) 581-8355 (Organization-Direct) Email Address: kim@fbmarine.com |
| Committee(s): Innovative Initiatives Committee Programs Committee Revenue Advisory Committee | | |
| Mr. Robert C. Swindell | Greater Fort Lauderdale Alliance | Sr. Vice President |
| Address: 110 E Broward Blvd Suite 1990 Fort Lauderdale, FL 33301 | | Phone: 954-524-3113 (Organization-Main) (954) 627-0129 (Mobile) Email Address: BSwindell@GFLAlliance.org |
| Committee(s): Board of Directors | | |
| Ms. Nicky Tesser | JetBlue Airways | Manager Community & Crewmember Engagement |
| Address: 27-01 Queens Plaza N Long Island City, NY 11101 | | Phone: 917-391-6993 (Organization-Main) Email Address: nicky.tesser@jetblue.com |
| Committee(s): Board of Directors Programs Committee | | |
| Mr. Gregory C. Thompson | | |
| Address: 2513 Mercedes Drive Fort Lauderdale, FL 33316 | | Phone: 440-315-5351 (Mobile) (440) 315-5351 (Mobile) Email Address: Greg@Thompson.gs |
| Committee(s): 3DE Ad Hoc Committee Board of Directors Compensation Committee Executive Committee Finance Committee | | |
| Andrea Tsakanikas | Crewfacilities.Com | |
| Address: 2501 East Commercial Blvd. Suite 203 Fort Lauderdale, FL 33308 | | Phone: (800) 273-9256 (Organization-Main) Email Address: Andrea@CrewFacilities.com |
| Committee(s): Board of Directors Revenue Advisory Committee | | |
| Mr. Matthew Verga | KPMG LLP | Senior Audit Manager |
| Address: 450 E Las Olas Blvd, Suite 1200 Fort Lauderdale, FL 33301 | | Phone: 954-524-6000 (Organization-Main) Email Address: mverga@KPMG.com |
| Committee(s): Board of Directors Finance Committee | | |
| Mr. Mark S. Walter,CPA | Mood Media | CFO |
| Address: 3000 Paddock Road Weston, FL 33331 | | Phone: (954) 660-1462 (Organization-Direct) (954) 817-2154 (Mobile) Email Address: mwalter@thelegacycompanies.com |

| Board Member | Company | Job Title |
|-----------------------------|--|--|
| | Committee(s): Audit Committee, Board Chairman Board of Directors Executive Committee | |
| Mr. Chaz Warrington | DEX Imaging, Inc. | General Manager |
| | Address: 2500 N Andrews Avenue Ext Pompano Beach, FL 33064 Committee(s): Board of Directors Innovative Initiatives Committee Marketing/PR/External Affairs Committee | Phone: (813) 769-4282 (Organization-Main) Email Address: cwarrington@deximaging.com |
| Mr. Mitch Welin | ComRes, Inc. | President |
| | Address: 424 SW 12th Avenue Deerfield Beach, FL 33442-3108 Committee(s): Board of Directors Event-Bowl-A-Thon Programs Committee | Phone: 954-462-9600 (Organization-Main) Email Address: mwelin@comresusa.com |
| Mr. Michael Weymouth | Riverside Hotel | President |
| | Address: 620 E Las Olas Blvd Fort Lauderdale, FL 33301 Committee(s): Board of Directors Event-Hall of Fame Revenue Advisory Committee | Phone: 954-463-5630 ext. 14 (Organization-Direct) 954-712-9915 (Mobile) Email Address: mike@lasolas.co |
| Bert (Charles) White | Raymond James Charitable Endowment Fund | SVP, Regional Director |
| | Address: 3122 N Ocean Blvd Gulfstream, FL 33483 Committee(s): Board of Directors Revenue Advisory Committee | Phone: (561) 981-3620 (Organization-Direct) (404) 210-9614 (Mobile) Email Address: Bert.White@RaymondJames.com |
| Mr. Peter R. Woolf | Community Volunteer | |
| | Address: 1208 NE 1st Street Fort Lauderdale, FL 33301 Committee(s): Audit Committee Board of Directors Finance Committee | Phone: (954) 494-1892 (Mobile) Email Address: woolfp@gmail.com |
| Mr. Jordan Yates | Yates Institute of Plastic Surgery | Vice President |
| | Address: 717 SE 2nd Street Fort Lauderdale, FL 33301 Committee(s): 3DE Ad Hoc Committee Board of Directors Innovative Initiatives Committee | Phone: (954) 463-5208 (Organization-Main) (563) 639-2563 (Mobile) Email Address: jordan@yatesinstitute.com |
| Mr. Eric Yutzy | WPLG-TV | News Anchor |
| | Address: 3401 W Hallandale Beach Blvd. Pembroke Park, FL 33023 Committee(s): Board of Directors | Phone: 954-364-2500 (Organization-Main) (305) 240-4286 (Mobile) Email Address: eyutzy@wplg.com |

Junior Achievement of
South Florida, Inc.
1130 Coconut Creek Blvd.
Coconut Creek, FL 33066

Junior Achievement of South Florida, Inc.:

Enclosed is the 2020 Exempt Organization return, as follows...

