EXTENDED TO MAY 15, 2023

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

Inspection

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. ax year beginning JUL 1 , 2021 and ending JUN 30 . and ending JUN 30

Open to Public

			ending C	70N 30, 2022									
В	Check if applicabl	C Name of organization		D Employer identific	cation number								
	Addre												
	Name chang	Doing business as		7 59-10984	99								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number									
F	Final return	13707 MODEU 22MD CEDEEM			(727)530-0884								
_	termin ated			G Gross receipts \$	4,666,462.								
	Amend	TAMPA, FL 33613		H(a) Is this a group re									
	Application	F Name and address of principal officer:RICHARD GEORGE		for subordinates									
	pendir	9 13707 N 22ND STREET, TAMPA, FL 33613		H(b) Are all subordinates in	ncluded? Yes No								
		empt status: X 501(c)(3)	or 527		list. See instructions								
		e: ► JATAMPABAY.ORG		H(c) Group exemptio	n number 🕨								
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1982 N	$f 1$ State of legal domicile: ${f FL}$								
P	art I	Summary											
Ð	1	Briefly describe the organization's mission or most significant activities: ${ t JA}$ ${ t I}$	S A NO	N-PROFIT OR	GANIZATION								
Activities & Governance		PROVIDING A SERIES OF BUSINESS, ECONOMIC	S, FRE	EE-ENTERPRIS	E AND								
er i		Check this box 🕨 📖 if the organization discontinued its operations or dispos											
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	59								
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	59								
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	30								
ΞĘ	6	Total number of volunteers (estimate if necessary)		6	6976								
₹cti	7 a	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.								
				Prior Year	Current Year								
ē		Contributions and grants (Part VIII, line 1h)	2,837,320.	3,015,654.									
en		Program service revenue (Part VIII, line 2g)		66,215.	1,397,817.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		387,418.	92,765.								
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	164,893.	4,271.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,455,846.	4,510,507.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.								
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.									
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,637,871.	1,831,520.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 232, 9	<u>.</u>	0.	0.								
ď	b	Total fundraising expenses (Part IX, column (D), line 25) \triangleright 232, 9	<u> 27. </u>										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,287,406.									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,925,277.	3,378,718.								
	19	Revenue less expenses. Subtract line 18 from line 12		530,569.	1,131,789.								
Net Assets or	3		Ве	eginning of Current Year	End of Year								
set	20	Total assets (Part X, line 16)		12,477,978.	13,350,619.								
A	21	Total liabilities (Part X, line 26)		515,398.	589,853.								
컐	22	Net assets or fund balances. Subtract line 21 from line 20		11,962,580.	12,760,766.								
_	art II	Signature Block											
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is								
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepare	r has any knowledge.									
		Signature of officer		I Date									
Sig		•		Dαιο									
He	re	RICHARD GEORGE, PRESIDENT Type or print name and title											
		·	1	Date Check	PTIN								
Pai	d	Print/Type preparer's name SAM A • LAZZARA Preparer's signature	[if									
	parer		self-employ	59-3040705									
	e Only	Firm's address P. O. BOX 172359	irm's name RIVERO, GORDIMER & COMPANY, P.A.										
USC	Unity	TAMPA, FL 33672		Dhona no (A	13) 875-7774								
N/a	v tha I	RS discuss this return with the preparer shown above? See instructions		Filotie ilo. (O	X Yes No								
ıvıd	y ule II	10 diacuss this return with the preparer shown above? See instructions		<u></u>	Laa I CO L INO								

