

# APPROPRIATIONS CONTRACT

---

---

**THIS CONTRACT** is executed 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 2025-2026 (October 1st through September 30th), the sum of Twenty Five Thousand Dollars (\$25,000.00) 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, 2025 and ending September 30, 2026; 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;

**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, 2025 and ending September 30, 2026.

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 Laurie Sallarulo 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:** Laurie Sallarulo  
President/CEO  
1130 Coconut Creek Blvd.  
Coconut Creek, FL 33066  
Office: (954) 326-8586  
Email: [laurie@jasouthflorida.org](mailto:laurie@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](mailto: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 one hundred and twenty (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.

2. 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.

3. 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.

B. 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](mailto:RecordsCustodian@copbfl.com)**

21. *Governing Law; Venue.* This 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 twenty (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 one (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.

**CITY OF POMPANO BEACH**

By: \_\_\_\_\_  
REX HARDIN, MAYOR

By: \_\_\_\_\_  
GREGORY P. HARRISON, CITY MANAGER

Attest:

\_\_\_\_\_ (SEAL)  
KERVIN ALFRED, CITY CLERK

Dated: \_\_\_\_\_

APPROVED AS TO FORM:

\_\_\_\_\_  
MARK E. BERMAN, CITY ATTORNEY

**"RECIPIENT"**

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

Witnesses:

Morgan DiSangali  
Morgan DiSangali  
(Print or Type Name)  
Donna Korn  
Donna Korn  
(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 28<sup>th</sup> day of August, 2025, 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 NIA (type of identification) as identification.

Stephanie Theile  
NOTARY PUBLIC, STATE OF FLORIDA

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

HH 587593  
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:

1<sup>st</sup> Quarterly Narrative & Financial Report (October/November/December) - February 1<sup>st</sup>  
2<sup>nd</sup> Quarterly Narrative & Financial Report (January/February/March) - May 1<sup>st</sup>  
3<sup>rd</sup> Quarterly Narrative & Financial Report (April/May/June) - August 1<sup>st</sup>  
4<sup>th</sup> Quarterly Narrative & Financial Report (July/August/September) - September 30<sup>th</sup>

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of five thousand dollars (\$5,000.00) 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 contact.

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 BizTown/JA Finance Park

Amount Funded: \$25,000.00

Program Description: 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 helps students build a foundation for making lifelong personal finance decisions through up to 16 hours of in-class curriculum focused on finances, careers, income, expenses, savings, and credit. The lessons emphasize how education decisions impact career options, income potential, and overall quality of life. At the end of the curriculum, students participate in a one-day, on-site simulation where they apply what they've learned by managing a real-world-inspired personal budget. Using an assigned life scenario, including factors such as family size, marital status, credit score, education level, and salary. Students make spending decisions on housing, transportation, insurance, and other essential expenses in a simulated city.

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

Form Name: City of Pompano Beach Nonprofit Partnership Application  
Submission Time: May 2, 2025 10:45 am  
Browser: Chrome 135.0.0.0 / Windows  
IP Address: 97.164.85.11  
Unique ID: 1340470133  
Location: 26.1481, -80.2088

## About Your Organization

---

**Which Fiscal Year Is Your Organization Applying For?** 2025-2026

---

**Full Name of Nonprofit:** Junior Achievement of South Florida, Inc.

---

**Mission of Nonprofit:** Junior Achievement of South Florida (JA) empowers our youth with the knowledge, ability and confidence to navigate their futures, drive our economy, and lead our community.

---

**Brief Overview of Nonprofit:**

Junior Achievement is one of the world's largest and most impactful youth-serving nonprofit organizations delivering hands-on, immersive learning in workforce readiness, entrepreneurship and financial literacy. Through Junior Achievement, young people develop employment and entrepreneurial tools to forge meaningful and prosperous careers.

Junior Achievement's core mission is to empower youth with the knowledge, ability, and confidence to navigate their futures, drive our economy, and lead our community. Workforce readiness is not a value-add - it is the primary focus of our skill-building and real-world work programs. Junior Achievement believes education should prepare young people with the skillset and mindset they'll need for the jobs of the future and to achieve true economic mobility. Junior Achievement programs are embedded into core curriculum classes to help students connect academics with the real world. Research shows this delivery model is more effective than providing minimal instruction in after school and summer programs.

Junior Achievement of South Florida (JA) was founded in 1959 by the Fort Lauderdale Rotary Club and served 373 high school students in its first year. In 1981, JA expanded into the middle/elementary school classrooms, serving 3,202 K-12 students and grew steadily to an average of 17,000 a year until 2008. With the opening of JA World Huizenga Center at Broward College, the largest Junior Achievement experiential learning center in the world, in 2009, JA expanded its reach and deepened its impact to almost 80,000 students each year. To date, JA has served over 1.4 million Broward County students.

The breadth and depth of JA's impact is possible due to its long history and credibility, national educational resources, strong business and community relationships, and most of all, its long-standing partnership with Broward County Public Schools, which provides access to every student. Through a formal agreement made in 2007, the district committed to providing JA experiential classroom education and simulation experiences around work readiness, entrepreneurship and financial literacy to every 5th and 8th grade student. The partnership now also allows JA to deliver several deep impact workforce readiness programs to several thousand 9th-12th grade high school students.

Junior Achievement of South Florida is proud to be a leader in the

JA national network, developing and delivering innovative workforce education programs that provide real work experiences for youth ages 15-24. We are entrenched in the workforce development arena, ensuring we understand and respond to the needs of students, educators and businesses. Our programs are designed to tackle critical issues - declining student engagement, the gap in the workforce pipeline and deficiencies in essential work skills. By bridging these gaps, we are preparing youth to navigate their futures with confidence while supporting the workforce demands of our local economy.

Whom does JA World serve?

- JA's programs are delivered to every Broward County Public School 5th and 8th grader and several thousand high school students. In addition, JA serves students from charter and private schools (fee based).
- JA provides training and support to all 5th and 8th grade teachers as well as high school teachers.
- JA engages and trains parents of students as volunteers, mentors, and speakers in all programs.
- In the high school youth employment and pre-apprenticeship programs, JA serves employers hiring students.
- JA collaborates with businesses across Broward and South Palm Beach Counties to strengthen the pipeline for the future workforce.
- JA partners with industry trade associations to align the program with in-demand skills, ensuring students are equipped to enter the workforce with the most relevant and sought-after competencies.

By bringing all of the stakeholders in our community together, JA is able to deliver programs that bring academics alive and increase learning engagement that will help position students for opportunity and economic competitiveness.

<b>Type of Organization:</b>	Education/Research
<b>Nonprofit Website:</b>	jasouthflorida.org
<b>Federal Tax ID Number:</b>	59-0871446
<b>Which funding priority/sub pillar does your nonprofit qualify for?</b>	Workforce Excellence: Education
<b>How does your program/event(s) fit the funding priority/sub pillar?</b>	<p>Based on the City of Pompano Beach's funding priorities, the JA BizTown and JA Finance Park programs align with the Workforce-focused Excellence strategy, specifically under the Education sub-pillar. These programs provide students with essential financial literacy and career readiness skills through interactive, experiential learning. By teaching students about finances, careers, income, expenses, savings, and credit, and helping them understand how education decisions affect career options and potential income, the programs support the City's goal of equipping residents with the skills and opportunities needed to succeed in the real-world.</p>
<b>Statement of Need:</b>	<p>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.</p> <p>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.</p>

## Program/Event Information #1

**Will your organization be hosting No the program/event on City property?**

**Which are you applying for? Program  
(Program/Event)**

---

<b>Program/Event Name:</b>	JA BizTown/JA Finance Park
<b>Type of Program/Event:</b>	Nonprofit Program/Seminar/Workshop
<b>Share an executive summary of the program/event:</b>	<p>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.</p> <p>JA Finance Park helps students build a foundation for making lifelong personal finance decisions through up to 16 hours of in-class curriculum focused on finances, careers, income, expenses, savings, and credit. The lessons emphasize how education decisions impact career options, income potential, and overall quality of life. At the end of the curriculum, students participate in a one-day, on-site simulation where they apply what they've learned by managing a real-world-inspired personal budget. Using an assigned life scenario, including factors such as family size, marital status, credit score, education level, and salary. Students make spending decisions on housing, transportation, insurance, and other essential expenses in a simulated city.</p> <p>By taking on adult roles, kids become better prepared for their future as consumers, investors and workers.</p> <hr/>

**Elaborate on your program/event goals and 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 from the City of Pompano Beach will cover a portion of:

- Program Salaries for employees who provide hands-on services with students.

**What are the proposed 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.

---

**Share the primary methodology by which you will measure the outcomes of your program/event:** Programmatic outcomes are measured via pre- and posttest surveys. Data is tracked through student survey participation.

---

**Estimated total number of individuals expected to attend your program/event:** 1,001-5,000

---

**Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:** 1300

**Describe the demographics of the population you are impacting with this program/event:**

Based on Broward County Public School's Demographics & Student Assignments Department, the fifth graders, to be served from the 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 with the JA BizTown in-class curriculum and JA BizTown or JA BizTown Adventures virtual simulation.

Based on Broward County Public School's Demographics & Student Assignments Department, the eighth graders, to be served from the 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 or JA Finance Park Virtual 2.0 Simulation.

---

**Include a description of the geographic area your program/event(s) will serve and how it will impact the area:**

The geographic area that the program will serve is Broward County, FL. Broward County is a community with high levels of poverty. According to FL Health Charts, roughly 13.2% of Broward County families (with children aged 0-17), are living below the Federal Poverty Level. As such, 62.3% of the students served by JA receive free/reduced lunch. All JA programs are provided to students free of charge.

---

**How does your organization specifically market your program/event to City of Pompano Beach residents?**

JA has a mandated agreement with Broward County Public Schools requiring 5th and 8th graders to participate in the JA BizTown and Finance Park. The organization sends monthly newsletters "BizTown Buzz" for 5th graders and "JA Insider" for 8th graders to each student and their parents/guardians informing them about the program.

---

**How does a City of Pompano Beach resident access the services/program your nonprofit provides?**

Students who reside in the City of Pompano Beach access JA programs, including JA BizTown and JA Finance Park, through their public schools as part of the BCPS' curriculum. JA and BCPS have a mandated agreement to deliver these programs to all 5th and 8th grade students across the county, including those attending schools located in or serving Pompano Beach residents. There is no cost to students or families, and all program participation is coordinated directly through the school system.

---

**Start Date of Program/Event:** Oct 01, 2025

---

**End Date of Program/Event:** Jun 30, 2026

**Does your program/event have a start time/end time?** No

**Name of Program/Event Venue:** JA World Huizenga Center at the Lillian S. Wells Pavilion

**Address of Program/Event Venue Location:** 1130 Coconut Creek Blvd.  
Coconut Creek, FL 33066

**Attire of Program/Event (select the one that best applies):** Casual

**List any benefits or partnership opportunities the City of Pompano Beach receives:** Recognition of the City of Pompano Beach will be via:

- 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](http://www.jasouthflorida.org)
- [www.facebook.com/JASFL](http://www.facebook.com/JASFL)
- [www.twitter.com/JASouthFlorida](http://www.twitter.com/JASouthFlorida)
- [www.instagram.com/jasouthflorida](http://www.instagram.com/jasouthflorida)

**Total dollar amount of the overall program/event budget:** 381612

**Total dollar amount being requested from the City:** 27100

**How will your organization use the City of Pompano Beach funding?** JA is seeking funding of \$20 per student (\$27,100) to help provide students from the City of Pompano Beach with the JA experience next year. The total direct program cost to serve these students, including in kind, is \$85 per child.