2020 Form 990

Instructions for filing the above form are furnished for easy reference. Your copy should be retained for your files.

Very truly yours,

Bill Benson

William G. Benson

CPA's + Trusted Advisors

Filing Instructions

Prepared for:

JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.
1130 COCONUT CREEK BLVD.
COCONUT CREEK, FL 33066

Prepared by:

KEEFE, McCULLOUGH & CO., LLP, C.P.A.
6550 N FEDERAL HIGHWAY, SUITE 410
FT. LAUDERDALE, FL 33308

2020 FORM 990

Electronic Filing:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1130 COCONUT CREEK BLVD. City or town, state or province, country, and ZIP or foreign postal code COCONUT CREEK, FL 33066 F Name and address of principal officer: LAURIE SALLARULO SAME AS C ABOVE | D Employer identification number 59-0871446 E Telephone number 954-979-7100 G Gross receipts \$ 3,964,242. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.JASOUTHFLORIDA.ORG | | |
| K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ | | |
| L Year of formation: 1984 | | M State of legal domicile: FL |

Part I Summary

| | | | |
|------------|--|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 68 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 68 |
| 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 110 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 2299 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 4,050,625. | 3,955,688. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 20,857. | 2,786. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 380,863. | -26,395. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,452,345. | 3,932,079. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 2,447,398. | 2,039,295. |
| 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 554,274. | 0. | 0. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,039,227. | 1,938,458. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,486,625. | 3,977,753. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -34,280. | -45,674. |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 18,347,008. | 18,159,004. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 5,488,897. | 5,421,962. |
| | | 12,858,111. | 12,737,042. |

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------------|---|--|--|
| Sign Here | Signature of officer LAURIE SALLARULO, PRESIDENT & EXECUTIVE DIRECTOR Type or print name and title | Date | |
| Paid Preparer Use Only | Print/Type preparer's name WILLIAM G. BENSON | Preparer's signature WILLIAM G. BENSON | Date 03/08/22 |
| | Firm's name ▶ KEEFE, MCCULLOUGH & CO., LLP, C.P.A.'S | Firm's EIN ▶ 59-1363792 | Check if self-employed <input type="checkbox"/> PTIN P00455500 |
| | Firm's address ▶ 6550 N FEDERAL HIGHWAY, SUITE 410 FT. LAUDERDALE, FL 33308 | Phone no. 954-771-0896 | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

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.

| | | |
|--|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. | Taxpayer identification number (TIN) 59-0871446 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 1130 COCONUT CREEK BLVD. | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. COCONUT CREEK, FL 33066 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

THE ORGANIZATION

- The books are in the care of ▶ **1130 COCONUT CREEK BLVD. - COCONUT CREEK, FL 33066**
Telephone No. ▶ **954-979-7100** Fax No. ▶ **954-971-3525**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. HIGHLIGHTS THE VALUE OF THE FREE ENTERPRISE SYSTEM, TEACHING BUSINESS KNOW-HOW AND PERSONAL FINANCE. WE DO THAT THROUGH PROVEN STRUCTURED, HANDS-ON PROGRAMS FOR ALL STUDENTS, K-12. THE RELEVANCY OF THE ORGANIZATION'S PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 \$ 3,336,115. including grants of \$) (Revenue \$) THE PROGRAM SERVICES ARE COMPRISED OF THE FOLLOWING:

JA BIZTOWN: EACH BIZTOWN IS AN INDOOR CENTER THAT CONTAINS A MINI CITY WITH UP TO 18 PUBLIC AND PRIVATE BUSINESSES. EACH BUSINESS WITHIN THE CENTER IS SPONSORED BY A REAL LOCAL BUSINESS AND DISPLAYS THE AUTHENTIC LOGO AND THE ACTUAL MARKETPLACE APPEARANCE OF THE SPONSOR BRINGING THE TOWN TO LIFE FOR THE STUDENTS.

JA FINANCE PARK: PROGRAM HELPS STUDENTS NAVIGATE THE WORLD OF PERSONAL FINANCES AS THEY ASSUME THE ROLE OF AN "ADULT FOR THE DAY". AT JA FINANCE PARK, STUDENTS ARE GIVEN A UNIQUE LIFE SITUATION CARD WHICH INCLUDES AN INCOME, MARITAL STATUS, EVEN KIDS.USING THIS PERSONA,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,336,115.