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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)
2	Did the organization undertake any significant program services during the year which were not listed on the
	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 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 , 080 , 757
	THE ORGANIZATION OFFERS HANDS-ON, EXPERIENTIAL PROGRAMMING AND LEARNING TO K-12 STUDENTS, WHICH FOCUSES ON FINANCIAL LITERACY, ENTREPRENEURSHIP AND CAREER & WORK READINESS. DURING THE 2021-2022 SCHOOL YEAR, JA IMPACTED APPROX. 47,900 STUDENTS IN 1,914 CLASSES. OUR LEARNING EXPERIENCES INCLUDE SEQUENTIAL THEMES FOR KINDERGARTEN THROUGH TWELFTH-GRADE STUDENTS TAUGHT IN THE TWO CAPSTONE EXPERIENCES AND OUR NEW PUBLIC HIGH SCHOOL EDUCATIONAL MODEL. STUDENTS LEARN THE BASIC CONCEPTS OF BUSINESS AND ECONOMICS AND HOW EDUCATION IS RELEVANT TO THE WORKPLACE.(SEE SCHEDULE O FOR CONTINUATION)
4b	(Code:)(Expenses \$ 832,273. including grants of \$) (Revenue \$ 353,509.) CAPSTONE PROGRAMS: THE ORGANIZATION OFFERS TWO CAPSTONE PROGRAMS THAT PROVIDE SIMULATION EXPERIENCES FOLLOWING IN-CLASS CURRICULUM. APPROXIMATELY 17,500 STUDENTS VISITED JA BIZTOWN DURING 2021-2022. JA BIZTOWN PROVIDES AN ENGAGING, HANDS-ON PROGRAM THAT INTRODUCES 5TH GRADERS TO ECONOMIC CONCEPTS, WORKPLACE SKILLS, AND PERSONAL AND BUSINESS FINANCES IN A STUDENT-SIZED TOWN BUILT JUST FOR THEM.
4c	APPROXIMATELY 14,900 STUDENTS VISITIED JA FINANCE PARK DURING 2021-2022. JA FINANCE PARK ENGAGES 8TH GRADE STUDENTS IN THE RARE OPPORTUNITY TO EXPERIENCE THEIR PERSONAL FINANCIAL FUTURES FIRST-HAND. STUDENTS PARTICIPATE IN AN IMMERSIVE SIMULATION THAT ENABLES THEM TO (Code:) (Expenses \$ 984,403. including grants of \$) (Revenue \$
	THE ORGANIZATION ALSO OFFERS 3DE, A NEW EXPERIENTIAL EDUCATIONAL MODEL AIMING TO RE-ENGINEER PUBLIC HIGH SCHOOL EDUCATION. 1,041 STUDENTS WERE ENROLLED IN 3DE ACROSS 4 TAMPA BAY SCHOOLS IN THE 2021-2022 SCHOOL YEAR. 3DE USES CASE METHODOLOGY AND ITS CORE COMPETENCIES LIKE CRITICAL THINKING, EFFECTIVE COLLABORATION, ENGAGING COMMUNICATION, AND SELF-DIRECTION TO TEACH STUDENTS RELEVANT SKILLS THEY CAN CARRY BEYOND THEIR PRIMARY EDUCATION.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,897,433.
	Form 990 (2021) SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	- 21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			17
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		_	000	(0004)

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	า 990 (ACHIEVEME	-
Pa	rt IV	Ch	ecklist of	Required Sc	hedules (continu	ıed)
22	Did t	he or	ganization rei	oort more than \$	5.000 of grants or	othe

	tit stroothist of required contained (continued)			
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	20		X
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		1
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			. v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W-2G included on line 1a. Enter -0 if not applicable.			
b	Enter the humber of Forms w-2d included on line 1a. Enter-5-11 not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
12200	(gambling) winnings to prize winners?	1c Form		(2021)
10200	T IE WOLL	i UIII	~~~	14 UK 1

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? \dots		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
За	0 ,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other autho	•			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accour	` '			.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the org				_₹
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	•	٥.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	rouided to the never	7.	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly for goods and services partly as a contribution and partly as a contribution		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec		7.		x
اہ	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d		7с		
d		N+2	7e		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7e 7f		X
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g	N/	
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of organization for the organization file organiza		79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		711	,	
Ŭ	sponsoring organization have excess business holdings at any time during the year?	37 / 3	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders N/A 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	/-			
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				37
14a			14a		X
			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				- v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	0			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	me'?	16		X
4-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	N/A	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.	1N / A	17		
	II 165, COMPETE FORM COUR.				

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			$\lfloor X \rfloor$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 59			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 59			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	41	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		- 11
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
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) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply.	, 5 51 11 9	, aran	
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 813-631-1410			
	13707 N 22ND STREET, TAMPA, FL 33613			

