

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.		D Employer identification number 59-1098499
	Doing business as		E Telephone number 8136311410
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	13707 NORTH 22ND STREET		G Gross receipts \$ 3,525,768.
	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33613		
F Name and address of principal officer: RICHARD GEORGE 13707 N 22ND STREET, TAMPA, FL 33613		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **JATAMPABAY.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1982** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: JA OF TAMPA BAY CELEBRATES OVER 50 YEARS OF INSPIRING STUDENTS WITH FREE ENTERPRISE,		
	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	58
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	58
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	34
	6 Total number of volunteers (estimate if necessary)	6	394
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,885,104.	Current Year 2,837,320.
	9 Program service revenue (Part VIII, line 2g)	471,692.	66,215.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,159.	387,418.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,209.	164,893.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,543,164.	3,455,846.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,016,441.	1,637,871.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 158,965.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,528,619.	1,287,406.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,545,060.	2,925,277.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,896.	530,569.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,277,543.	End of Year 12,477,978.
	21 Total liabilities (Part X, line 26)	901,032.	515,398.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,376,511.	11,962,580.

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		Date	
	RICHARD GEORGE, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name SAM A. LAZZARA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P01342929
	Firm's name ▶ RIVERO, GORDIMER & COMPANY, P.A.	Firm's EIN ▶ 59-3040705	Phone no. (813) 875-7774	
Firm's address ▶ P. O. BOX 172359		TAMPA, FL 33672		

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

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 TAMPA BAY SERVES 13 COUNTIES INCLUDING THE ENTIRE TAMPA BAY AREA. JUNIOR ACHIEVEMENT IS A VOLUNTEER-DRIVEN, NON-PROFIT ORGANIZATION. THIS YEAR, BUSINESS PROFESSIONALS, PARENTS, RETIREES AND COLLEGE STUDENTS (SEE CONTINUATION AT SCHEDULE O, P. 41)

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 \$ 1,738,917. including grants of \$) (Revenue \$ 60,566.) IN SCHOOL EXPERIENCES:

DURING THE 2020-2021 SCHOOL YEAR JA TAMPA BAY WAS ABLE TO DELIVER OUR FINANCIAL LITERACY, WORKFORCE READINESS AND ENTREPRENEURIAL LEARNING EXPERIENCES TO 37,951 STUDENTS ACROSS OUR 13 AREAS. THESE EXPERIENCES WERE ALL RE-IMAGINED FOR THE 2020-2021 SCHOOL YEAR TO VIRTUAL PLATFORMS. THESE IN CLASSROOM VIRTUAL PROGRAMS PROVIDED LOCAL K-12 STUDENTS WITH 5-6 SEQUENTIAL EXPERIENCES DELIVERED BY VIRTUAL VOLUNTEERS. STUDENTS LEARNED THE BASICS CONCEPTS OF BUSINESS AND ECONOMICS AND HOW THEIR EDUCATION IS DIRECTLY RELATED TO THEIR POST-SECONDARY EDUCATION AND LIFELONG SUCCESS.

4b (Code:) (Expenses \$ 783,599. including grants of \$) (Revenue \$ 5,649.) CAPSTONE PROGRAMS:

JUNIOR ACHIEVEMENT'S CAPSTONE STUDENT EXPERIENCES LAY THE FOUNDATION FOR OUR CHILDREN'S FUTURE ECONOMIC SUCCESS WITH OUR BUILDING BLOCKS OF ACHIEVEMENT. WHILE THESE EXPERIENCES ARE NORMALLY DELIVERED LIVE THE COVID-19 PANDEMIC MADE IT IMPOSSIBLE TO DELIVER LIVE SO VIRTUAL FORMATS WERE CREATED ALSO. THESE VIRTUAL FORMATS WERE STILL DELIVERED AT THREE CRITICAL POINTS IN THE STUDENT'S ACADEMIC CAREER, FIFTH, EIGHTH AND THROUGHOUT HIGH SCHOOL. INFUSING COMPETENCIES OF COLLABORATION, CRITICAL AND ANALYTICAL THINKING, CULTURAL AGILITY, COMMUNICATION, CREATIVITY, INNOVATION AND SELF-DIRECTION, THESE BUILDING BLOCKS, INTENTIONALLY DESIGNED (SEE CONTINUATION AT SCHEDULE O, P. 41)