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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 "Yes," complete Schedule I, Parts I and II</i> | | X |

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|---|----------|----------|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part II</i> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|----------|----------|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 1 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

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 | | 110 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 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)? | | 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). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 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? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

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

Section A. Governing Body and Management

| | | | Yes | No |
|--|-----------|----|----------|----------|
| 1a Enter the number of voting members of the governing body at the end of the tax year 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. | 1a | 68 | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b | 68 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | Yes | No |
|---|------------|--|----------|----------|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | X | |
| 13 Did the organization have a written whistleblower policy? | 13 | | X | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | | X | |
| b Other officers or key employees of the organization | 15b | | X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
THE ORGANIZATION - 954-979-7100
1130 COCONUT CREEK BLVD., COCONUT CREEK, FL 33066

JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.

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 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 and/or Box 7 of Form 1099-MISC) 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 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) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) LAURIE SALLARULO PRESIDENT AND EXECUTIVE DI | 40.00 | | | X | | | | 316,638. | 0. | 18,000. |
| (2) MONICA MCNERNEY VP OF OPERATIONS | 40.00 | | | X | | | | 128,923. | 0. | 0. |
| (3) TIMOTHY A. RUBIN CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) GEOFFREY HORST TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) TIM HOGANS SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) ANDREW KOENIG BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) ROBERT SWINDELL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) BRANDON HENSLER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) BRENDA HORNER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) DAPHNEE SAINVIL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) JERRY ROSENTHAL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) JOSEPH P. SCHUMACKER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) LOIS MARINO BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) MARK S. WALTER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) MATTHEW VERGA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) MAUREEN CANADA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) MEAGHAN RYAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MICHAEL MCGINN BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) MICHAEL WEYMOUTH BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) MITCH WELIN BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (21) NICHOLAS KANIARIS BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (22) PETER WOOLF BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (23) RONNIE MEDINA BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (24) STUART MORRIS BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (25) JOHN T. RAY, III BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (26) FRANKI SCHMIDT BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| 1b Subtotal | | | | | | | 445,561. | 0. | 18,000. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 445,561. | 0. | 18,000. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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

| (A) Name and business address | NONE | (B) Description of services | (C) Compensation |
|----------------------------------|------|--------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.

Form 990

59-0871446

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) ALFREDO AGUIRRE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) CARLOS ALVAREZ BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) LISA ANDERSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) ROBERT BIRDSOON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) CHRISTOPHER CAVANAGH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (32) RICHARD FARAH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (33) MICHAEL FISCHLER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) KATHERINE FOSTER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) ALAN GOLDSMITH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) DAVID GREENBERG BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (37) DAVID GUSSACK BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) STEPHEN HENRY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (39) JOEL MAYERSOHN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (40) THOMAS LOFFREDO BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) NICOLE MANCINI BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (42) IWAN MOHAMED BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (43) RICHARD RODRIGUEZ BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (44) DAWN STAGLIANO BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (45) ALFREDO SUAREZ BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (46) CHAZ WARRINGTON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.

Form 990

59-0871446

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (47) BEN CUCUZZA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (48) ZACHARY MORRISON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (49) MONICA NAVARRO BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (50) STEVE NUDELBERG BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (51) ANGELIKA SCHLANGER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (52) DON SILVESTRI BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (53) NICKY TESSER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (54) GREGORY C. THOMPSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (55) JORDAN YATES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (56) SUNEM BEATON GARCIA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (57) KAREN BROOKS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (58) DAVID CHANON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (59) JENI CHOKRON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (60) MONIQUE L. CORKER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (61) KENNETH DEBRITTO BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (62) MONICA FRANK BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (63) MAJOR KEVIN GRANVILLE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (64) JESSICA LERNER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (65) MICHELLE MARTINEZ REYES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (66) ROBYN RAPHAEL DYNAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.

Form 990 (2020)

59-0871446 Page 9

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | | |
|--|---|--|--|------------------------------------|----------------------------|--|--------|----------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 193,141. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 1,200,198. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,562,349. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 57,778. | | | | |
| | h Total. Add lines 1a-1f | | | ▶ | 3,955,688. | | | |
| | Program Service Revenue | 2 a | | Business Code | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | ▶ | | | | | |
| Other Revenue | 3 | | Investment income (including dividends, interest, and other similar amounts) | ▶ | 2,786. | | 2,786. | |
| | 4 | | Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 | | Royalties | ▶ | | | | |
| | 6 a | Gross rents | 6a | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | | | Net rental income or (loss) | ▶ | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | (ii) Other | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | | |
| c | Gain or (loss) | 7c | | | | | | |
| d | | | Net gain or (loss) | ▶ | | | | |
| 8 a | Gross income from fundraising events (not including \$ 193,141. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 5,768. | | | | |
| | | | b | Less: direct expenses | 8b | 32,163. | | |
| | | | c | | | Net income or (loss) from fundraising events | ▶ | -26,395. |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | b | Less: direct expenses | 9b | | | |
| | | | c | | | Net income or (loss) from gaming activities | ▶ | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | b | Less: cost of goods sold | 10b | | | |
| | | | c | | | Net income or (loss) from sales of inventory | ▶ | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | ▶ | | | | |
| 12 Total revenue. See instructions | | | ▶ | 3,932,079. | 0. | 0. | | |
| | | | | | | -23,609. | | |