132006 12-09-21 Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per		(C) Position (do not check more than one box, unless person is both a officer and a director/trustee					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RICHARD GEORGE	40.00							062 240	0	05 001
PRESIDENT	20 00			Х				263,340.	0.	25,001.
(2) JOHN WEIL	20.00	4		77				64 522	0	0
CFO	20.00	_		Х			_	64,532.	0.	0.
(3) MARGARET HALEY	40.00	-		X				100 212	0.	0.
VP OPERATIONS (4) JONATHAN EPPS	40.00			Δ				100,212.	0.	0.
(4) JONATHAN EPPS VP MARKETING	40.00		М	x		1		96,861.	0.	0.
(5) SALLIE EIDGE	40.00			^				30,001.	0.	<u></u>
VP DEVELOPMENT	40.00			x				68,045.	0.	0.
(6) PATRICK O'CONNOR	2.00					\vdash		00,043.	0.	
BOARD CHAIR	2.00	x		x				0.	0.	0.
(7) SUZANNE DIAZ	2.00	7.						0.	•	
SECRETARY	2,00	x		x				0.	0.	0.
(8) YVETTE SEGURA	2.00	∺						0.0		
TREASURER		x		x				0.	0.	0.
(9) SCOTT PRICE	2.00									
IMMEDIATE PAST BOARD CHAIR		x						0.	0.	0.
(10) JOSEPH CANNELLA	2.00									
CHAIR-AUDIT COMMITTEE		x						0.	0.	0.
(11) MICHAEL ROBERTSON	2.00									
CHAIR-INVITATIONAL		X						0.	0.	0.
(12) DR. MOEZ LIMAYEM	2.00									
PAST CHAIR-PROGRAM IMPACT		X						0.	0.	0.
(13) CRAIG CUFFE	2.00									
VICE CHAIR-RESOURCE GENERA		X						0.	0.	0.
(13) ROBERT MOSSBACHER	2.00									
PAST BOARD CHAIR		Х						0.	0.	0.
(14) JACK RYBICKI	2.00									
IMMEDIATE PAST BOARD CHAIR		Х						0.	0.	0.
(14) PAM MUMA	2.00]						_	_	_
PAST BOARD CHAIR		Х						0.	0.	0.
(15) ALLISON CASPER ADAMS	2.00	ļ							_	_
DIRECTOR		Х						0.	0.	0. Form 990 (2021)

132007 12-09-21

Page 8

Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, an	a H	ıgne	st C	ompensated Employe	es (continuea)			
(A)	(B)			-	C)	_		(D)	(E)		(F)	
Name and title	Average hours per		not c		more	than		Reportable	Reportable	- 1	Estimat	
	week					is bot or/trus		compensation from	compensation from related	'	amount other	
	(list any	ctor						the	organizations	cc	mpens	
	hours for	or dire				ted		organization	(W-2/1099-MISC/		from th	ne
	related organizations	ıstee (truste		a.	beusa		(W-2/1099-MISC/	1099-NEC)		rganiza	
	below	lual tri	tional		ploye	st com		1099-NEC)		- 1	and rela ganizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			"	gamea	
(16) BRIAN ADAMSKI	2.00				-						,	
DIRECTOR		Х						0.	0	<u> </u>		0.
(19) IAN ANDERSON	2.00											
DIRECTOR	0.00	Х						0.	0	<u>.</u>		0.
(20) BRIAN BEST	2.00	ļ ,,						0				0
DIRECTOR	2 00	Х			_		_	0.	0	<u>+</u>		0.
(21) NELSON CASTELLANO	2.00	X						0.	0			0.
PAST BOARD CHAIR (22) TYLER CATHEY	2.00	^			<u> </u>		-	0.	<u> </u>	+-		0.
DIRECTOR	2.00	x						0.	0			0.
(23) JEFF CHRONISTER	2.00	123						· ·		╫		
DIRECTOR		x						0.	0			0.
(24) TY DEBIQUE	2.00					7				+		
DIRECTOR		Х						0.	0			0.
(25) JOE DELUCA	2.00									\top		
DIRECTOR		Х						0.	0	<u>.l</u>		0.
(26) LISA FALLER	2.00							7				
DIRECTOR		Х						0.	0			0.
1b Subtotal								592,990.	0		25,0	
c Total from continuation sheets to Part V			. //					0.	0		<u> </u>	0.
d Total (add lines 1b and 1c)							<u> </u>	592,990.	0	•	25,0	10 T •
2 Total number of individuals (including but n	ot limited to tr	nose	liste	ed al	bov	e) w	no r	eceived more than \$100	0,000 of reportable			2
compensation from the organization		7									Yes	No
3 Did the organization list any former officer,	director trust	ee l	KeV 6	emp	love	e o	r hio	nhest compensated emr	olovee on			
line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su		.										
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual		. 4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	y uni	relat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son				. 5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-							•	nsatio	n from	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	/ithir T		year.		<u>(0)</u>	
(A) Name and business	address	NO	ІИС	2				(B) Description of s	services	Comp	(C) pensatio	on
								· · · · · · · · · · · · · · · · · · ·				
							\dashv					
2 Total number of independent contractors (i	ncluding but r	not li	mite	d to	tho	ا مع	ster	d above) who received m	ore than			
\$100,000 of compensation from the organi	-	111		٠.٠	0	0 "	J.00	who i occived it	.5.5 (1,311			
SEE PART VII, SECTION	N A CON	ΓΙΊ	NUZ	AT.	ΙOΙ	N S	SH	EETS		For	ո 990	(2021)