**Are you applying for a second program/event?** Yes

## Program/Event Information #2

**Will your organization be hosting the program/event on City property?** No

<b>Which are you applying for? (Program/Event)</b>	Program
<b>Program/Event Name:</b>	Junior Achievement's Career Bound Program (JACB)
<b>Type of Program/Event:</b>	Nonprofit Program/Seminar/Workshop
<b>Share an executive summary of the program/event:</b>	<p>Junior Achievement's Career Bound (JACB) program is a 10-month, youth employability skills program, where students build work-ready skills, gain knowledge of local industries, and networks with senior level executives across in-demand industries. JACB 1) exposes high students to careers across top industries in South Florida, 2) provides students with the opportunity to develop and hone employability skills, 3) allows participants to learn and practice digital skills and 4) secures paid summer employment for participants. JACB serves as a model that addresses the issue of youth unemployment and the critical skills gap reported by employers. It requires the partnership of school administrators, businesses/business leaders, community organizations, public sector economic development professionals, volunteers, and mentors.</p>
<b>Elaborate on your program/event goals and objectives. How do you plan on using the funding to solve the problem?</b>	<p>JA Career Bound is a career-readiness program that equips high school students with the skills, knowledge, and professional exposure needed to successfully enter the workforce or pursue postsecondary education. Through a combination of workshops, industry site visits, and mentorship, students develop critical employability skills, learn about in-demand local industries, and build a network of professional connections.</p> <p>Funding from the City of Pompano Beach will help cover a portion of program salaries for employees who provide hands-on services to students. This includes curriculum delivery, coordination of industry engagement opportunities, and individualized student support. By investing in direct service staff, the funding will directly impact the quality and accessibility of programming for Pompano Beach youth-ultimately helping students build a pathway to career success, economic mobility, and long-term self-sufficiency.</p>

**What are the proposed outcomes of your program/event?**

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

90% of students improve their life, soft, and professional skills

90% of students show an improved understanding of career opportunities

90% learn how to create a resume, apply for a job, and complete a job interview

---

**Share the primary methodology by which you will measure the outcomes of your program/event:**

Programmatic outcomes are measured via pre- and posttest surveys. Data is tracked through student survey participation.

**Estimated total number of individuals expected to attend your program/event:**

1-50

**Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:**

20

**Describe the demographics of the population you are impacting with this program/event:**

Based on the most recent data from the Broward County Public Schools' Demographics & Student Assignments Department, the students to be served from the public high schools in Pompano Beach are mostly between 14-18 years old, with an average of 52% eligible for free/reduced priced lunches. The demographic breakdown is approximately 22% African American, 5% Asian, 4% multi-ethnicity, 24% Hispanic, and 42% Caucasian.

---

**Include a description of the geographic area your program/event(s) will serve and how it will impact the area:**

The geographic area that the program will serve is Broward County, FL. Broward County is a community with high levels of poverty. According to FL Health Charts, roughly 13.2% of Broward County families (with children aged 0-17), are living below the Federal Poverty Level. As such, 62.3% of the students served by JA receive free/reduced lunch. All JA programs are provided to students free of charge.

---

**Start Date of Program/Event:** Sep 01, 2025

---

**End Date of Program/Event:** Jun 30, 2026

---

**Does your program/event have a start time/end time?** No

---

**Name of Program/Event Venue:** JA World Huizenga Center at the Lillian S. Wells Pavilion

<b>Address of Program/Event Venue</b>	1130 Coconut Creek Blvd.
<b>Location:</b>	Coconut Creek, FL 33066
<b>Attire of Program/Event (select the one that best applies):</b>	Business Casual
<b>List any benefits or partnership opportunities the City of Pompano Beach receives:</b>	<p>Recognition of the City of Pompano Beach via:</p> <ul style="list-style-type: none"><li>• Logo and story in the Junior Achievement email blast to 27,000 community members.</li><li>• Recognition on the JA BizTown and JA Finance Park virtual simulation days.</li><li>• Annual Junior Achievement Impact Report.</li><li>• <a href="http://www.jasouthflorida.org">www.jasouthflorida.org</a></li><li>• <a href="http://www.facebook.com/JASFL">www.facebook.com/JASFL</a></li><li>• <a href="http://www.twitter.com/JASouthFlorida">www.twitter.com/JASouthFlorida</a></li><li>• <a href="http://www.instagram.com/jasouthflorida">www.instagram.com/jasouthflorida</a></li></ul>
<b>Total dollar amount of the overall program/event budget:</b>	176533813
<b>Total dollar amount being requested from the City:</b>	5000
<b>How will your organization use the City of Pompano Beach funding?</b>	<p>JA is seeking funding of \$250 per student (\$5,000) to help provide students from the City of Pompano Beach with the JACB experience next year. The total direct program cost to serve these students, including in kind, is \$4,500 per student.</p>
<b>Additional Activities</b>	
<b>Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)</b>	Yes

<b>Name of Event:</b>	JACB Graduation Ceremony
<b>Description of Event:</b>	Graduation Celebration for the JACB students who participated in engaging Industry Days where executives share pathways to career success and provide guided mentorship. Built strong workforce skills, learned interviewing techniques, resume writing and soft skills through project-based learning. The anticipated date is April 2026. The exact date is TBD.
<b>Date of Event:</b>	Apr 30, 2026
<b>Start Time of Event:</b>	08:00 AM
<b>End Time of Event:</b>	04:00 PM
<b>Name of Event Venue:</b>	JA World Huizenga Center at the Lillian S. Wells Pavilion
<b>Address of Event Venue Location:</b>	1130 Coconut Creek Blvd. Coconut Creek, FL 33066
<b>Attire of Program/Event (select the one that best applies)</b>	Business Casual

## **Additional Information**

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

Over the past 65 years (since inception in 1959, Junior Achievement of South Florida has served over 1.3 million 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. JA's programs offer 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 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 an \$8.4 million

annual budget.

- 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.

**Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach?**

---

JA serves the residents of the City of Pompano through its entire programmatic suite of offerings. In the 2024-2025 school year, JA has served approximately 1,500 students from the City of Pompano Beach this far, through its various programmatic offerings.

**Any other information you wish to share?**

---

This initiative includes high-impact educational programs for Pompano Beach's students. 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?**

2024

**What was the name of program/event funded?**

JA BizTown/Finance Park

**How much was the funding for this program/event?**

25500

---

## Requested Budget Information

---

**What is your organization's operational budget?**

10241836

**What is the total value your nonprofit is applying for?**

32100

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

No

---

## About Your Staff and Leadership

---

**Total Number of Employees:** 65

**Full Name of  
President/CEO/Executive Director:**

Laurie Sallarulo

**Include your  
President/CEO/Executive  
Director's biography:**

Laurie Sallarulo currently serves as the President/CEO of Junior Achievement of South Florida. Laurie has a reputation as a purpose-driven leader with managerial, development, financial, and executive experience. She leads with a deep passion and commitment to making a difference for those she serves. Laurie is recognized as a dynamic, visionary leader who strategically moves organizations and community issues to higher levels of sustainability, awareness, and performance. She is innovative, bold, solutions and results-driven, and understands the need for leaders and organizations to adapt and evolve.

Laurie transitioned from the for-profit to the non-profit sector and utilizes her corporate financial, sales, and strategic planning experience and her skill in building effective teams to strengthen organizations. She has a proven track record of turning struggling non-profits into profitable, healthy companies. Laurie's non-profit journey has taken her from Director of Development & Programs at Habitat for Humanity of Broward to President & CEO of Junior Achievement of South Florida, where she has served for eight years.

As the leader of Junior Achievement of South Florida, Laurie manages a team of 65+ staff members, a board of directors of 75 prestigious business leaders, and a 60,000-square foot facility that serves over 80,000 K-12 students each year, teaching them financial literacy, work readiness skills and entrepreneurship.

## **About Your Board of Directors**

**Total Board Members:** 77

**How many board members contribute financially to the organization?** 77

**Is there a formal give/get policy for board members?** Yes

**If so, what is the required amount?** 5000

## About Your Partnerships and Contributors

---

**Does your organization have any programmatic collaborations with other community partners? If so, please list them and provide a brief description of their involvement with your organization.**

JA has a very strong partnership with Broward County Public Schools (BCPS). This level of impact is due to the partnership between JA and BCPS, who committed that these experiential education and simulation experiences around work readiness, entrepreneurship and financial literacy would be provided to every 5th and 8th grade student. In addition, JA has grown its high school programs to serve 9th-12th grade high school students in the classroom and at JA World. JA's impact is possible due to this work being its core mission, its rich history, educational resources, strong relationships, and its capacity to support the entire district. In addition, JA programs are embedded into core curriculum classes, which research shows is more effective than providing minimal instruction in after school and summer programs.

Additionally, the cities of Boca Raton, Coconut Creek, Deerfield Beach, Fort Lauderdale, Hollywood, Margate, North Lauderdale, Oakland Park, and Lauderhill, thus far, have joined in providing funding towards their children's completion of JA BizTown and/or JA Finance Park. Our hope is to have the support of all the cities we serve and to recognize their support in JA BizTown City Hall.

---

**What other funders have supported your organization within the past year? Please include their levels of contribution.**

Other funding sources within the past year include:

City of Lauderhill- \$10,000

City of Deerfield Beach- \$7,500

William R. Watts Foundation- \$10,000

Florida Panthers Foundation- \$10,000

---

## Financial Information

---

**How does your nonprofit organization currently undergo financial scrutiny and assurance? Please select from one of the applicable options:**

External Financial Audit conducted by an professional auditing firm

## **Upload your documents: All items in this section are mandatory.**

---

**Itemized Program/Event Budget** - <https://www.formstack.com/admin/download/file/17949407043>  
**Please provide a budget ONLY for the program/event you are applying for.**

---

**Agency Operational Budget** <https://www.formstack.com/admin/download/file/17949407044>

---

**Agency External or Internal Audit and/or a combined PDF with your organization's Balance Sheet and P&L.** <https://www.formstack.com/admin/download/file/17949407045>

---

**W9** <https://www.formstack.com/admin/download/file/17949407046>

---

**IRS 501(c)(3) Determination Letter** <https://www.formstack.com/admin/download/file/17949407047>

---

**Articles of Incorporation** <https://www.formstack.com/admin/download/file/17949407048>

---

**Most Recent 990 Form** <https://www.formstack.com/admin/download/file/17949407049>

---

**List of Board of Directors** <https://www.formstack.com/admin/download/file/17949407050>

---

## **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/17949407053>

---

**Is your matching gift supporting your organization \$1/\$1 or capped at a specific amount? If capped, please include the cap amount.** \$1/\$1.