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 2,522,516.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD GEORGE PRESIDENT	40.00			X			238,968.	0.	23,500.	
(2) MARGARET HALEY VP OPERATIONS	40.00			X			89,336.	0.	0.	
(3) JONATHAN EPPS VP MARKETING	40.00			X			88,754.	0.	0.	
(4) SALLIE EIDGE VP DEVELOPMENT	40.00			X			81,123.	0.	0.	
(5) JOHN WEILL CFO	20.00 20.00			X			57,942.	0.	0.	
(6) SCOTT PRICE BOARD CHAIR	2.00	X		X			0.	0.	0.	
(7) PATRICK O'CONNOR TREASURER	2.00	X		X			0.	0.	0.	
(8) DAVID WILBANKS TRUSTEES CO-CHAIR	2.00	X		X			0.	0.	0.	
(9) WILLIAM TAPP TRUSTEES CO-CHAIR	2.00	X					0.	0.	0.	
(10) JOSEPH CANNELLA CHAIR-AUDIT COMMITTEE	2.00	X					0.	0.	0.	
(11) MICHAEL ROBERTSON CHAIR-INVITATIONAL	2.00	X					0.	0.	0.	
(12) DR. MOEZ LIMAYEM VICE CHAIR-PROGRAM IMPACT	2.00	X					0.	0.	0.	
(13) CRAIG CUFFE VICE CHAIR-RESOURCE GENERA	2.00	X					0.	0.	0.	
(14) JACK RYBICKI IMMEDIATE PAST BOARD CHAIR	2.00	X					0.	0.	0.	
(15) ROBERT MOSSBACHER PAST BOARD CHAIR	2.00	X					0.	0.	0.	
(16) PAM MUMA PAST BOARD CHAIR	2.00	X					0.	0.	0.	
(17) JOE TEAGUE PAST BOARD CHAIR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALLISON CASPER ADAMS DIRECTOR	2.00	X						0.	0.	0.
(19) BRIAN ADAMSKI DIRECTOR	2.00	X						0.	0.	0.
(20) IAN ANDERSON DIRECTOR	2.00	X						0.	0.	0.
(21) BETSY BENNETT DIRECTOR	2.00	X						0.	0.	0.
(22) BRIAN BEST DIRECTOR	2.00	X						0.	0.	0.
(23) PABLO BRIZI DIRECTOR	2.00	X						0.	0.	0.
(24) NELSON CASTELLANO DIRECTOR	2.00	X						0.	0.	0.
(25) TYLER CATHEY DIRECTOR	2.00	X						0.	0.	0.
(26) JEFF CHRONISTER DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								556,123.	0.	23,500.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								556,123.	0.	23,500.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	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		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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) TY DEBIQUE DIRECTOR	2.00	X					0.	0.	0.	
(28) JOE DELUCA DIRECTOR	2.00	X					0.	0.	0.	
(29) SUZANNE DIAZ DIRECTOR	2.00	X					0.	0.	0.	
(30) JARROD DILLON DIRECTOR	2.00	X					0.	0.	0.	
(31) BELINDA ALEXANDER DIRECTOR	2.00	X					0.	0.	0.	
(32) LISA FALLER DIRECTOR	2.00	X					0.	0.	0.	
(33) STEVE BLAIR DIRECTOR	2.00	X					0.	0.	0.	
(34) GLORIA GIUNTA DIRECTOR	2.00	X					0.	0.	0.	
(35) JAMES GRANESE DIRECTOR	2.00	X					0.	0.	0.	
(36) DR. MIKE GREGO DIRECTOR	2.00	X					0.	0.	0.	
(37) GWEN CUMMINGS DIRECTOR	2.00	X					0.	0.	0.	
(38) DAN HOWAT DIRECTOR	2.00	X					0.	0.	0.	
(39) DAVID HULL DIRECTOR	2.00	X					0.	0.	0.	
(40) BILL JACOBS DIRECTOR	2.00	X					0.	0.	0.	
(41) STEPHANIE HOLMQUIST JOHNSON DIRECTOR	2.00	X					0.	0.	0.	
(42) KIRK KLEIN DIRECTOR	2.00	X					0.	0.	0.	
(43) JIM LANG DIRECTOR	2.00	X					0.	0.	0.	
(44) KARLA DAINIUS DIRECTOR	2.00	X					0.	0.	0.	
(45) MICHELLE MAINGOT DIRECTOR	2.00	X					0.	0.	0.	
(46) PHIL MALCOLM DIRECTOR	2.00	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)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) SANDRA MURMAN DIRECTOR	2.00	X						0.	0.	0.
(48) BRIAN MURPHY DIRECTOR	2.00	X						0.	0.	0.
(49) BILL POE JR. DIRECTOR	2.00	X						0.	0.	0.
(50) ADDISON DAVIS DIRECTOR	2.00	X						0.	0.	0.
(51) MICHAEL QUACKENBUSH JR. DIRECTOR	2.00	X						0.	0.	0.
(52) DOUG RICH DIRECTOR	2.00	X						0.	0.	0.
(53) STEVE SALZER DIRECTOR	2.00	X						0.	0.	0.
(54) TIM SCHAR DIRECTOR	2.00	X						0.	0.	0.
(55) STEVE SCHULTZ DIRECTOR	2.00	X						0.	0.	0.
(56) ALEX SINK DIRECTOR	2.00	X						0.	0.	0.
(57) JOHN FLANAGAN DIRECTOR	2.00	X						0.	0.	0.
(58) JASON WELZ DIRECTOR	2.00	X						0.	0.	0.
(59) MICHAEL GRIFFIN DIRECTOR	2.00	X						0.	0.	0.
(60) PETE KIRTLAND DIRECTOR	2.00	X						0.	0.	0.
(61) SCOTT RILEY DIRECTOR	2.00	X						0.	0.	0.
(62) LAKSHMI SHENOY DIRECTOR	2.00	X						0.	0.	0.
(63) JOHN TOMLIN DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	275,202.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,562,118.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,837,320.			
	Program Service Revenue	2 a	EDUCATIONAL PROGRAMS	Business Code 611710	49,350.	49,350.	
b		STEM TEC PROGRAMS	611710	11,216.	11,216.		
c		JA BIZTOWN	611710	5,649.	5,649.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		66,215.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		82,155.		82,155.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	305,263.			
			7b	0.			
	c	Gain or (loss)	7c	305,263.			
d	Net gain or (loss)		305,263.		305,263.		
8 a	Gross income from fundraising events (not including \$ 275,202. of contributions reported on line 1c). See Part IV, line 18	8a	234,815.				
		b	Less: direct expenses	8b	69,922.		
		c	Net income or (loss) from fundraising events		164,893.		164,893.
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		b	Less: direct expenses	9b			
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	10a					