132008 12-09-21

	CHIEVEM	ΞN'	Г ()F	ΤZ	\MI	<u> </u>	BAY, INC.	59-109	8499
Part VII Section A. Officers, Directors, To	rustees, Key E	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	k all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	nstitutional trustee		oyee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
	below line)	Individua	Institution	Officer	Key employee	Highest c	Former			
(27) STEVE BLAIR	2.00									
DIRECTOR		Х						0.	0.	0
(28) JAMES GRANESE	2.00									
DIRECTOR		Х						0.	0.	0
(29) DR. MIKE GREGO	2.00									
DIRECTOR		Х						0.	0.	0
(30) DAN HOWAT	2.00									
DIRECTOR		Х						0.	0.	0
(31) DAVID HULL	2.00									
PAST BOARD CHAIR		Х						0.	0.	0
(32) STEPHANIE HOLMQUIST JOHNSON	2.00									_
DIRECTOR		Х				4		0.	0.	0
(33) KIRK KLEIN	2.00	l					\mathbf{M}			
DIRECTOR		Х						0.	0.	0
(34) JIM LANG	2.00	١								
DIRECTOR	2 00	Х					_	0.	0.	0
(35) MICHELLE MAINGOT	2.00	7.								_
DIRECTOR (26) PUTT MALGOLM	2.00	Х						0.	0.	0
(36) PHIL MALCOLM DIRECTOR	2.00	x				Y		0.	0.	0
(37) SANDRA MURMAN	2.00	Δ						0.	0.	
DIRECTOR	2.00	X						0.	0.	0
(38) BILL POE JR.	2.00	22							0.	
DIRECTOR	2100	x						0.	0.	0
(39) ADDISON DAVIS	2.00									
PAST BOARD CHAIR		x						0.	0.	0
(40) MICHAEL QUACKENBUSH JR.	2.00									
DIRECTOR		х						0.	0.	0
(41) DOUG RICH	2.00									
DIRECTOR		Х						0.	0.	0
(42) STEVE SALZER	2.00									
DIRECTOR		Х						0.	0.	0
(43) STEVE SCHULTZ	2.00									
DIRECTOR		Х						0.	0.	C
(44) ALEX SINK	2.00									
DIRECTOR		Х	L		<u> </u>	<u> </u>	L	0.	0.	0
(45) JOHN FLANAGAN	2.00									
DIRECTOR		Х	L		<u> </u>	L	L	0.	0.	C
(46) PETE KIRTLAND	2.00									
DIRECTOR		X	ı	ı	l	I	ı	0.	0.	0