---

## **President/CEO/Executive Director Contact Information**

---

**Name** Laurie Sallarulo

---

<b>Title</b>	President/CEO
<b>Email</b>	laurie@jasouthflorida.org
<b>Phone Number</b>	(954) 326-8586
<b>Mailing Address</b>	1130 Coconut Creek Blvd. Coconut Creek, FL 33066

### **Primary Nonprofit Contact**

<b>Name</b>	Danielle Koppelmann
<b>Title</b>	Grants & Government Relations Manager
<b>Email</b>	danielle@jasouthflorida.org
<b>Phone Number</b>	19549797100

### **Certification and Authorization**

**I HEREBY CERTIFY BY READING  
AND SELECTING EACH  
STATEMENT LISTED BELOW THAT  
THE:**

Applicant certifies that information contained in this application is complete and accurate. = Select to Agree

Applicant certifies that their organization is a Not For Profit Corporation authorized to do business in the State of Florida. = Select to Agree

Applicant has read and understands the application instructions and requirements of the program. = Select to Agree

Applicant agrees that if recommended for funding, the nonprofit will attend the Mandatory Nonprofit Orientation Workshop and that they will participate in a Nonprofit Program Services Fair as required by the City. = Select to Agree

Applicant certifies that the awarded program/event(s) will serve City of Pompano Beach residents. = Select to Agree

Applicant acknowledges that a recommended award letter is subject to commission approval. = Select to Agree

Applicant acknowledges that only an executed contract with the City authorizes the initiation of program/event services or activities and incurring expenditures. = Select to Agree

Applicant acknowledges that narrative and financial reporting will be required and the organization will meet the assigned deadlines as set forth by the City. = Select to Agree

Applicant acknowledges that the program/event(s) will be completed by the end of the contract term. = Select to Agree

Applicant certifies that the organization has the capacity to comply with all requirements of the program/event(s). = Select to Agree

Applicant will not use funds for disallowed expenditures as set forth by the City. = Select to Agree

Applicant confirms that the organization has an anti-discrimination policy. = Select to Agree

Applicant acknowledges that the program/event(s) submitted will not be eligible to receive funding for if the program/event(s) receives a separate grant from the City for the same program. = Select to Agree

Applicant acknowledges that current policies for general liability, sexual molestation, automobile and workers compensation insurance are required to contract with the City. = Select to Agree

Applicant understands that the submission of their funding request does not guarantee the organization will be selected to receive funding. = Select to Agree

Applicant acknowledges that all information submitted in the partnership application along with any email or correspondence you provide to the City of Pompano Beach becomes a public record and may be subject to disclosure to anyone who requests it under the State's Public Records Laws, to another government agency as required by state or federal law; and/or in response to a court or administrative order, subpoena or search warrant. Your application may be subject to inspection and copying by the public, unless an exception in law exists. = Select to Agree

ATLANTA GA 39901-0001

In reply refer to: 3552739374  
Feb. 27, 2025 LTR 4167C 0  
84-1267604 000000 00  
00016632  
BODC: TE

JUNIOR ACHIEVEMENT USA  
% EDWARD PRIEM II  
12320 ORACLE BLVD STE 310  
COLORADO SPRGS CO 80921

034105

Employer identification number: 84-1267604  
Group exemption number: 1116

Dear Taxpayer:

This is in response to your request dated Feb. 20, 2024, for information about your tax-exempt status.

We issued a determination letter to you on January, 1994, and you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also recognize the subordinates on the list you submitted as Exempt from federal income tax under IRC Section 501(c)(03).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

For information about filing requirements visit [www.irs.gov/charities](http://www.irs.gov/charities). Specifically, IRC Section 6033(j) provides that if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

If you have questions, you can call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

3552739374  
Feb. 27, 2025 LTR 4167C 0  
84-1267604 000000 00  
00016633

JUNIOR ACHIEVEMENT USA  
% EDWARD PRIEM II  
12320 ORACLE BLVD STE 310  
COLORADO SPRGS CO 80921

Sincerely yours,

*Sheralyn C. Hanks*

Sheralyn C. Hanks  
Ops. Manager, AM Ops. 3005



ATLANTA GA 39901-0001

In reply refer to: 3552739374  
Feb. 27, 2025 LTR 4168C 0  
84-1267604 000000 00  
00016648  
BODC: TE

JUNIOR ACHIEVEMENT USA  
% EDWARD PRIEM II  
12320 ORACLE BLVD STE 310  
COLORADO SPRGS CO 80921

034104

Employer ID number: 84-1267604  
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated Feb. 20, 2025, about your tax-exempt status.

We issued you a determination letter in January, 1994, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

3552739374  
Feb. 27, 2025 LTR 4168C 0  
84-1267604 000000 00  
00016649

JUNIOR ACHIEVEMENT USA  
% EDWARD PRIEM II  
12320 ORACLE BLVD STE 310  
COLORADO SPRGS CO 80921

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

*Sheralyn C. Hanks*  
Sheralyn C. Hanks  
Ops. Manager, AM Ops. 3005

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

## Junior Achievement of South Florida

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor    C corporation    S corporation    Partnership    Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . .

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions) \_\_\_\_\_

**Non-Profit**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . .

5 Address (number, street, and apt. or suite no.). See instructions.

1130 Coconut Creek Boulevard

Requester's name and address (optional)

6 City, state, and ZIP code

Coconut Creek, FL 33066

7 List account number(s) here (optional)

## 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
or								
Employer identification number								
5	9	-	0	8	7	1	4	4
6								

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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

03/14/2025

## 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](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# *State of Florida*

## *Department of State*

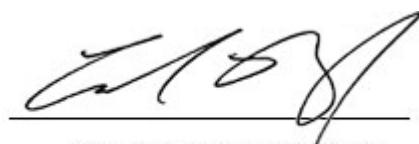
I certify from the records of this office that JUNIOR ACHIEVEMENT OF SOUTH FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on January 13, 1984.

The document number of this corporation is N00908.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 25, 2025, 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 First day of May, 2025*



---

*Secretary of State*

Tracking Number: 9624190702CU

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 3/20/2025 and 3/20/2025

Board Member	Company	Job Title
<b>Mr. Alfredo Aguirre</b>	<b>Merrill Lynch Wealth Management</b>	<b>First Vice President</b>
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		
<b>Mr. Akin Ayodele</b>	<b>Gallagher</b>	<b>Area President</b>
Address: 12190 Rhino Oaks Dr. Davie, FL 33325		Phone: (214) 236-2546 (Mobile) Email Address: akin_ayodele@ajg.com
Committee(s): Board of Directors Executive Committee		
<b>Mrs. Christine L. Battles Merhige</b>	<b>Advanced Mechanical Enterprises</b>	<b>Owner</b>
Address: 217 SW 28th St Fort Lauderdale, FL 33315		Phone: (954) 764-2678 (Organization-Main) (305) 588-1741 (Mobile) Email Address: christine@amesolutions.com
Committee(s): Board of Directors Circle of Wise Women JAU Committee		
<b>Mr. William Beckman</b>	<b>Becton Dickinson and Company</b>	<b>Sales Director</b>
Address: 9148 Magnolia Court Davie, FL 33328		Phone: (305) 333-3598 (Organization-Direct) Email Address: wsbeckman@gmail.com
Committee(s): Board of Directors Marketing & Outreach Committee		
<b>Mr. Jeff Bishop</b>	<b>Ryder Systems Inc.</b>	<b>Director, Business Development</b>
Address: 5008 NW 119 Terrace Coral Springs, FL 33076		Phone: (954) 649-3012 (Mobile) Email Address: Jeff_bishop@ryder.com
Committee(s): Board of Directors Governance Committee		
<b>Ms. Sherry Bradley</b>	<b>CohnReznick</b>	<b>Assurance Partner</b>
Address: 490 Sawgrass Corporate Pkwy #200 Sunrise, FL 33325		Phone: (561) 886-5262 (Organization-Main) Email Address: Sherry.Bradley@cohnreznick.com
Committee(s): Board of Directors Programs Committee		
<b>Ms. Georgie Brown</b>	<b>SOFLO Collective</b>	<b>CEO &amp; Founder</b>
Address: 310 SE 12th St Pompano Beach, FL 33060		Phone: (954) 294-2569 (Mobile) Email Address: georgie@soflocollective.com
Committee(s): Board of Directors Executive Committee Marketing & Outreach Committee		
<b>Mr. Jeffrey Buzzelli</b>	<b>Comcast Corporation</b>	<b>Senior Vice President Florida Region</b>
Address: 1100 Northpoint Parkway #100 West Palm Beach, FL 33407		Phone: (404) 275-6658 (Mobile) Email Address: jeffrey_buzzelli@comcast.com
Committee(s): Board of Directors		
<b>Mr. Ross Calvert</b>	<b>CUNDY, Inc.</b>	<b>Vice President of Communications</b>
Address: 4345 E Tradewinds Ave Lauderdale by the sea, FL 33089		Phone: (954) 347-9006 (Mobile) (954) 593-1126 (Mobile) Email Address: rcalvert@cundy.com
Committee(s): Board of Directors Executive Committee Marketing & Outreach Committee		
<b>Ms. Kimberly Campos</b>	<b>Universal Property and Casualty Insurance Company</b>	<b>Chief Information Officer and Chief Administration Officer</b>
Address: 4032 Large Leaf Lane hollywood, FL 33021		Phone: (954) 599-7790 (Mobile) (305) 982-7371 (Mobile) Email Address: kc2007@universalproperty.com

Board Member	Company	Job Title
Committee(s): Board of Directors		
<b>Ms. Maureen Canada</b>		
Address: 2521 NE 31 Court Lighthouse Point, FL 33064	Phone: (954) 261-6251 (Mobile) Email Address: maureenscanada@gmail.com	
Committee(s): Board of Directors Circle of Wise Women Rose Soiree Committee		
<b>Ms. Cristy Castaneda</b>	<b>Simply Healthcare</b>	
Address: 4351 SW 143Ave Miramar, FL 33027	Phone: (954) 849-0184 (Mobile) Email Address: ccastaneda0823@gmail.com	
Committee(s): Board of Directors		
<b>Mr. David Chanon</b>	<b>Stiles Corporation</b>	<b>President, Financial Services</b>
Address: 248 Codrington Drive Lauderdale by the Sea, FL 33308	Phone: (954) .62-7.92 (Organization-Main) (954) 422-2673 (Mobile) Email Address: davidc@stiles.com	
Committee(s): Board of Directors		
<b>Mrs. Monique L. Corker</b>	<b>Aetna/CVS</b>	
Address: 4905 SW 10th Street Margate, FL 33068	Phone: (561) 961-6632 (Mobile) (954) 501-4055 (Mobile) Email Address: corkerm@aetna.com	
Committee(s): Board of Directors Circle of Wise Women		
<b>Mr. Ryan Cronin</b>	<b>CITY Furniture</b>	<b>President</b>
Address: 6701 Hiatus Rd, Tamarac, FL 33321	Phone: (954) 802-2039 (Mobile) Email Address: ryanc@Cityfurniture.com	
Committee(s): Audit Committee Board of Directors Executive Committee		
<b>Ms. Lisa D'Augustino</b>	<b>INSUREtrust</b>	<b>Vice President, Cyber &amp; Technology EO</b>
Address: 5185 Peachtree Parkway Suite 230 Norcross, GA 30092	Phone: (954) 551-5190 (Mobile) Email Address: Ldaugustino@insuretrust.com	
Committee(s): Board of Directors		
<b>Mr. Matt de Aguiar</b>	<b>Fleet Advantage</b>	<b>Chief Operating Officer</b>
Address: 401 E. Las Olas Blvd. Fort Lauderdale, FL 33301	Phone: (954) 615-4400 (Organization-Main) (860) 839-4318 (Mobile) Email Address: mdeaguiar@fleetadvantage.com	
Committee(s): Board of Directors		
<b>Mr. Kenneth DeBritto</b>	<b>AI Media Group</b>	
Address: 2951 East Stonebrook Circle Davie, FL 33330	Phone: (561) 758-0100 (Mobile) Email Address: kdebritto@aimg-partners.com	
Committee(s): Board of Directors Marketing & Outreach Committee Marketing/PR/External Affairs Committee		
<b>Mr. Matthew DiGregorio</b>	<b>Lockton Companies, LLC.</b>	<b>Senior Vice President</b>
Address: 1200 SW 145th Avenue, Suite 140A Pembroke Pines, FL 33027	Phone: (954) 883-2000 (Organization-Main) (610) 203-4251 (Mobile) Email Address: mdigregorio@lockton.com	
Committee(s): 3DE Committee Board of Directors Marketing & Outreach Committee		
<b>Mr. Seth E. Ellis</b>	<b>Wiggin &amp; Dana LLP</b>	<b>Partner</b>
Address: 4755 Technology Way, Ste. 205 Boca Raton, FL 33431	Phone: (561) 910-7500 (Organization-Main) (561) 441-7599 (Mobile) Email Address: sellis@wiggin.com	
Committee(s): Board of Directors Governance Committee		
<b>Mr. Richard Farah</b>	<b>Salesforce.com, inc.</b>	<b>Director, Software Engineering</b>
Address: 7312 NW 45th Ave Coconut Creek, FL 33073	Phone: (954) 249-6746 (Mobile) Email Address: rfarah@salesforce.com	