		b	Less: cost of goods sold	10b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		3,455,846.	66,215.	0.	552,311.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	495,623.	426,789.	33,358.	35,476.
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	900,396.	669,831.	164,189.	66,376.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,697.	30,092.	3,669.	2,936.
9 Other employee benefits	111,211.	91,103.	11,211.	8,897.
10 Payroll taxes	93,944.	76,955.	9,394.	7,595.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,077.	6,811.	1,360.	906.
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.)				
12 Advertising and promotion				
13 Office expenses	67,492.	45,802.	7,595.	14,095.
14 Information technology				
15 Royalties				
16 Occupancy	536,347.	510,688.	8,498.	17,161.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	230.	230.		
20 Interest	22,472.	22,472.		
21 Payments to affiliates	274,975.	274,975.		
22 Depreciation, depletion, and amortization	147,948.	140,948.	3,500.	3,500.
23 Insurance	52,288.	51,244.	522.	522.
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 PROGRAM MATERIALS	135,308.	135,308.		
b SCHOLARSHIPS	18,500.	18,500.		
c VOLUNTEER & STAFF TRAIN	12,941.	10,940.	500.	1,501.
d WORKNET EXPENSES	9,828.	9,828.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,925,277.	2,522,516.	243,796.	158,965.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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	901,334.	1	330,389.
	2 Savings and temporary cash investments	1,187,648.	2	1,442,214.
	3 Pledges and grants receivable, net	2,230,137.	3	2,392,732.
	4 Accounts receivable, net		4	
	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	3,885,637.	7	3,885,637.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	231,156.	9	197,301.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,632,049.		
	b Less: accumulated depreciation	10b 1,669,590.		
	11 Investments - publicly traded securities	1,981,617.	10c	1,962,459.
	12 Investments - other securities. See Part IV, line 11	1,397,274.	11	1,723,661.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	462,740.	14	543,585.
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,277,543.	15	12,477,978.	
17 Accounts payable and accrued expenses	65,532.	16	181,113.	
18 Grants payable		17		
19 Deferred revenue	114,300.	18	12,085.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties	400,000.	22	1,000.	
24 Unsecured notes and loans payable to unrelated third parties	321,200.	23	321,200.	
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		24		
26 Total liabilities. Add lines 17 through 25	901,032.	25	515,398.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
27 Net assets without donor restrictions	7,669,260.	27	7,560,092.	
28 Net assets with donor restrictions	3,707,251.	28	4,402,488.	
29 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	11,376,511.	32	11,962,580.	
33 Total liabilities and net assets/fund balances	12,277,543.	33	12,477,978.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,455,846.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,925,277.
3	Revenue less expenses. Subtract line 2 from line 1	3	530,569.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,376,511.
5	Net unrealized gains (losses) on investments	5	69,351.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-138.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-13,713.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,962,580.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3585329.	4275283.	2320423.	2885104.	2191589.	15257728.
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	950,619.	854,077.	855,787.	352,059.	440,095.	3452637.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	4535948.	5129360.	3176210.	3237163.	2631684.	18710365.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	162,542.	141,106.	162,001.	164,933.		630,582.
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	34,522.	31,188.	17,178.			82,888.
c Add lines 7a and 7b	197,064.	172,294.	179,179.	164,933.		713,470.
8 Public support. (Subtract line 7c from line 6.)						17996895.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	4535948.	5129360.	3176210.	3237163.	2631684.	18710365.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,979.	96,196.	137,091.	47,863.	40,976.	360,105.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	37,979.	96,196.	137,091.	47,863.	40,976.	360,105.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	4573927.	5225556.	3313301.	3285026.	2672660.	19070470.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	94.37 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	92.53 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1.89 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1.62 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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.)

Horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.

Employer identification number

59-1098499

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.	Employer identification number 59-1098499
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>321,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>90,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>160,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.	Employer identification number 59-1098499
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.	Employer identification number 59-1098499
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. Employer identification number 59-1098499

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

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

Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,707,251.	3,828,047.	4,169,730.	4,479,916.	3,949,595.
b Contributions	318,574.	588,224.	575,115.	563,477.	1,455,749.
c Net investment earnings, gains, and losses	308,885.	13,536.	50,679.	23,921.	40,105.
d Grants or scholarships					
e Other expenditures for facilities and programs	713,607.	716,874.	958,800.	892,073.	961,791.
f Administrative expenses	138.	5,682.	8,678.	5,511.	3,742.
g End of year balance	3,620,965.	3,707,251.	3,828,047.	4,169,730.	4,479,916.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 90.9100 %
 - c Term endowment 9.0900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		73,892.		73,892.
b Buildings		2,719,443.	980,729.	1,738,714.
c Leasehold improvements				
d Equipment		663,731.	624,115.	39,616.
e Other		174,983.	64,746.	110,237.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,962,459.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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	4,439,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	69,353.	
b	Donated services and use of facilities	2b	914,161.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		983,514.
3	Subtract line 2e from line 1		3	3,455,708.
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	138.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		138.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,455,846.

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	3,853,151.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	914,161.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	13,713.	
e	Add lines 2a through 2d	2e		927,874.
3	Subtract line 2e from line 1		3	2,925,277.
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	2,925,277.

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 V, LINE 4:

THE COMMUNITY FOUNDATION OF TAMPA BAY (COMMUNITY FOUNDATION) HOLDS ENDOWMENT FUNDS FOR WHICH THE EARNINGS HAVE BEEN RESTRICTED FOR THE BENEFIT OF THE ORGANIZATION. ASSETS CONTRIBUTED TO THE COMMUNITY FOUNDATION FOR THE BENEFIT OF THE ORGANIZATION ARE RECORDED AS ASSETS OF THE ORGANIZATION IN ACCORDANCE WITH PROFESSIONAL STANDARDS. THESE "AGENCY RESTRICTED FUNDS" ARE POOLED WITH THE OTHER ASSETS OF THE COMMUNITY FOUNDATION FOR INVESTMENT PURPOSES.

THE COMMUNITY FOUNDATION CAN MAKE YEARLY GRANTS TO THE ORGANIZATION OF NO LESS THAN 5% OF THE FUND'S FAIR VALUE UPON WRITTEN REQUEST FROM THE ORGANIZATION. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, THE ORGANIZATION

Part XIII Supplemental Information (continued)

HAS REINVESTED THE GRANT EARNINGS INTO THE RESPECTIVE FUNDS. IF THE ORGANIZATION CHOOSES TO REQUEST THE GRANT FUNDS, THEY MUST BE USED IN TAMPA BAY OR ALACHUA OPERATIONS DEPENDING ON WHICH ENDOWMENT PRODUCED THE EARNINGS NECESSARY TO FUND THE GRANTS.