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

Form 990 (2020)

59-0871446 Page **10**

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 response or note to any line in this Part IX

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 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 | 400,930. | 325,956. | 11,868. | 63,106. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,312,639. | 1,067,175. | 38,854. | 206,610. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 190,499. | 154,875. | 5,639. | 29,985. |
| 10 Payroll taxes | 135,227. | 109,939. | 4,003. | 21,285. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 170,729. | 134,987. | 2,814. | 32,928. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 56,605. | 52,986. | 270. | 3,349. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 117,815. | 110,537. | 1,040. | 6,238. |
| 17 Travel | 235. | 136. | 1. | 98. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 36,692. | 29,831. | 1,086. | 5,775. |
| 21 Payments to affiliates | 303,247. | 303,247. | | |
| 22 Depreciation, depletion, and amortization | 575,926. | 468,228. | 17,047. | 90,651. |
| 23 Insurance | 63,183. | 59,791. | 485. | 2,907. |
| 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 O.) | | | | |
| a CONTRACT LABOR | 143,160. | 137,881. | 10. | 5,269. |
| b REPAIRS AND MAINTENANCE | 137,989. | 131,201. | 960. | 5,828. |
| c BANK FEES AND OTHER CHA | 69,457. | 53,549. | 1,912. | 13,996. |
| d PROGRAM EXPENSES | 56,020. | 56,020. | | |
| e All other expenses | 207,400. | 139,776. | 1,375. | 66,249. |
| 25 Total functional expenses. Add lines 1 through 24e | 3,977,753. | 3,336,115. | 87,364. | 554,274. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

Form 990 (2020)

59-0871446 Page 11

Part X Balance Sheet

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

| | | (A) Beginning of year | | | (B) End of year | |
|---|--|--------------------------|-----------|-------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | 2,445,910. | 1 | | 2,427,019. | |
| | 2 Savings and temporary cash investments | | 2 | | | |
| | 3 Pledges and grants receivable, net | 4,635,068. | 3 | | 3,898,322. | |
| | 4 Accounts receivable, net | 1,142,535. | 4 | | 1,975,572. | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | | |
| | 7 Notes and loans receivable, net | | | 7 | | |
| | 8 Inventories for sale or use | | | 8 | | |
| | 9 Prepaid expenses and deferred charges | 54,734. | 9 | | 60,608. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 14,635,432. | | | | |
| | b Less: accumulated depreciation | 10b 5,712,083. | | | | |
| | 11 Investments - publicly traded securities | 19,989. | 11 | | | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | | | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | | |
| | 14 Intangible assets | | 14 | | | |
| | 15 Other assets. See Part IV, line 11 | 634,134. | 15 | | 874,134. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 18,347,008. | 16 | | 18,159,004. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 370,052. | 17 | | 434,134. | |
| | 18 Grants payable | | 18 | | | |
| | 19 Deferred revenue | 979,525. | 19 | | 956,330. | |
| | 20 Tax-exempt bond liabilities | 3,570,531. | 20 | | 3,082,521. | |
| | 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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 568,789. | 25 | | 948,977. | |
| | 26 Total liabilities. Add lines 17 through 25 | 5,488,897. | 26 | | 5,421,962. | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | |
| | 27 Net assets without donor restrictions | 7,722,101. | 27 | | 8,408,500. | |
| | 28 Net assets with donor restrictions | 5,136,010. | 28 | | 4,328,542. | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | | |
| | 32 Total net assets or fund balances | 12,858,111. | 32 | | 12,737,042. | |
| 33 Total liabilities and net assets/fund balances | 18,347,008. | 33 | | 18,159,004. | | |

Form 990 (2020)

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

Part 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 | 3,932,079. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,977,753. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | -45,674. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 12,858,111. |
| 5 Net unrealized gains (losses) on investments | 5 | -45. |
| 6 Donated services and use of facilities | 6 | -80,000. |
| 7 Investment expenses | 7 | |
| 8 Prior period adjustments | 8 | |
| 9 Other changes in net assets or fund balances (explain on Schedule O) | 9 | 4,650. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 12,737,042. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O. | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |

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.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10% -facts-and-circumstances test - 2020; b 10% -facts-and-circumstances test - 2019; 18 Private foundation.