Board Member	Company	Job Title
Committee(s): Board of Directors Innovative Initiatives Committee		
<b>Ms. Ritika Ferwani</b>	<b>JM Family Enterprises</b>	<b>Assistant Vice-President, SETF IT</b>
Address: 100 Jim Moran Boulevard Deerfield Beach, FL 33442, FL 33442		Phone: (954) 429-2000 (Organization-Main) (954) 415-8036 (Mobile) Email Address: ritika.ferwani@jmfamily.com
Committee(s): Board of Directors		
<b>Mr. Michael A. Fischler</b>	<b>FISCHLER, FRIEDMAN &amp; BENNETT, P.A.</b>	<b>Senior Partner</b>
Address: 1000 S Andrews Avenue Fort Lauderdale, FL 33316		Phone: (954) 763-5778 (Organization-Main) (954) 232-9582 (Mobile) Fax: (954) 763-3238 Email Address: michael@ffpa-law.com
Committee(s): Board of Directors Governance Committee		
<b>Mrs. Katherine Foster</b>	<b>Bluegreen Corp.</b>	<b>SVP of Business Development &amp; Innovation</b>
Address: 2626 E. Oakland Pk. Blvd Ft. Lauderdale, FL 33306		Phone: (954) 563-2444 (Organization-Main) (954) 646-1239 (Mobile) Email Address: NA@gmail.com
Committee(s): Board of Directors Programs Committee		
<b>Miss Monica Frank</b>	<b>EY Boca Raton</b>	<b>Partner</b>
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		
<b>Ms. Lynn Goldman-Hayman</b>		
Address: 8127 Juniper Dr. Parkland, FL 33067		Phone: (954) 655-1358 (Mobile) Email Address: lynngoldman@yahoo.com
Committee(s): Board of Directors Programs Committee		
<b>Mrs. Jennifer Goldsmith</b>	<b>O'Brien-Staley Partners</b>	<b>Director, Investor Relations</b>
Address: 5050 France Ave S, Edina, MN 55410		Phone: (917) 902-6367 (Mobile) Email Address: jenmanteygoldsmith@gmail.com
Committee(s): Board of Directors Marketing & Outreach Committee		
<b>Howard Hepburn</b>	<b>The School Board Of Broward County</b>	<b>Superintendent</b>
Address: 600 SE 3rd Ave Fort Lauderdale, FL 33301		Phone: (754) 321-2100 (Organization-Direct) Email Address: howard.hepburn@browardschools.com
Committee(s): 3DE Committee Board of Directors Marketing & Outreach Committee		
<b>Mr. Manish Hirapara</b>	<b>PeakActivity</b>	<b>CEO</b>
Address: 8939 Hidden Acres Dr Boynton Beach, FL 33473		Phone: (574) 404-7325 (Organization-Main) (561) 542-3516 (Mobile) Email Address: manish@peakactivity.com
Committee(s): Board of Directors Executive Committee Marketing & Outreach Committee		
<b>Ms. Brenda Horner</b>	<b>Consolidated Credit Solutions</b>	<b>Director of Operations</b>
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 Circle of Wise Women Executive Committee Governance Committee, Member		
<b>Mr. Geoffrey Horst</b>	<b>Deloitte LLP</b>	<b>Tax Partner</b>
Address: Brickell World Plaza 600 Brickell Avenue Suite 3700 Miami, FL 33131		Phone: (305) 372-3125 (Organization-Direct) (404) 323-4023 (Mobile) Email Address: ghorst@deloitte.com
Committee(s): Audit Committee Board of Directors, Treasurer		

Board Member	Company	Job Title
	Executive Committee	
	Finance Committee	
<b>Mr. Andrew Koenig</b>	<b>CITY Furniture</b>	<b>CEO</b>
Address: 6701 N Hiatus Road Tamarac, FL 33321		Phone: (954) 597-2200 (Organization-Main) (954) 829-4385 (Mobile) Email Address: andrewk@City-Furniture.com
Assistant(s): Julie Cinilia, (917) 423-5269, Juliec@CITY-FURNITURE.com		
Committee(s): 3DE Committee		
Board of Directors, Chairman		
Executive Committee, Chairman		
<b>Cinthya Lavin</b>	<b>Better Business Bureau</b>	
Address: 5200 NE 9 Avenue Pompano Beach, FL 33064		Phone: (305) 827-5363 ext. 204 (Organization-Main) Email Address: clavin@bbbsefl.org
Committee(s): Board of Directors		
Marketing & Outreach Committee		
<b>Ms. Jessica Lerner</b>	<b>Community Care Plan</b>	<b>President and Chief Executive Officer</b>
Address: 1643 Harrison Parkway, Ste. 200 Sunrise, FL 33323		Phone: (954) 622-3222 (Organization-Direct) (954) 309-2567 (Mobile) Email Address: jlerner@ccpcares.org
Committee(s): Audit Committee		
Board of Directors		
Circle of Wise Women		
Finance Committee		
<b>Mr. Howard Levine</b>	<b>Amerant Bank</b>	<b>executive vice president</b>
Address: 220 Alahambra Circle Coral Gables, FL 33134		Phone: (954) 868-5771 (Mobile) Email Address: hlevine@amerantbank.com
Committee(s): Board of Directors		
<b>Mrs. Wendy Liebowitz</b>	<b>JP Morgan Chase</b>	
Address: 501 East Las Olas Blvd., Floor 2 Fort Lauderdale, FL 33301		Phone: (561) 313-2715 (Organization-Direct) (561) 313-2715 (Mobile) Email Address: Wendy1CFP1MBA@gmail.com
Committee(s): Board of Directors		
Governance Committee		
<b>Mr. Thomas H. Loffredo</b>	<b>Gray Robinson</b>	<b>Managing Shareholder</b>
Address: 401 E Las Olas Blvd. Suite 1000 Fort Lauderdale, FL 33301		Phone: (954) 761-7499 (Organization-Direct) (954) 895-3405 (Mobile) Fax: (954) 761-8112 Email Address: tom.loffredo@gray-robinson.com
Committee(s): Board of Directors		
Governance Committee		
<b>Ms. Jacqueline Lorber</b>	<b>South Florida Symphony Orchestra</b>	<b>President / CEO</b>
Address: 2201 Wilton Drive, Ste. 12 Wilton Manors, FL 33305		Phone: (954) 522-8445 (Organization-Main) (954) 661-4074 (Mobile) Email Address: jlorber@southfloridasymphony.org
Committee(s): Board of Directors		
Marketing & Outreach Committee		
<b>Mr. Peter Loyello</b>	<b>PJLC, LLC</b>	<b>President</b>
Address: 419 SE 2nd St, Unit 250 Fort Lauderdale, FL 33301		Phone: (305) 502-1531 (Mobile) Email Address: piloyello@gmail.com
Committee(s): Board of Directors, Member		
Marketing & Outreach Committee		
<b>Dr. Jamie Manburg</b>	<b>NSU - Main Campus</b>	
Address: 815 NE 17th Way Fort Lauderdale, FL 33304		Phone: (954) 262-8466 (Organization-Direct) (954) 804-0860 (Mobile) Email Address: jmanburg@nova.edu
Committee(s): Board of Directors		
Programs Committee		
<b>Ms. Catherine Mandell</b>	<b>Phase3 Business Services LLC</b>	
Address: 1713 Crossbill Dr. Titusville, FL 32796		Phone: (215) 870-2685 (Not Available) Email Address: catherine.mandell@gmail.com
Committee(s): Board of Directors		
Programs Committee		

Board Member	Company	Job Title
<b>Ms. Cindy Mason</b>	<b>Florida Blue</b>	<b>Market Leader Broward County</b>
Address: 3230 W Commercial Blvd., Ste. 350 Fort Lauderdale, FL 33309		Phone: (954) 485-3444 (Organization-Main) (317) 910-6015 (Mobile) Email Address: cindy.mason@bcbsfl.com
Committee(s): Board of Directors		
<b>Mr. Joel D. Mayersohn</b>	<b>Dickinson Wright</b>	<b>Member</b>
Address: 350 East Las Olas Blvd., Suite 1750 Fort Lauderdale, FL 33301		Phone: (954) 991-5426 (Organization-Direct) (954) 557-5664 (Mobile) Fax: (844) 670-6009 Email Address: JMayersohn@dickinson-wright.com
Committee(s): Audit Committee Board of Directors Executive Committee Finance Committee		
<b>Mr. Ronnie Medina</b>	<b>M&amp;T Bank</b>	<b>Vice President- Senior Relationship Manager</b>
Address: 15157 SW 13th PL Sunrise, FL 33326		Phone: (561) 801-7888 (Organization-Direct) (954) 600-9995 (Mobile) Email Address: rmedina4@mtb.com
Committee(s): Board of Directors		
<b>Ms. Stacey Miller</b>	<b>Construction Executive Association</b>	
Address: 4440 NW 42 Terrace Coconut Creek, FL 33073		Phone: (954) 295-3312 (Mobile) (954) 509-3777 (Mobile) Email Address: smiller@landmarkservicesllc.com
Committee(s): Board of Directors Circle of Wise Women		
<b>Mr. Robert Morcos</b>	<b>Social Mobile</b>	<b>Founder &amp; CEO</b>
Address: 13040 Ortega Lane Second Floor North Miami, FL 33181		Phone: (305) 915-0693 (Mobile) Email Address: robert@socialmobile.com
Committee(s): Board of Directors		
<b>Mr. Stuart R. Morris</b>	<b>Cozen O'Conner Law Firm</b>	<b>Wealth Preservation Attorney</b>
Address: 1801 N. Military Trail, Suite 200 Boca Raton, FL 33431		Phone: (561) 750-3850 (Organization-Main) (954) 695-7118 (Mobile) Email Address: smorris@cozen.com
Committee(s): Board of Directors Executive Committee		
<b>Mr. Zachary Morrison</b>	<b>Tinuiti</b>	<b>CEO</b>
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 Committee Board of Directors Innovative Initiatives Committee		
<b>Mrs. Monica Navarro</b>	<b>Molina Healthcare, Inc.</b>	
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		
<b>Mr. Marc Nudelberg</b>	<b>On the Ball Ventures</b>	
Address: 701 South Olive Avenue, 1102 West Palm Beach, FL 33401		Phone: (954) 332-2200 (Organization-Main) Email Address: marc@ontheballventures.com
Committee(s): Board of Directors Marketing & Outreach Committee		
<b>Captain Renee Peterson</b>	<b>Broward County Sheriff's Office</b>	<b>Director of Government Affairs</b>
Address: 2601 West Broward Boulevard Fort Lauderdale, FL 33312		Phone: (954) 702-0560 (Organization-Direct) Email Address: renee_peterson@sheriff.org
Committee(s): Board of Directors		
<b>Mr. Julio Ramirez</b>	<b>Fifth Third Bank</b>	<b>Market President, Southeast Florida Commercial Banking Executive, South Florida Region</b>