DURING FISCAL 2015, THE ORGANIZATION TRANSFERRED FUNDS TO THE COMMUNITY FOUNDATION OF NORTH CENTRAL FLORIDA TO ESTABLISH THE JUNIOR ACHIEVEMENT ENDOWMENT FUND. THE EARNINGS OF THIS FUND HAVE BEEN RESTRICTED FOR THE BENEFIT OF THE ORGANIZATION. ASSETS CONTRIBUTED TO THE COMMUNITY FOUNDATION OF NORTH CENTRAL FLORIDA FOR THE BENEFIT OF THE ORGANIZATION ARE RECORDED AS ASSETS OF THE ORGANIZATION IN ACCORDANCE WITH PROFESSIONAL STANDARDS. THESE "AGENCY RESTRICTED FUNDS" ARE POOLED WITH THE OTHER ASSETS OF THE COMMUNITY FOUNDATION OF NORTH CENTRAL FLORIDA FOR INVESTMENT PURPOSES.

THE ORGANIZATION HAS TEMPORARILY RESTRICTED ASSETS CONSISTING OF LONG-TERM PLEDGES FOR THE SUPPORT OF THE BIZTOWN PROGRAM, LONG-TERM PLEDGES FOR THE GENERAL SUPPORT OF THE ORGANIZATION, RESTRICTED EARNINGS AND NET APPRECIATION OF THE PERMANENTLY RESTRICTED ENDOWMENT.

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (ASC 740), CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S INCOME TAX

Part XIII Supplemental Information (continued)

RETURNS. THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY TAXING AUTHORITIES AND FILINGS FOR PERIODS AFTER 2017 ARE OPEN FOR EXAMINATION. THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNRECOGNIZED EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2021.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE OFF OF UNCOLLECTIBLE PLEDGES 13,713.

IN-KIND CONTRIBUTIONS

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF EVENT (event type)	BOWLING EVENTS (event type)	3 (total number)		
Revenue	1	Gross receipts	241,307.	128,014.	140,695.	510,016.
	2	Less: Contributions	149,007.		126,195.	275,202.
	3	Gross income (line 1 minus line 2)	92,300.	128,014.	14,500.	234,814.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	61,052.	3,126.	5,744.	69,922.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				69,922.
11	Net income summary. Subtract line 10 from line 3, column (d)				164,892.	

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

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

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

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

- 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 | 13a | % |
| b An outside facility | 13b | % |
- 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? Yes No
- 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 ▶ \$ _____

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.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.

Employer identification number

59-1098499

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD GEORGE PRESIDENT	(i)	235,993.	0.	2,975.	23,500.	0.	262,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.

Employer identification number

59-1098499

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

ENTREPRENEURSHIP AND WORK READINESS.

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

WILL TEACH JUNIOR ACHIEVEMENT LEARNING EXPERIENCES IN-PERSON OR
VIRTUALLY. THESE DEDICATED INDIVIDUALS ARE THE BACKBONE OF OUR
ORGANIZATION. JUNIOR ACHIEVEMENT OF TAMPA BAY HAS BEEN EMPOWERING THE
FUTURES OF LOCAL STUDENTS BY GIVING THEM THE KNOWLEDGE AND SKILLS THEY
NEED TO MANAGE THEIR MONEY, PLAN FOR THEIR FUTURE, AND MAKE SMART
ACADEMIC, CAREER AND ECONOMIC CHOICES.

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

TO BE SEQUENTIAL IN DELIVERY TO INSPIRE AND PREPARE STUDENTS FOR
SUCCESS. IN 2020-2021, 14,038 FIFTH GRADERS LEARNED ECONOMIC CONCEPTS,
WORK PLACE SKILLS, PERSONAL AND BUSINESS FINANCES AS THEY RAN A VIRTUAL
CITY CALLED JA BIZTOWN. IN 2020-2021 5687 8TH GRADE STUDENTS, BUILT
THEIR FINANCIAL KNOWLEDGE THROUGH JA FINANCE PARK VIRTUAL, WHERE THEY
LEARNED PERSONAL FINANCE, SAVING, BALANCING A FAMILY BUDGET, AND HOW
THEIR EDUCATION AFFECTS THEIR EARNING POTENTIAL. THE JA FINANCE PARK
EXPERIENCE OFFERS STUDENTS THE JA DIGITAL CAREER APP AND JA INSPIRE
CAREER EXPO, THAT HELPS THEM MATCH THEIR SKILLS AND INTERESTS TO HIGH
DEMAND CAREERS WITHIN THE TAMPA MARKET AND BEYOND. 3DE BY JUNIOR
ACHIEVEMENT OFFERS OUR MOST IN DEPTH EXPERIENCE FOR HIGH SCHOOL
STUDENTS, WITH 504 FRESHMAN PARTICIPATING IN 2020-2021.3DE'S
PROGRESSIVE, COLLABORATIVE APPROACH BREAKS THROUGH TRADITIONAL BARRIERS
RE-ENGINEERING HIGH SCHOOL EDUCATION TO BE MORE RELEVANT AND