JUNIOR ACHIEVEMENT OF

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,344,694. | 8,368,124. | 4,392,643. | 4,050,625. | 3,955,688. | 25,111,774. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 873,012. | 966,987. | 1,216,210. | 522,001. | 5,768. | 3,583,978. |
| 4 Tax revenues levied for the organization'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 | 5,217,706. | 9,335,111. | 5,608,853. | 4,572,626. | 3,961,456. | 28,695,752. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 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 amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 28,695,752. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 5,217,706. | 9,335,111. | 5,608,853. | 4,572,626. | 3,961,456. | 28,695,752. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | 11,100. | 29,506. | 20,857. | 2,786. | 64,249. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | 11,100. | 29,506. | 20,857. | 2,786. | 64,249. |
| 11 Net income from unrelated business activities not included in 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.) | 5,217,706. | 9,346,211. | 5,638,359. | 4,593,483. | 3,964,242. | 28,760,001. |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | 99.78 % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | 97.05 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-------|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | .22 % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | .22 % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section 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. | | |
| 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. | | |
| 1 | | |
| 2 | | |

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? | | |
| 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). | | |
| 3 By reason of the relationship described in 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. | | |
| 1 | | |
| 2 | | |
| 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 year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | 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 in 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. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

JUNIOR ACHIEVEMENT OF

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | 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 | |

| Section 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

JUNIOR ACHIEVEMENT OF

Schedule A (Form 990 or 990-EZ) 2020

SOUTH FLORIDA, INC.

59-0871446 Page 7

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|---|---|--|---|
| 1 | Distributable amount for 2020 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2020 | | |
| a | From 2015 | | |
| b | From 2016 | | |
| c | From 2017 | | |
| d | From 2018 | | |
| e | From 2019 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2020 distributable amount | | |
| i | Carryover from 2015 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2020 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2016 | | |
| b | Excess from 2017 | | |
| c | Excess from 2018 | | |
| d | Excess from 2019 | | |
| e | Excess from 2020 | | |

Schedule A (Form 990 or 990-EZ) 2020

JUNIOR ACHIEVEMENT OF

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

Employer identification number

59-0871446

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. | Employer identification number 59-0871446 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | BROWARD HEALTH 303 SE 17 STREET FORT LAUDERDALE, FL 33316 | \$ 101,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | CITY FURNITURE 6701 N. HIATUS ROAD TAMARAC, FL 33321 | \$ 160,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | PATTEN FAMILY FOUNDATION 665 SIMONDS ROAD WILLIAMSTOWN, MA 01267 | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | UNITED WAY OF BROWARD CONUTY 1300 S ANDREWS AVENUE FORT LAUDERDALE, FL 33316 | \$ 87,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | FLORESCUE FAMILY FOUNDATION, INC. 50 E SAMPLE ROAD, #400 POMPANO BEACH, FL 33064 | \$ 93,303. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | PUBLIX SUPER MARKETS CHARITIES, INC. P.O. BOX 407 LAKELAND, FL 33802 | \$ 90,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. | Employer identification number 59-0871446 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | LILLIAN S. WELLS FOUNDATION 600 SAGAMORE ROAD FORT LAUDERDALE, FL 33301 | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | THE FREDERICK A. DELUCA FOUNDATION, INC. 500 E. BROWARD BLVD. STE. 2300 FORT LAUDERDALE, FL 33394 | \$ 473,424. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | BROWARD COUNTY 115 SOUTH ANDREWS AVE, STE A370 FORT LAUDERDALE, FL 33301 | \$ 216,678. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | BLUEGREEN CORP 4960 CONFERENCE WAY N, SUITE 100 BOCA RATON, FL 33431 | \$ 102,764. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. | Employer identification number 59-0871446 |
|--|---|

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 |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. | Employer identification number 59-0871446 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of 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 |
| | | | |
| (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 |
| | | | |
| (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 |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. **Employer identification number** 59-0871446

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 12,361,142. | 3,666,471. | 8,694,671. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,936,033. | 1,743,158. | 192,875. |
| e Other | | 338,257. | 302,454. | 35,803. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 8,923,349. |

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) INTEREST RATE SWAP BENEFIT | 4,487. |
| (3) REFUNDABLE ADVANCE - PAYCHECK | |
| (4) PROTECTION PROGRAM | 944,490. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 948,977. |

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

JUNIOR ACHIEVEMENT OF

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|---------------------|--------------|------------------|--|
| | | GIRLS RULE EVENT | ROSESOIREE | 4 | |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 160,031. | 18,928. | 19,950. | 198,909. |
| | 2 Less: Contributions | 160,031. | 13,160. | 19,950. | 193,141. |
| | 3 Gross income (line 1 minus line 2) | | 5,768. | | 5,768. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 19,213. | 5,949. | 7,001. | 32,163. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 32,163. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -26,395. | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC.** Employer identification number **59-0871446**