Board Member	Company	Job Title
Address: 200 E. Las Olas Blvd #1200 Fort Lauderdale, FL 33301	Phone: (954) 767-2490 (Organization-Main) (813) 205-1230 (Mobile) Email Address: Julio.Ramirez@53.com	
Committee(s): Board of Directors Programs Committee		
<b>Ms. Robyn Raphael Dynan</b>	<b>RCC Associates, Inc.</b>	<b>President</b>
Address: 1240 Sw 19th Avenue Boca Raton, FL 33486	Phone: (561) 251-4111 (Mobile) Email Address: rraphael@rccassociates.com	
Committee(s): Board of Directors		
<b>Mr. John T. Ray, III</b>	<b>Sonitrol of Fort Lauderdale</b>	<b>President &amp; CEO</b>
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		
<b>Mrs. Tamara Rodriguez</b>	<b>Island TV</b>	<b>CFO/ Co-Owner</b>
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, Treasurer		
<b>Mr. Julio Roque</b>	<b>Synovus Financial Corp.</b>	
Address: 201 E Las Olas, Suite 2300 Fort Lauderdale, FL 33301	Phone: (888) 640-2200 (Organization-Main) Email Address: julioroque@synovus.com	
Committee(s): Board of Directors		
<b>Mr. Arthur Rosenberg</b>	<b>Hope &amp; Arthur Rosenberg Charitable Fund</b>	
Address: 13119 Mount Columbia Terrace Delray Beach, FL 33446	Phone: (203) 858-3853 (Mobile) Email Address: asrosenberg1@gmail.com	
Committee(s): Board of Directors		
<b>Mr. Timothy A. Rubin</b>	<b>Kaufman Rossin</b>	<b>Director of Client Services</b>
Address: 100 Se 3rd Avenue, Ste 2400 Fort Lauderdale, FL 33394	Phone: (954) 713-7435 (Organization-Direct) (954) 609-8127 (Mobile) Email Address: trubin@kaufmanrossin.com	
Committee(s): 3DE Committee Board of Directors, Member Executive Committee Governance Committee		
<b>Ms. Meaghan Ryan</b>	<b>Seminole Gaming</b>	<b>Vice President of Global Talent and Team Member Relations</b>
Address: 6401 Sheridan St Hollywood, FL 33024	Phone: (702) 428-9326 (Mobile) Email Address: meaghanryan48@yahoo.com	
Committee(s): Board of Directors Programs Committee		
<b>Mr. Michael Salamone</b>	<b>Wells Fargo N.A.</b>	
Address: 5747 NW 127th Terrace Coral Springs, FL 33076	Phone: (561) 301-9272 (Mobile) Email Address: michael.salamone@wellsfargo.com	
Committee(s): Board of Directors Marketing & Outreach Committee		
<b>Mrs. Kim Sarni</b>	<b>South Florida Business &amp; Wealth</b>	<b>Managing Director</b>
Address: 3511 West Commercial Blvd. Suite 400 Fort Lauderdale, FL 33309	Phone: (917) 225-0507 (Mobile) Email Address: ksarni@sfbwmag.com	
Committee(s): Board of Directors Circle of Wise Women Marketing & Outreach Committee Rose Soiree Committee		
<b>Ms. Angelika Schlanger</b>	<b>For Impact Partners</b>	<b>Owner</b>
Address: 7506 Appalachian Drive Parkland, FL 33067	Phone: (718) 986-6612 (Mobile) Email Address: angelika@forimpactpartners.com	
Committee(s): Board of Directors Executive Committee		

Board Member	Company	Job Title
Programs Committee		
<b>Ms. Kristen Searle</b>	<b>Castle Group</b>	<b>Chief Human Resources Officer</b>
Address: 12270 SW 3rd Street, Suite 200 Plantation, FL 33325-2811  Committee(s): Board of Directors Programs Committee		
Phone: (954) 792-6000 x 2972 (Organization-Main) (954) 495-6842 (Mobile) Email Address: Ksearle@castlegroup.com		
<b>Ms. Christine Shaw</b>	<b>FPL</b>	
Address: 7201 Cypress Road Plantation, FL 33317  Committee(s): Board of Directors Executive Committee		
Phone: (954) 321-2189 (Organization-Main) Email Address: Christine.Shaw@fpl.com		
<b>Mr. Don Silvestri</b>	<b>Debt Management Systems</b>	
Address: 5769 West Sunrise Blvd. Plantation, FL 33313  Committee(s): Board of Directors Marketing & Outreach Committee		
Phone: (954) 377-9156 (Organization-Main) (954) 557-6964 (Mobile) Email Address: don@debt.com		
<b>Ms. Jennifer Starkey</b>	<b>TD Bank NA</b>	<b>Senior Vice President, Regional Vice President- TD Bank</b>
Address: 5900 N Andrews Ave. 2nd Fort Lauderdale, FL 33309  Committee(s): Board of Directors Circle of Wise Women Rose Soiree Committee		
Phone: (954) 595-8077 (Mobile) Email Address: jennifer.starkey@td.com		
<b>Ms. Caitlin Stella</b>	<b>Joe DiMaggio Children's Hospital</b>	
Address: 1005 Joe DiMaggio Drive Hollywood, FL 33021  Committee(s): Board of Directors Circle of Wise Women		
Phone: (954) 265-5324 (Organization-Main) (323) 810-4807 (Mobile) Email Address: na@gmail.com		
<b>Ms. Nicky Tesser</b>	<b>JetBlue Airways</b>	<b>Manager Community &amp; Crewmember Engagement</b>
Address: 2701 Queens Plaza N Long Island City, NY 11101  Committee(s): Board of Directors Programs Committee		
Phone: (917) 391-6993 (Organization-Main) (718) 286-7900 (Mobile) Email Address: nicky.tesser@jetblue.com		
<b>Mr. Gregory C. Thompson</b>		
Address: 2513 Mercedes Drive Fort Lauderdale, FL 33316  Committee(s): 3DE Committee Board of Directors, Vice Chairman Executive Committee, Vice Chairman Finance Committee		
Phone: (440) 315-5351 (Mobile) Email Address: Greg@Thompson.gs		
<b>Ms. Andrea Tsakanikas</b>	<b>Crew Logistics</b>	<b>Founder &amp; President</b>
Address: 2501 East Commercial Blvd. Suite 203 Fort Lauderdale, FL 33308  Committee(s): Board of Directors Circle of Wise Women		
Phone: (954) 214-0211 (Mobile) Email Address: andrea@crewlogistics.com		
<b>Mr. Matthew Verga</b>	<b>KPMG LLP</b>	<b>Senior Audit Manager</b>
Address: 450 E Las Olas Blvd, Suite 1200 Fort Lauderdale, FL 33301  Committee(s): Board of Directors Finance Committee		
Phone: (954) 524-6000 (Organization-Main) (954) 303-0725 (Mobile) Email Address: mverga@KPMG.com		
<b>Mr. Mark S. Walter,CPA</b>	<b>CITY Furniture</b>	<b>CFO</b>
Address: 3000 Paddock Road Weston, FL 33331  Committee(s): Audit Committee, Board Chairman Board of Directors Executive Committee		
Phone: (954) 660-1462 (Organization-Direct) (954) 817-2154 (Mobile) Email Address: markw@city-furniture.com		

Board Member	Company	Job Title
<b>Mr. Chaz Warrington</b>	<b>DEX Imaging, Inc.</b>	<b>General Manager</b>
Address: 2500 N Andrews Avenue Ext Pompano Beach, FL 33064		Phone: (813) 769-4282 (Organization-Main) (561) 239-0367 (Mobile) Email Address: cwarrington@deximaging.com
Committee(s): Board of Directors Marketing/PR/External Affairs Committee		
<b>Mrs. Julie L. Williamson-Bresset</b>	<b>Bank of America Corporation</b>	
Address: 9916 NW 66th Mnr Parkland, FL 33076		Phone: (954) 665-1700 (Home) (954) 665-1700 (Mobile) Email Address: Julie.Williamson-Bresset@bofa.com
Committee(s): Board of Directors Executive Committee Marketing & Outreach Committee		
<b>Mr. Peter R. Woolf</b>	<b>Community Volunteer</b>	
Address: 1208 NE 1st Street Fort Lauderdale, FL 33301		Phone: (954) 494-1892 (Mobile) Email Address: woolfp@gmail.com
Committee(s): Board of Directors Campaign Prospects DS1-1 Finance Committee		
<b>Mr. Giancarlo Zuniga</b>	<b>Truist</b>	<b>Senior Vice President</b>
Address: 5430 NW 109 Lane Coral Springs, FL 33076		Phone: (954) 713-3363 (Organization-Direct) (954) 608-8701 (Mobile) Email Address: giancarlo.zuniga@truist.com
Committee(s): Board of Directors Executive Committee Governance Committee		

IRS e-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2022

Department of the Treasury  
Internal Revenue ServiceName of filer **JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**EIN or SSN  
**59-0871446**Name and title of officer or person subject to tax **LAURIE SALLARULO  
PRESIDENT & EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b>	<b>Form 990</b> check here .....	<input checked="" type="checkbox"/>	<b>b Total revenue, if any (Form 990, Part VIII, column (A), line 12)</b> .....	<b>1b</b> <u>7,758,135.</u>
<b>2a</b>	<b>Form 990-EZ</b> check here .....	<input type="checkbox"/>	<b>b Total revenue, if any (Form 990-EZ, line 9)</b> .....	<b>2b</b> _____
<b>3a</b>	<b>Form 1120-POL</b> check here .....	<input type="checkbox"/>	<b>b Total tax (Form 1120-POL, line 22)</b> .....	<b>3b</b> _____
<b>4a</b>	<b>Form 990-PF</b> check here .....	<input type="checkbox"/>	<b>b Tax based on investment income (Form 990-PF, Part V, line 5)</b> .....	<b>4b</b> _____
<b>5a</b>	<b>Form 8868</b> check here .....	<input type="checkbox"/>	<b>b Balance due (Form 8868, line 3c)</b> .....	<b>5b</b> _____
<b>6a</b>	<b>Form 990-T</b> check here .....	<input type="checkbox"/>	<b>b Total tax (Form 990-T, Part III, line 4)</b> .....	<b>6b</b> _____
<b>7a</b>	<b>Form 4720</b> check here .....	<input type="checkbox"/>	<b>b Total tax (Form 4720, Part III, line 1)</b> .....	<b>7b</b> _____
<b>8a</b>	<b>Form 5227</b> check here .....	<input type="checkbox"/>	<b>b FMV of assets at end of tax year (Form 5227, Item D)</b> .....	<b>8b</b> _____
<b>9a</b>	<b>Form 5330</b> check here .....	<input type="checkbox"/>	<b>b Tax due (Form 5330, Part II, line 19)</b> .....	<b>9b</b> _____
<b>10a</b>	<b>Form 8038-CP</b> check here .....	<input type="checkbox"/>	<b>b Amount of credit payment requested (Form 8038-CP, Part III, line 22)</b> .....	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only** I authorize **CITRIN COOPERMAN ADVISORS LLC**