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.	Employer identification number 59-1098499
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AUTHENTICALLY CONNECTED TO REAL-WORLD COMPLEXITIES. THIS PROVEN EDUCATIONAL MODEL, ENGAGES AND EMPOWERS OUR YOUTH, FROM A DIVERSE STUDENT POPULATION THAT MIRRORS EACH SCHOOL'S DEMOGRAPHICS, TO ENSURE EQUITABLE EDUCATION TO INCREASE FUTURE ECONOMIC MOBILITY AND TO SECURE STABILITY.

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

FORM 990 IS INITIALLY REVIEWED BY VOLUNTEERS FROM THE FINANCE COMMITTEE, THEN THAT REVIEW IS SHARED WITH THE EXECUTIVE COMMITTEE. THE FINAL VERSION IS MADE AVAILABLE TO THE ENTIRE BOARD BY ANNOUNCING IT'S AVAILABILITY UPON REQUEST PRIOR TO FILING WITH THE IRS.

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

THE EXECUTIVE COMMITTEE CHARGES THE PRESIDENT WITH ENSURING ALL STAFF AND BOARD MEMBERS HAVE COMPLETED THE CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS. ANY RELATIONSHIP WITH A JUNIOR ACHIEVEMENT VENDOR IS DOCUMENTED AND PUBLISHED FOR BOARD AWARENESS ON AN ANNUAL BASIS.

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

THE BOARD PRESIDENT WITH THE COMPENSATION COMMITTEE USE THE EQUI-COMP SYSTEM AND JUNIOR ACHIEVEMENT USA COMPENSATION GUIDELINES TO DETERMINE COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS AND KEY EMPLOYEES. PERFORMANCE REVIEWS ARE CONDUCTED ON AN ANNUAL BASIS.

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

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

Name of the organization JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.	Employer identification number 59-1098499
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE OFF OF UNCOLLECTIBLE PLEDGES -13,713.

FORM 990, PART XII, LINE 2C

THE JUNIOR ACHIEVEMENT AUDIT COMMITTEE IS COMPRISED OF QUALIFIED VOLUNTEERS WHO ARE INVOLVED IN THE INDEPENDENT CPA SELECTION PROCESS AND REVIEW OF THE FINAL AUDITED FINANCIAL STATEMENTS. THE AUDIT COMMITTEE IS AVAILABLE TO THE INDEPENDENT AUDITOR FOR QUESTIONS DURING THE AUDIT AND MEETS WITH THE AUDITOR AFTER THE AUDIT TO DISCUSS THE FINAL AUDIT REPORT. THE AUDIT COMMITTEE REVIEWS THE AUDIT BEFORE IT IS PRESENTED TO THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

Related Organizations and Unrelated Partnerships

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

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

Name of the organization **JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.** Employer identification number **59-1098499**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JUNIOR ACHIEVEMENT FINANCE PARK OF TAMPA BAY, INC. - 82-2189407, 13707 NORTH 22ND STREET, TAMPA, FL 33613	TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY	FLORIDA	501(C)(3)	LINE 12A	N/A		X

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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JUNIOR ACHIEVEMENT FINANCE PARK OF TAMPA BAY, INC.	K	358,753.	CASH PAID
(2) JUNIOR ACHIEVEMENT FINANCE PARK OF TAMPA BAY, INC.	C	197,621.	CASH RECEIVED
(3)			
(4)			
(5)			
(6)			

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.	Taxpayer identification number (TIN) 59-1098499
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 13707 NORTH 22ND STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33613	

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

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

TERESA BENNETT

- The books are in the care of ▶ **13707 N 22ND STREET - TAMPA, FL 33613**
Telephone No. ▶ **813-631-1410** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

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

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

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

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