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2020

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) LAURIE SALLARULO PRESIDENT AND EXECUTIVE DI | (i) | 285,388. | 31,250. | 0. | 18,000. | 0. | 334,638. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC.** Employer identification number **59-0871446**

| Part I Bond Issues | | | | | | | | | | | |
|---|----------------|-------------|-----------------|-----------------|------------------------------|--------------|----|-------------------------|----|----------------------|----|
| SEE PART VI FOR COLUMN (F) CONTINUATIONS | | | | | | | | | | | |
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A CITY OF COCONUT CREEK | 59-0871446 | 19188YAA7 | 01/21/07 | 7,000,000. | FINANCE THE CONSTRUCTION AND | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | | |
|---|------------|----|-----|----|-----|----|-----|----|-----|----|
| | A | | B | | C | | D | | | |
| 1 Amount of bonds retired | 3,690,000. | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 7,000,000. | | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | 7,000,000. | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2033 | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | | | | | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | | | |

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ... | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | X | | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | X | | | | | | |

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | X | | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | | | | | | | | |
| c No rebate due? | | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | | | | | |

JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.

Part IV Arbitrage (continued)

| | A | | B | | C | | D | |
|--|-------------------------------------|-------------------------------------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | <input checked="" type="checkbox"/> | | | | | | | |
| b Name of provider | TD BANK | | | | | | | |
| c Term of hedge | 5.0000000 | | | | | | | |
| d Was the hedge superintegrated? | | <input checked="" type="checkbox"/> | | | | | | |
| e Was the hedge terminated? | | <input checked="" type="checkbox"/> | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | <input checked="" type="checkbox"/> | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | <input checked="" type="checkbox"/> | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | <input checked="" type="checkbox"/> | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|-----|-------------------------------------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | | <input checked="" type="checkbox"/> | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CITY OF COCONUT CREEK

(F) DESCRIPTION OF PURPOSE:

FINANCE THE CONSTRUCTION AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC.** Employer identification number **59-0871446**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (FACILITY) | X | 1 | 50,000. | FAIR MARKET VALUE |
| 26 Other ▶ (PROGRAM MATER) | X | 1 | 7,778. | FAIR MARKET VALUE |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2020

JUNIOR ACHIEVEMENT OF

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.

Employer identification number
59-0871446

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

REINFORCES THE LEARNING PROCESS, ENCOURAGES SELF-ESTEEM AND INCREASES
THE POTENTIAL FOR OUR STUDENTS FUTURE SUCCESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

STUDENTS WORK TO CREATE A BALANCED MONTHLY BUDGET WHILE MAKING
DECISIONS REGARDING HOUSING, TRANSPORTATION, INSURANCE, SAVINGS,
ENTERTAINMENT EXPENSES AND MUCH MORE.

JA INCLASS: JA FINANCIAL LITERACY, WORK READINESS, AND ENTREPRENEURSHIP
PROGRAMS ARE DESIGNED TO INSPIRE AND PREPARE STUDENTS FROM KINDERGARTEN
THROUGH 12TH GRADE TO OWN THEIR FUTURE ECONOMIC SUCCESS. THEY ARE
TAUGHT BY TRAINED VOLUNTEER ROLE MODELS FROM THE LOCAL COMMUNITY USING
PROFESSIONALLY DESIGNED AND RIGOROUSLY EVALUATED CURRICULUM MATERIALS.

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

COPY OF FORM 990 PROVIDED TO ORGANIZATION AND BOARD MEMBERS TO REVIEW. TAX
RETURN IS RECONCILED TO AUDITED FINANCIAL STATEMENTS AND APPROVED BEFORE
ITS SUBMISSION.

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

ANNUAL FORMS COMPLETED BY ALL BOARD MEMBERS.

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

PERFORMED BY THE FINANCE COMMITTEE.

| | |
|--|--|
| Name of the organization JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. | Employer identification number 59-0871446 |
|--|--|

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST AND CAN BE VIEWED AT GUIDESTAR.ORG

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|--|--------|
| CHANGE IN FAIR VALUE OF INTEREST RATE SWAP | 4,650. |
|--|--------|

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR AUDITOR SELECTION PROCESS DURING THE CURRENT FISCAL YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC.** Employer identification number **59-0871446**

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling 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 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| JUNIOR ACHIEVEMENT USA, INC. 1 EDUCATION WAY COLORADO SPRINGS, CO 80906 | EDUCATION | COLORADO | 501(C)(3) | LINE 11 | | | X |
| JUNIOR ACHIEVEMENT OF SOUTH FLORIDA CHARITABLE FOUNDATION, INC - 45-3806052, 1130 COCONUT CREEK BLVD, COCONUT CREEK, FL | EDUCATION | FLORIDA | 501(C)(3) | LINE 11 | | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

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 foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**JUNIOR ACHIEVEMENT OF
SOUTH FLORIDA, INC.**

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) JUNIOR ACHIEVEMENT USA, INC. | M | 303,247. | FAIR MARKET VALUE |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

JUNIOR ACHIEVEMENT USA, INC.