ERO firm name

to enter my PIN

**71446**Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**65945325370**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **TYLER JOHNSON**

Date

**05/14/24**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

EXTENDED TO MAY 15, 2024

## Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

2022

Open to Public  
InspectionUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable:	C Name of organization <b>JUNIOR ACHIEVEMENT OF SOUTH FLORIDA INC.</b>		D Employer identification number <b>59-0871446</b>
<input type="checkbox"/> Address change	Doing business as		E Telephone number <b>954-979-7100</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>1130 COCONUT CREEK BLVD.</b>		F Gross receipts \$ <b>8,217,543.</b>
<input type="checkbox"/> Initial return	Room/suite		G City or town, state or province, country, and ZIP or foreign postal code <b>COCONUT CREEK, FL 33066</b>
<input type="checkbox"/> Final return/terminated	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Amended return	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Application pending	If "No," attach a list. See instructions		
F Name and address of principal officer: <b>LAURIE SALLARULO</b> <b>SAME AS C ABOVE</b>			
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: <b>WWW.JASOUTHFLORIDA.ORG</b>			
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: <b>1984</b> M State of legal domicile: <b>FL</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.</b>		
	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 <b>66</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4 <b>66</b>	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	5 <b>103</b>	
	6 Total number of volunteers (estimate if necessary) .....	6 <b>3970</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a <b>0.</b>	
b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	7b <b>0.</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h) .....	<b>6,264,800.</b>	<b>7,888,242.</b>
	9 Program service revenue (Part VIII, line 2g) .....	<b>0.</b>	<b>0.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>-4,303.</b>	<b>84,610.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>-178,298.</b>	<b>-214,717.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>6,082,199.</b>	<b>7,758,135.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>0.</b>	<b>0.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>2,755,595.</b>	<b>3,542,393.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) .....	<b>822,282.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>2,331,903.</b>	<b>3,086,440.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>5,087,498.</b>	<b>6,628,833.</b>
19 Revenue less expenses. Subtract line 18 from line 12 .....	<b>994,701.</b>	<b>1,129,302.</b>	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	<b>18,787,734.</b>	<b>19,832,852.</b>	
	<b>5,070,938.</b>	<b>5,067,762.</b>	
	<b>13,716,796.</b>	<b>14,765,090.</b>	

## 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 <b>LAURIE SALLARULO, PRESIDENT &amp; EXECUTIVE DIRECTOR</b>		Date
	Type or print name and title		
Paid	Print/Type preparer's name <b>TYLER JOHNSON</b>	Preparer's signature <b>TYLER JOHNSON</b>	Date <b>05/14/24</b> Check <input type="checkbox"/> if self-employed PTIN <b>P01959117</b>
Preparer	Firm's name <b>CITRIN COOPERMAN ADVISORS LLC</b>		Firm's EIN <b>87-2525370</b>
Use Only	Firm's address <b>6550 N. FEDERAL HIGHWAY, 4TH FLOOR FT. LAUDERDALE, FL 33308</b>		Phone no. <b>954-771-0896</b>

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

JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.

Form 990 (2022)

59-0871446 Page 2

**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 \$ 5,572,930. 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 5,572,930.

Form 990 (2022)

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Form 990 (2022)

59-0871446

Page 3

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> 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> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 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> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 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> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> <li>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> .....</li> <li>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> .....</li> <li>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> .....</li> <li>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> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>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> .....</li> </ul>	11a X	
11b .....	11b X	
11c .....	11c X	
11d .....	11d X	
11e .....	11e X	
11f .....	11f 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> .....	12a X	
12b 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> .....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	14a X	
14b 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> .....	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	16 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. See instructions</i> .....	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	18 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> .....	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a X	
20b .....	20b X	
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> .....	21 X	

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Form 990 (2022)

59-0871446 Page 4

**Part IV Checklist of Required Schedules (continued)**

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

**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

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

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Form 990 (2022)

59-0871446

Page 5

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

	Yes	No
<b>2a</b> 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	103
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
<b>b</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). .....		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
<b>a</b> 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? .....	7b	X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	7h	
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	8	
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>	9a	
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	9b	
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:	10a	
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	10b	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:	11a	
<b>a</b> Gross income from members or shareholders .....	11b	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	12b	
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	
<b>c</b> Enter the amount of reserves on hand .....	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	X
If "Yes," complete Form 4720, Schedule O.		
<b>17</b> <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	17	
If "Yes," complete Form 6069.		

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Form 990 (2022)

59-0871446 Page 6

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year .....	1a	66
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent .....	1b	66
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
<b>6</b>	Did the organization have members or stockholders? .....	6	X
<b>7a</b>	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>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	8b	X
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</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	
<b>11a</b>	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>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	12c	X
<b>13</b>	Did the organization have a written whistleblower policy? .....	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b>	Other officers or key employees of the organization .....	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	<b>FL</b>
<b>18</b>	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.	
	<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
<b>19</b>	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.	
<b>20</b>	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.**

Form 990 (2022)

59-0871446 Page 7

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) LAURIE SALLARULO CEO/EXECUTIVE DIRECTOR	40.00		X				330,504.	0.	0.
(2) MONICA MCNERNEY CHIEF OPERATING OFFICER	40.00		X				142,997.	0.	0.
(3) ADRINIA WOODS CHIEF REVENUE OFFICER	40.00		X				124,077.	0.	0.
(4) DEBBIE HAMMER DIRECTOR OF DEVELOPMENT	40.00			X			108,666.	0.	0.
(5) DIANA METCALF SENIOR DIRECTOR OF DEVELOPMENT	40.00			X			104,990.	0.	0.
(6) SHERNETTE GRANT CHIEF PROGRAM OFFICER	40.00		X				69,808.	0.	0.
(7) TIMOTHY A. RUBIN IMMEDIATE PAST CHAIR	1.00	X	X				0.	0.	0.
(8) ANDREW KOENIG CHAIR	1.00	X	X				0.	0.	0.
(9) GEOFFREY HORST BOARD MEMBER	1.00	X	X				0.	0.	0.
(10) ROBERT SWINDELL BOARD MEMBER	1.00	X					0.	0.	0.
(11) BRENDA HORNER BOARD MEMBER	1.00	X					0.	0.	0.
(12) DAPHNEE SAINVIL 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.**

Form 990 (2022)

59-0871446 Page 8

**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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) MICHAEL WEYMOUTH BOARD MEMBER	1.00	X					0.	0.	0.
(19) PETER WOOLF BOARD MEMBER	1.00	X					0.	0.	0.
(20) JULIE L. WILLIAMSON-BRESSET BOARD MEMBER	1.00	X					0.	0.	0.
(21) STUART MORRIS BOARD MEMBER	1.00	X					0.	0.	0.
(22) JOHN T. RAY, III BOARD MEMBER	1.00	X					0.	0.	0.
(23) FRANKI SCHMIDT SECRETARY	1.00	X					0.	0.	0.
(24) ALFREDO AGUIRRE BOARD MEMBER	1.00	X					0.	0.	0.
(25) CHRISTOPHER CAVANAGH BOARD MEMBER	1.00	X					0.	0.	0.
(26) RICHARD FARAH BOARD MEMBER	1.00	X					0.	0.	0.
<b>1b Subtotal</b>							<b>881,042.</b>	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							<b>881,042.</b>	0.	0.

**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 3

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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	(B) Description of services	(C) Compensation
CENTURIC LLC, 13798 NW 4TH STREET STE 312, SUNRISE, FL 33325	TECHNOLOGY AND COMPUTER RELATED SER	471,618.

**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 1

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form 990 (2022)

JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.

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			
(27) MICHAEL FISCHLER BOARD MEMBER	1.00	X					0.	0.	0.
(28) KATHERINE FOSTER BOARD MEMBER	1.00	X					0.	0.	0.
(29) DAVID GREENBERG BOARD MEMBER	1.00	X					0.	0.	0.
(30) JOEL MAYERSON BOARD MEMBER	1.00	X					0.	0.	0.
(31) DAWN STAGLIANO BOARD MEMBER	1.00	X					0.	0.	0.
(32) JUSTIN STONE BOARD MEMBER	1.00	X					0.	0.	0.
(33) MONICA NAVARRO TREASURER	1.00	X					0.	0.	0.
(34) STEVE NUDELBERG BOARD MEMBER	1.00	X					0.	0.	0.
(35) ANGELIKA SCHLANGER BOARD MEMBER	1.00	X					0.	0.	0.
(36) DON SILVESTRI BOARD MEMBER	1.00	X					0.	0.	0.
(37) GREGORY C. THOMPSON VICE CHAIR	1.00	X					0.	0.	0.
(38) JORDAN YATES BOARD MEMBER	1.00	X					0.	0.	0.
(39) KAREN BROOKS BOARD MEMBER	1.00	X					0.	0.	0.
(40) DAVID CHANON BOARD MEMBER	1.00	X					0.	0.	0.
(41) JENI CHOKRON BOARD MEMBER	1.00	X					0.	0.	0.
(42) MONIQUE L. CORKER BOARD MEMBER	1.00	X					0.	0.	0.
(43) KENNETH DEBRITTO BOARD MEMBER	1.00	X					0.	0.	0.
(44) MONICA FRANK BOARD MEMBER	1.00	X					0.	0.	0.
(45) ROBYN RAPHAEL DYNAN BOARD MEMBER	1.00	X					0.	0.	0.
(46) KIM SWEERS BOARD MEMBER	1.00	X					0.	0.	0.

Total to Part VII, Section A, line 1c .....

JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.

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			
(47) ANDREA TSAKANIKAS BOARD MEMBER	1.00	X					0.	0.	0.
(48) AKIN AYODELE BOARD MEMBER	1.00	X					0.	0.	0.
(49) TIMOTHY BRYANT BOARD MEMBER	1.00	X					0.	0.	0.
(50) LISA D'AUGUSTINO BOARD MEMBER	1.00	X					0.	0.	0.
(51) SETH E. ELLIS BOARD MEMBER	1.00	X					0.	0.	0.
(52) MILIN ESPINO BOARD MEMBER	1.00	X					0.	0.	0.
(53) LYNN GOLDMAN BOARD MEMBER	1.00	X					0.	0.	0.
(54) MANISH HIRAPARA BOARD MEMBER	1.00	X					0.	0.	0.
(55) PETER LOYELLO BOARD MEMBER	1.00	X					0.	0.	0.
(56) STACEY MILLER BOARD MEMBER	1.00	X					0.	0.	0.
(57) TAMARA RODRIGUEZ BOARD MEMBER	1.00	X					0.	0.	0.
(58) JENNIFER STARKEY BOARD MEMBER	1.00	X					0.	0.	0.
(59) RYAN CRONIN BOARD MEMBER	1.00	X					0.	0.	0.
(60) RODNEY DAVIS BOARD MEMBER	1.00	X					0.	0.	0.
(61) MATTHEW DIGREGORIO BOARD MEMBER	1.00	X					0.	0.	0.
(62) WENDY LIEBOWITZ BOARD MEMBER	1.00	X					0.	0.	0.
(63) THOMAS LOFFREDO BOARD MEMBER	1.00	X					0.	0.	0.
(64) CAPTAIN RENEE PETERSON BOARD MEMBER	1.00	X					0.	0.	0.
(65) JANICE STUBBS BOARD MEMBER	1.00	X					0.	0.	0.
(66) CHAZ WARRINGTON BOARD MEMBER	1.00	X					0.	0.	0.