1 EDUCATION WAY

COLORADO SPRINGS, CO 80906

PRIMARY ACTIVITY: EDUCATION

DIRECT CONTROLLING ENTITY:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JUNIOR ACHIEVEMENT OF SOUTH FLORIDA CHARITABLE FOUNDATION,
INC

EIN: 45-3806052

1130 COCONUT CREEK BLVD

COCONUT CREEK, FL 33066

PRIMARY ACTIVITY: EDUCATION

DIRECT CONTROLLING ENTITY:



April 10, 2022

City of Pompano Beach
100 West Atlantic Blvd.
Pompano Beach, FL 33060

To Whom it May Concern,

This letter is to serve as documentation that program funding granted to Junior Achievement of South Florida by The Frederick A. DeLuca Foundation is intended to help the organization secure matching gifts to maintain and sustain JA programs around workforce-readiness, entrepreneurship, and financial literacy.

The Frederick A. DeLuca Foundation believes in the work of Junior Achievement of South Florida to prepare our students for work and has invested a total of \$344,723 in funding toward the total costs of running these programs in the 2021-22 school year.

We encourage other entities to invest in this critical education and training to empower the next generation of our economy through match funding.

Sincerely,

A handwritten signature in cursive script that reads "Angelika Schlanger".

Angelika Schlanger
Director

| Junior Achievement of South Florida | | |
|---|------------------------|-------------------------|
| BizTown/Finance Park -- Fiscal Year 2022-2023 Budget | | |
| <i>Approx. 1,620 City of Pompano Elementary & Middle School Students Served</i> | | |
| PROGRAM EXPENSES | | |
| | Budgeted Amount | Amount Requested |
| Direct Program Staff | | |
| Salaries & Fringe Benefits | 1,360,260 | |
| | | |
| | | |
| Curriculum, Materials, and Program Expenses | | |
| Curriculum Materials | 124,166 | |
| Printing | 20,900 | |
| Supplies | 22,200 | |
| Student Food & Beverage | 15,250 | |
| Teacher & Volunteer Recognition and Services | 15,940 | |
| In-House IT/AV Services/Professional Services | 467,324 | |
| Travel by Staff | 1,000 | |
| Leased Equipment | 15,192 | |
| Marketing | 700 | |
| Student Give-a-Ways/Incentives | 19,000 | |
| Indirect Program Expenses | | |
| Staff Recognition/Meetings | 1,100 | |
| Insurance | 55,050 | |
| Facility and Ground Maintenance, Overhead and Upkeep | 972,120 | |
| Miscellaneous Expenses | 3,500 | |
| Total Program Expenses | \$ 3,093,702 | \$ 15,000 |
| PROGRAM REVENUE | | |
| City of Pompano Beach | 15,000 | |
| Private Donor Match 1:1 | 15,000 | |
| In Kind Volunteer Goods & Services | 80,000 | |
| Other Funding Sources | 2,983,702 | |
| PROGRAM REVENUE | \$ 3,093,702.00 | |

Junior Achievement of South Florida (JA)

JA Inspire -- Fiscal Year 2022-2023 Budget

Approx. 597 City of Pompano Middle School Students Served

PROGRAM EXPENSES

| | Budgeted Amount | Amount Requested |
|--|----------------------------|-----------------------------|
| Direct Program Staff | | |
| Salaries & Fringe Benefits | 112,200 | |
| | | |
| Curriculum, Materials, and Program Expenses | | |
| Printing/Signage | 550 | |
| Supplies | 250 | |
| Student Food & Beverage | 250 | |
| Teacher & Volunteer Recognition and Services | 2,000 | |
| Travel by Staff | 100 | |
| Leased Equipmnet/PC Software/IT Services | 17,410 | |
| Venue Rental Cost | 2,500 | |
| Indirect Program Expenses | | |
| Insurance | 7,740 | |
| Facility and Ground Maintenance, Overhead and Upkeep | 18,000 | |
| Miscellaneous Expenses | - | |
| Total Program Expenses | \$ 161,000 | \$ 7,500 |
| PROGRAM REVENUE | | |
| City of Pompano Beach | 7,500 | |
| Private Donor Match 1:1 | 7,500 | |
| In Kind Volunteer Goods & Services (100 volunteers * 8hrs*23.33) | 18,664 | |
| Other Funding Sources | 127,336 | |
| PROGRAM REVENUE | \$ 161,000 | |

Exhibit “B” Payment Schedule

A. AWARD DISBURSEMENTS

The awards disbursement process will begin in October, 1 and end in September, 30 for the fiscal year that this contract is approved.