Total to Part VII, Section A, line 1c .....

## Part VII

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

Total to Part VII, Section A, line 1c .....

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Form 990 (2022)

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

		<b>(A) Total revenue</b>	<b>(B) Related or exempt function revenue</b>	<b>(C) Unrelated business revenue</b>	<b>(D) Revenue excluded from tax under sections 512 - 514</b>	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 1,103,773.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 1,973,724.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 4,810,745.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> \$ 162,769.				
	<b>h Total.</b> Add lines 1a-1f .....	<b>7,888,242.</b>				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>84,610.</b>			<b>84,610.</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	<b>(i) Real</b>			<b>(ii) Personal</b>	
	<b>6b</b> .....					
	<b>6c</b> .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>(i) Securities</b>			<b>(ii) Other</b>	
	<b>7b</b> .....					
	<b>7c</b> .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,103,773. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b> 244,691.				
<b>b</b> Less: direct expenses .....	<b>8b</b> 459,408.					
<b>c</b> Net income or (loss) from fundraising events .....		<b>-214,717.</b>		<b>-214,717.</b>		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
	<b>11 a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....	<b>7,758,135.</b>	<b>0.</b>	<b>0.</b>	<b>-130,107.</b>		

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Form 990 (2022)

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>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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 .....	<b>787,341.</b>	<b>630,745.</b>	<b>41,034.</b>	<b>115,562.</b>
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 .....	<b>2,223,857.</b>	<b>1,776,825.</b>	<b>117,026.</b>	<b>330,006.</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	<b>309,975.</b>	<b>251,079.</b>	<b>15,499.</b>	<b>43,397.</b>
10 Payroll taxes .....	<b>221,220.</b>	<b>179,188.</b>	<b>11,061.</b>	<b>30,971.</b>
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.)	<b>416,918.</b>	<b>353,536.</b>	<b>7,889.</b>	<b>55,493.</b>
12 Advertising and promotion .....				
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	<b>141,256.</b>	<b>131,368.</b>	<b>1,412.</b>	<b>8,476.</b>
17 Travel .....	<b>31,450.</b>	<b>28,885.</b>	<b>885.</b>	<b>1,680.</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	<b>85,021.</b>	<b>68,879.</b>	<b>4,248.</b>	<b>11,894.</b>
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	<b>481,609.</b>	<b>390,104.</b>	<b>24,080.</b>	<b>67,425.</b>
23 Insurance .....	<b>69,359.</b>	<b>68,056.</b>	<b>482.</b>	<b>821.</b>
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 <b>PROGRAM EXPENSES</b> .....	<b>516,712.</b>	<b>516,712.</b>		
b <b>PROGRAM AND SUPPORT AND</b> .....	<b>363,863.</b>	<b>363,863.</b>		
c <b>REPAIRS AND MAINTENANCE</b> .....	<b>184,011.</b>	<b>167,805.</b>	<b>1,577.</b>	<b>14,629.</b>
d <b>FUNDRAISING</b> .....	<b>159,236.</b>	<b>117,567.</b>	<b>178.</b>	<b>41,491.</b>
e All other expenses .....	<b>637,005.</b>	<b>528,318.</b>	<b>8,250.</b>	<b>100,437.</b>
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,628,833.</b>	<b>5,572,930.</b>	<b>233,621.</b>	<b>822,282.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Form 990 (2022)

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 .....	4,951,366.	1	6,359,864.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	3,656,073.	3	3,394,548.
	4 Accounts receivable, net .....	961,012.	4	1,410,935.
	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 .....	102,944.	9	63,303.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 14,124,953.		
	b Less: accumulated depreciation .....	10b 5,853,693.	10c	8,271,260.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	363,470.	15	332,942.
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>18,787,734.</b>	<b>16</b>	<b>19,832,852.</b>
Liabilities	17 Accounts payable and accrued expenses .....	426,969.	17	442,159.
	18 Grants payable .....		18	
	19 Deferred revenue .....	763,990.	19	890,526.
	20 Tax-exempt bond liabilities .....	2,582,011.	20	2,589,834.
	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 .....	1,297,968.	25	1,145,243.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>5,070,938.</b>	<b>26</b>	<b>5,067,762.</b>
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 .....	9,459,848.	27	10,318,367.
	28 Net assets with donor restrictions .....	4,256,948.	28	4,446,723.
	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 .....	13,716,796.	32	14,765,090.
	<b>33 Total liabilities and net assets/fund balances</b> .....	<b>18,787,734.</b>	<b>33</b>	<b>19,832,852.</b>

Form 990 (2022)

JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.

Form 990 (2022)

59-0871446 Page 12

**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	7,758,135.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	6,628,833.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	1,129,302.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	13,716,796.
5 Net unrealized gains (losses) on investments .....	5	
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	-1,008.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	14,765,090.

**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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	

Form 990 (2022)

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule A (Form 990) 2022

59-0871446 Page 2

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
15 Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2022

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule A (Form 990) 2022

59-0871446 Page 3

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4392643.	4050625.	3955688.	6264800.	7241206.	25904962.
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 .....	1216210.	522,001.	5,768.	189,050.	891,727.	2824756.
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 <b>Total.</b> Add lines 1 through 5 .....	5608853.	4572626.	3961456.	6453850.	8132933.	28729718.
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.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						28729718.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6 .....	5608853.	4572626.	3961456.	6453850.	8132933.	28729718.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	29,506.	20,857.	2,786.	4,188.	84,610.	141,947.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	29,506.	20,857.	2,786.	4,188.	84,610.	141,947.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	5638359.	4593483.	3964242.	6458038.	8217543.	28871665.
14 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	15	99.51	%
16 Public support percentage from 2021 Schedule A, Part III, line 15 .....	16	99.77	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	17	.49	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17 .....	18	.23	%

19a **33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I of Schedule L (Form 990)**.

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I of Schedule L (Form 990)**.

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use **Schedule C, Form 4720**, to determine whether the organization had excess business holdings.)

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule A (Form 990) 2022

59-0871446 Page 5

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> 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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>	1	
<b>2</b> 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? <i>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.</i>	2	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>	1	

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> 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).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b	
<b>3</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule A (Form 990) 2022

59-0871446 Page 6

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>		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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2022

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule A (Form 990) 2022

59-0871446 Page 7

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

## 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.)

**Schedule B**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 organizationForm 990-PF  501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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), 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), 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).

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	<u>CITY FURNITURE</u> <u>6701 N. HIATUS ROAD</u> <u>TAMARAC, FL 33321</u>	\$ 364,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>PATTEN FAMILY FOUNDATION</u> <u>665 SIMONDS ROAD</u> <u>WILLIAMSTOWN, MA 01267</u>	\$ 502,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>THE FREDERICK A. DELUCA FOUNDATION, INC.</u> <u>500 E. BROWARD BLVD. STE. 2300</u> <u>FORT LAUDERDALE, FL 33394</u>	\$ 332,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>THE SCHOOL BOARD OF BROWARD COUNTY</u> <u>600 SE 3RD AVENUE</u> <u>FORT LAUDERDALE, FL 33301</u>	\$ 626,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>BROWARD COUNTY</u> <u>115 SOUTH ANDREWS AVE, STE A370</u> <u>FORT LAUDERDALE, FL 33301</u>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>FLORIDA DEPARTMENT OF EDUCATION</u> <u>325 WEST GAINES STREET</u> <u>TALLAHASSEE, FL 32399</u>	\$ 232,500.	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	THE CHICAGO COMMUNITY FOUNDATION 33 S. STATE STREET, SUITE 750 CHICAGO, IL 60603	\$ 1,900,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (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
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
InspectionName 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).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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.		<b>Held at the End of the Tax Year</b>
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 July 25, 2006, 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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) 2022

232051 09-01-22

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule D (Form 990) 2022

59-0871446 Page 2

**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):

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange program
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <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
1c	
1d	
1e	
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 .....					
1b Contributions .....					
1c Net investment earnings, gains, and losses .....					
1d Grants or scholarships .....					
1e Other expenditures for facilities and programs .....					
1f Administrative expenses .....					
1g 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:

(i) Unrelated organizations .....

(ii) Related organizations .....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

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.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
1b Buildings .....		12,361,449.	4,313,715.	8,047,734.
1c Leasehold improvements .....				
1d Equipment .....		1,486,559.	1,273,558.	213,001.
1e Other .....		276,945.	266,420.	10,525.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				8,271,260.

Schedule D (Form 990) 2022

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule D (Form 990) 2022

59-0871446 Page 3

**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) _____		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</b>		

**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) _____		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</b>		

**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) _____	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b>	

**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) <b>REFUNDABLE ADVANCE</b>	<b>1,002,844.</b>
(3) <b>LEASE LIABILITY</b>	<b>142,399.</b>
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>1,145,243.</b>

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

Schedule D (Form 990) 2022

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule D (Form 990) 2022

59-0871446 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,623,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	866,448.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	866,448.
3	Subtract line 2e from line 1	3	7,757,127.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,008.
c	Add lines 4a and 4b	4c	1,008.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,758,135.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,575,281.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	946,448.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	946,448.
3	Subtract line 2e from line 1	3	6,628,833.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,628,833.

**Part XIII Supplemental Information.**

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

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP

1,008.

## SCHEDULE G (Form 990)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2022

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://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**

Employer identification number  
59-0871446

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total** .....

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule G (Form 990) 2022

59-0871446 Page 2

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

	(a) Event #1 <b>HALL OF FAME</b>	(b) Event #2 <b>JA UNCORKED</b>	(c) Other events 3	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
1 Gross receipts .....	731,398.	347,345.	269,721.	1,348,464.
2 Less: Contributions .....	713,898.	306,533.	83,342.	1,103,773.
3 Gross income (line 1 minus line 2) .....	17,500.	40,812.	186,379.	244,691.
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	138,122.	96,476.	224,810.	459,408.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				459,408.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-214,717.

**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))
1 Gross revenue .....				
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: \_\_\_\_\_

\_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....

b An outside facility .....

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

## 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year      \$

Yes     No

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

## Part IV

## **Supplemental Information** *(continued)*

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<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 .....

**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? .....

**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"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<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? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

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? .....

**b** Any related organization? .....

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? .....

**b** Any related organization? .....

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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

Schedule J (Form 990) 2022

**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.

### Part III Supplemental Information

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

**SCHEDULE K****(Form 990)**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

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	4,430,999.					
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
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					

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

Schedule K (Form 990) 2022

JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.

Schedule K (Form 990) 2022

59-0871446

Page 2

**Part III Private Business Use**

	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						

**Part IV Arbitrage**

	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							

**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? .....	X							
b Name of provider .....	TD BANK							
c Term of hedge .....	5.0000000							
d Was the hedge superintegrated? .....		X						
e Was the hedge terminated? .....		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
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? .....		X						
7 Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**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? .....		X						

**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)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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](http://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 ( <u>FACILITY</u> )	X	1	137,088.	FAIR MARKET VALUE
26 Other ( <u>PROGRAM MATERIA</u> )	X	1	25,681.	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**

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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2022

JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.

Schedule M (Form 990) 2022

59-0871446

Page 2

## 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.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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](http://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 -1,008.

FORM 990, PART XII, LINE 2C

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Attach to Form 990.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**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.

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

Schedule R (Form 990) 2022

SEE PART VII FOR CONTINUATIONS

JUNIOR ACHIEVEMENT OF SOUTHERN  
FLORIDA INC.

## Schedule R (Form 990) 2022

59-0871446 Page 2

### Part III Identification of Related Organizations Taxable as a Partnership

**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.

**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.

**JUNIOR ACHIEVEMENT OF SOUTH  
FLORIDA INC.**

Schedule R (Form 990) 2022

59-0871446 Page 3

**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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

**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
<b>(1) JUNIOR ACHIEVEMENT USA, INC.</b>	<b>M</b>	<b>363,689.</b>	<b>FAIR MARKET VALUE</b>
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

JUNIOR ACHIEVEMENT OF SOUTHERN  
FLORIDA INC.

## Schedule R (Form 990) 2022

FLORIDA INC.

59-0871446 Page 4

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

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

Schedule R (Form 990) 2022

**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:



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

April 30, 2025

Dear City of Pompano Beach,

We, at Junior Achievement of Florida (JA), are requesting support of our BizTown, Finance Park, and JA Career Bound programs for FY26. Within the last 12-months, JA has secured other monies to help implement our JA programs. Additional funding sources include:

City of Lauderhill	\$10,000
City of Deerfield Beach	\$7,500
William R. Watts Foundation	\$10,000
Florida Panthers Foundation	\$10,000

With the monies provided from the above, we have seen measurable success with our financial literacy programs as we continue to expand our work readiness suite of program offerings. With the City of Pompano funds, JA can truly make a difference in the lives of more Broward County students, inclusive of City of Pompano students.

We thank you for your consideration of such an impactful program!

Sincerely,

  
Adriana L. Woods, Chief Revenue Officer  
Junior Achievement of South Florida



+1 954-979-7100



INFO@JASOUTHFLORIDA.ORG



JASOUTHFLORIDA.ORG

**JUNIOR ACHIEVEMENT OF SOUTH FLORIDA  
FY 2024-2025 OPERATING BUDGET**

<b>FY 2024-2025 BUDGET</b>	
<b>Revenues</b>	
Contributions	\$ 3,647,375
Grants	\$ 2,374,500
Public Funding	\$ 3,616,230
Programs	\$ 191,500
Special Events	\$ 204,500
Other Income	\$ 220,000
<b>Total Revenues</b>	<b>\$ 10,254,105</b>
<b>Expenses</b>	
Employee & Benefits Costs	\$ 4,736,911
Administration	\$ 396,396
Facility Operations	\$ 782,915
Programs	\$ 3,084,035
Development	\$ 218,960
Special Events	\$ 421,900
Other Expenses	
<b>Expense Subtotals</b>	<b>\$ 9,641,118</b>
In Kind Land Lease	\$ 80,000
<b>In Kind Subtotals</b>	<b>\$ 80,000</b>
<b>Total Operating Expenses</b>	<b>\$ 9,721,118</b>
<b>Net Income from Operations</b>	<b>\$ 532,987</b>
<b>Non-Operating Expenses</b>	<b>\$ 520,718</b>
<b>Total Expenses</b>	<b>\$ 10,241,836</b>
<b>Net</b>	<b>\$ 12,269</b>

## BizTown & Finance Park Budget

REVENUES	BT & FP Program Budget	Amount Requested from COPB: BT / FP
Contribution - Volunteers	\$245.00	\$
Contribution - Corporate	\$31,476.00	
Contribution - Foundations	\$1,223.00	
Contribution - Public Funding (inclusive of City of Pompano)	\$311,041.00	\$27,100.00
Programs - Capstone Fees	\$6,558.00	
JA Hoffman Ice Cream	\$440.00	
Storefront Revenue	\$9,602.00	
<b>Revenue Subtotal</b>	<b>\$360,585.00</b>	
In Kind - Storefront	\$11,005.00	
In Kind - Volunteer Services	\$10,002.00	
<b>GIK Subtotal</b>	<b>\$21,027.00</b>	
<b>TOTAL</b>	<b>\$381,612.00</b>	<b>\$27,100.00</b>
<b>EXPENSES</b>		
Salaries	\$128,520.00	\$27,100.00
FICA / Medicare 7.65% total salaries	\$9,831.78	
<b>Salary, Fringe Subtotal</b>	<b>\$138,351.78</b>	<b>\$27,100.00</b>
Curr Materials	\$90,657.00	
Capstone Fee	\$90,657.00	
Volunteer Recognition	\$700.00	
Teacher Recognition	\$4,500.00	
Volunteer Services & Recruitment	\$2,000.00	
Teacher Services	\$1,000.00	
Graphic Design	\$300.00	
Marketing	\$700.00	
Printing	\$3,000.00	
Local Travel	\$1,500.00	
Food & Beverage - student snacks	\$1,400.00	
Supplies	\$600.00	
Postage	\$20.00	
Insurance	\$1,000.00	
PC Software	\$400.00	
Staff Recognition/Meetings	\$1,200.00	
JA Hoffman's Ice Cream	\$440.22	
Utilities	\$8,000.00	
Repairs & Maintenance	\$4,124.00	
Facility Use & Cleaning	\$10,035.00	
<b>Program Expenses Subtotal</b>	<b>\$222,233.22</b>	
In Kind - Storefront	\$11,005.00	
In Kind - Volunteer Services	\$10,022.00	
<b>GIK Expense Subtotal</b>	<b>\$21,027.00</b>	
<b>TOTAL EXPENSES</b>	<b>\$381,612.00</b>	<b>\$27,100.00</b>

## Career Bound Budget

Line Item		
Revenue	Career Bound Program Budget	COPB Request
Corporate Contributions	\$ 500,000.00	
Public Funding	\$ 1,245,338.10	\$ 5,000.00
<b>Total Revenue</b>	<b>\$ 1,745,338.10</b>	<b>\$ 5,000.00</b>
<b>Expenses</b>		
Salaries	\$ 541,077.00	\$ 5,000.00
<b>Total Salaries</b>	<b>\$ 541,077.00</b>	<b>\$ 5,000.00</b>
<b>Benefits</b>		
Benefits	\$ 119,036.94	\$
FICA	\$ 41,392.39	
<b>Total Benefits</b>	<b>\$ 160,429.33</b>	<b>\$ -</b>
<b>Additional Program Expenses</b>		
Stipend CB Ambassadors	\$ 2,600.00	
Teacher Professional Support	\$ 14,105.00	
JA Curriculum Materials	\$ 1,950.00	
JA USA Program and Support Fees	\$ 3,580.00	
Student Incentives	\$ 4,800.00	
Summer Internship Clothing Allowance	\$ 3,000.00	
Supplies	\$ 16,800.00	
Supplies Additional	\$ 1,579.80	
Student laptops	\$ 7,500.00	
Licensing & Annual Software	\$ 6,290.00	
Staff Laptops	\$ 2,700.00	
SYE UMS Platform	\$ 7,500.00	
Transportation	\$ 50,400.00	
Transportation to internships	\$ 10,500.00	
Buses to Field Trip/Job Shadow	\$ 1,800.00	
Travel by Staff including to internship obs	\$ 6,320.00	
Stipend for Summer Internships	\$ 810,000.00	
Marketing	\$ 1,729.00	
Printing and stationary	\$ 400.00	
Volunteer training and recruitment - Net	\$ 1,200.00	
Insurance - Worker's comp insurance for	\$ 5,913.00	
Insurance	\$ 765.00	
Internship Training Days : Breakfast, Lunch	\$ 38,000.00	
Retreat	\$ 16,200.00	
Graduation Ceremony	\$ 12,000.00	
Recognition (internship hosts)	\$ 4,000.00	
SYE Orientation and Celebration	\$ 13,000.00	
Facility costs	\$ 19,200.00	
<b>Other Expense Subtotal</b>	<b>\$ 1,063,831.80</b>	<b>\$ -</b>
<b>Total Expenses</b>	<b>\$ 1,765,338.13</b>	<b>\$ 5,000.00</b>

## **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 BizTown/JA Finance Park for the current fiscal year is: Twenty Five Thousand Dollars (\$25,000.00).

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

1. The first (1<sup>st</sup>) will equal twenty-five percent (25 %) of the total allocation or Six Thousand Two Hundred and Fifty Dollars (\$6,250.00); 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 (2<sup>nd</sup>) will equal twenty-five percent (25%) of the total allocation or Six Thousand Two Hundred and Fifty Dollars (\$6,250.00); will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third (3<sup>rd</sup>) payout will equal twenty-five percent (25%) of the total allocation or Six Thousand Two Hundred and Fifty Dollars (\$6,250.00); will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth (4<sup>th</sup>) payout will be the final twenty-five percent (25%) of the total allocation or Six Thousand Two Hundred and Fifty Dollars (\$6,250.00) 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.
----------------------	--

---

<b>EXCESS LIABILITY</b>	Per Occurrence	Aggregate
-------------------------	----------------	-----------

— other than umbrella	bodily injury and property damage combined	\$1,000,000	\$1,000,000
-----------------------	--	-------------	-------------

---

<b>PROFESSIONAL LIABILITY</b>	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.

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/06/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext): 800 873-8500	FAX (A/C, No):
USI Insurance Services, LLC 4600 S. Ulster Street, Suite 1200 Denver, CO 80237 800 873-8500	E-MAIL ADDRESS: den.certificate@usi.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  Junior Achievement USA 12320 Oracle Blvd., Suite 310 Colorado Springs, CO 80921	INSURER A: Federal Insurance Company	20281
	INSURER B: Admiral Insurance Company	24856
	INSURER C: Great Northern Insurance Company	20303
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			35788663	07/01/2025	07/01/2026	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000	
							\$	
<b>APPROVED</b> <i>Daniel Beecher</i> <b>By Daniel Beecher at 7:41 am, Aug 19, 2025</b>								
C	AUTOMOBILE LIABILITY			74969872	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	UMBRELLA LIAB		OCCUR		07/01/2025	07/01/2026	EACH OCCURRENCE	\$3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		BINDER23421463			AGGREGATE	\$3,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$10,000						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N / A	71753906	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

-Excess Liability Policy BINDER23795370 07/01/2025-07/01/2026

\$2,000,000 Limit QBE Specialty Insurance Company

-Excess Liability Policy BINDER23795402 07/01/2025-07/01/2026

\$5,000,000 Limit Landmark American Insurance Company

-Excess Liability Policy BINDER23795419 07/01/2025-07/01/2026

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

The City of Pompano Beach 100 W. Atlantic Boulevard Pompano Beach, FL 33060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

© 1988-2015 ACORD CORPORATION. All rights reserved.

## DESCRIPTIONS (Continued from Page 1)

**\$5,000,000 Limit Allied World Assurance Company**

**-Excess Liability Policy USXSL0101724 07/01/2025-07/01/2026**

**\$5,000,000 Limit Upland Specialty Insurance Company**

**RE: Junior Achievement of South Florida.**

The general liability policy includes an automatic Additional Insured endorsement that provides Additional 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. Sexual Abuse and Molestation coverage is included in General Liability \$1,000,000.