B. PAYMENT SCHEDULE

The total amount awarded for the JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. for JA Inspire for the current fiscal year is: \$7,500.

There will be four (4) payout/s during the period (depending on the amount awarded to each organization):

1. The first will equal 25% of the total allocation or \$1,875; be issued in advance. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly narrative and financial report as indicated in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement may result in the denial of the future requests for payments.
2. The second will equal 25% of the total allocation or \$1,875; will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third payout will equal 25% of the total allocation or \$1,875; will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth payout will be the final 25% of the total allocation or \$1,875 and will be issued in upon receipt AND approval of the final quarterly narrative and financial report (including any additional requested documents).

All payments and reporting requirements apply for each project which is a part of the awarded contract. Payments and reports shall be handled separately for each project.

EXHIBIT C

INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION

ORGANIZATION shall not commence services under the terms of this Agreement until certification or proof of insurance detailing terms and provisions has been received and approved in writing by the CITY's Risk Manager. If you have questions regarding the insurance requirements hereunder, please contact the City's Purchasing Department at (954) 786-4098. If the contract has already been awarded, please direct any queries and proof of the requisite insurance coverage to City staff responsible for oversight of the subject project/contract.

ORGANIZATION is responsible to deliver to the CITY for timely review and written approval/disapproval Certificates of Insurance which evidence that all insurance required hereunder is in full force and effect and which name on a primary basis, the CITY as an additional insured on all such coverage. Such policy or policies shall be issued by United States Treasury approved companies authorized to do business in the State of Florida. The policies shall be written on forms acceptable to the City's Risk Manager, meet a minimum financial A.M. Best and Company rating of no less than Excellent, and be part of the Florida Insurance Guarantee Association Act. No changes are to be made to these specifications without prior written approval of the City's Risk Manager.

Throughout the term of this Agreement, CITY, by and through its Risk Manager, reserve the right to review, modify, reject or accept any insurance policies required by this Agreement, including limits, coverages or endorsements. CITY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

Failure to maintain the required insurance shall be considered an event of default. The requirements herein, as well as CITY's review or acceptance of insurance maintained by ORGANIZATION, are not intended to and shall not in any way limit or qualify the liabilities and obligations assumed by ORGANIZATION under this Agreement.

Throughout the term of this Agreement, ORGANIZATION and all subcontractors or other agents hereunder, shall, at their sole expense, maintain in full force and effect, the following insurance coverages and limits described herein, including endorsements.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees) or the state in which the work is to be performed or of the state in which the ORGANIZATION is obligated to pay compensation to employees engaged in the performance of the work. ORGANIZATION further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance.

(1) Naming the City of Pompano Beach as an additional insured as City's interests may appear, on General Liability Insurance only, relative to claims which arise from

ORGANIZATION'S negligent acts or omissions in connection with Contractor's performance under this Agreement.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

| Type of Insurance | Limits of Liability | |
|---|---|-------------------------|
| GENERAL LIABILITY: | Minimum \$1,000,000 Per Occurrence and \$2,000,000 Per Aggregate | |
| * Policy to be written on a claims incurred basis | | |
| XX comprehensive form | bodily injury and property damage | |
| XX premises - operations | bodily injury and property damage | |
| — explosion & collapse hazard | | |
| — underground hazard | | |
| XX products/completed operations hazard | bodily injury and property damage combined | |
| XX contractual insurance | bodily injury and property damage combined | |
| XX broad form property damage | bodily injury and property damage combined | |
| XX independent contractors | personal injury | |
| XX personal injury | | |
| XX sexual abuse/molestation | Minimum \$1,000,000 Per Occurrence and Aggregate | |
| — liquor legal liability | Minimum \$1,000,000 Per Occurrence and Aggregate | |
| ----- | | |
| AUTOMOBILE LIABILITY: | Minimum \$10,000/\$20,000/\$10,000 | |
| XX comprehensive form | | |
| XX owned | | |
| XX hired | | |
| XX non-owned | | |
| ----- | | |
| REAL & PERSONAL PROPERTY | | |
| — comprehensive form | Agent must show proof they have this coverage. | |
| ----- | | |
| EXCESS LIABILITY | Per Occurrence | Aggregate |
| — other than umbrella | bodily injury and property damage combined | \$1,000,000 \$1,000,000 |
| ----- | | |
| PROFESSIONAL LIABILITY | Per Occurrence | Aggregate |
| — | * Policy to be written on a claims made basis | \$1,000,000 \$1,000,000 |
| ----- | | |

(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.

DESCRIPTIONS (Continued from Page 1)

Insured status to The City of Pompano Beach only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

APPROVED

D. Thorpe
By Danielle Thorpe at 9:34 am, Aug 22, 2022

This page has been left blank intentionally.