Form 990 JUNIOR A	CHIEVEWI	ΞN'.	Γ, (ϽĿ	T.Y	7M1	<u> A</u>	BAY, IN	<u>.</u>	59-109	8499
Part VII Section A. Officers, Directors, Tro	ustees, Key Eı	mplo	oyee	s, a	nd F	ligh	est	Compensated	Employ	ees (continued)	
(A)	(B)			(((D)		(E)	(F)
Name and title	Average		Position					Reportab	le	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensat	tion	compensation	amount of
	per							from		from related	other
	week	_				oyee		the		organizations	compensation
	(list any	director director				emp		organizatio		(W-2/1099-MISC)	from the
	hours for related	eord	stee			sated		(W-2/1099-M	1130)		organization and related
	organizations	truste	al frus		yee	mper					organizations
	below	Individual trustee or	Institutional trustee	le le	Key employee	Highest compensated employee	ъ				3
	line)	Indiv	Instit	Officer	Keye	High	Former				
(47) SCOTT RILEY	2.00										
DIRECTOR		Х							0.	0.	0.
(48) LAKSHMI SHENOY	2.00										
DIRECTOR		Х							0.	0.	0.
(49) JOHN TOMLIN	2.00										
PAST BOARD CHAIR		Х							0.	0.	0.
(50) ISABEL DEWEY	2.00									_	_
CHAIR - PROGRAM IMPACT		Х							0.	0.	0.
(51) JACK RYBICKI	2.00										
PAST BOARD CHAIR		Х							0.	0.	0.
(52) ANTHONY ST. LOUIS	2.00	١							•	•	
PAST BOARD CHAIR		Х							0.	0.	0.
(53) ALAN BERTSCH	2.00				4		\mathbf{M}		•	0	•
DIRECTOR	2 00	Х							0.	0.	0.
(54) DENA BRIDGES	2.00	,,							0	0	0
DIRECTOR	2.00	Х							0.	0.	0.
(55) LEONARD BURKE	2.00	X							0.	0.	0.
DIRECTOR (56) STEVEN CANTILLO	2.00	Δ							0.	0.	0.
DIRECTOR	2.00	x							0.	0.	0.
(57) BETTY CASTOR	2.00	Δ				_			0.	0.	0.
DIRECTOR	2.00	X							0.	0.	0.
(58) BRENDON KINGSBURY	2.00	-22							•	•	•
DIRECTOR	2700	\mathbf{x}							0.	0.	0.
(59) DEREK KOLANO	2.00										
DIRECTOR		\mathbf{x}							0.	0.	0.
(60) IWAN MOHAMED	2.00									-	
DIRECTOR		Х							0.	0.	0.
(61) RAFAEL RENNO	2.00										
DIRECTOR		Х							0.	0.	0.
(62) ROBERT SHIMBERG	2.00										
DIRECTOR		Х							0.	0.	0.
(63) MIKE TASCHER	2.00										
DIRECTOR		Х							0.	0.	0.
(64) MARLENE VELEZ	2.00										
DIRECTOR		Х							0.	0.	0.
		1									
Total to Part VII, Section A, line 1c											

			_					
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S S	1.	_	Federated campaigns 1a					
an In			Membership dues 1b		-			
عَ ق			Fundraising events 1c	524,804.	-			
ifts ar A			Related organizations 1d	321,0010	-			
ا ﷺ			Government grants (contributions) 1e		1			
Sign			All other contributions, gifts, grants, and		1			
le E	•	•		490,850.				
풀턴	,	n	Noncash contributions included in lines 1a-1f		1			
Contributions, Gifts, Grants and Other Similar Amounts	_	_	Total. Add lines 1a-1f	•	3,015,654.			
		_	Total / Ida II/100 Ta T	Business Code	, ,			
o l	2 a	а	3DE PROGRAM		1,015,233.	1,015,233.		
اگ ج			JA BIZTOWN	611710	353,509.	353,509.		
Program Service Revenue		c	EDUCATIONAL PROGRAMS	611710	29,075.			
e e e		d				,		
P. G.		e						
<u> </u>	f	f	All other program service revenue					
	ç		Total. Add lines 2a-2f		1,397,817.			
	3		Investment income (including dividends, inter					
			other similar amounts)		92,765.			92,765.
	4		Income from investment of tax-exempt bond	oroceeds				
	5		Royalties	> /				
			(i) Real	(ii) Personal				
	6 a	а	Gross rents 6a					
	k	b	Less: rental expenses 6b					
	C	С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7 a	a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a		-			
o l	r	D	Less: cost or other basis					
eun		_	and sales expenses 7b Gain or (loss) 7c		-			
Revenue			Gain or (loss) 7c Net gain or (loss)					
e l			Gross income from fundraising events (not					
됩	0.		including \$ 524,804. of					
			contributions reported on line 1c). See					
				160,226.				
	k	b		155,955.				
				>	4,271.			4,271.
	9 a	а	Gross income from gaming activities. See					
			Part IV, line 19					
	k	b	Less: direct expenses 9b					
	c	С	Net income or (loss) from gaming activities	<u></u>				
	10 a	a	Gross sales of inventory, less returns					
			and allowances10a	1	_			
			Less: cost of goods sold10I	·				
\rightarrow		С	Net income or (loss) from sales of inventory					
sn		_		Business Code				
Miscellaneous Revenue	11 a							
Ven		b						
Be		y C	All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	-	4,510,507.	1,397,817.	0.	97,036.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-				(B)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations 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,	E72 400	112 110	72 502	E7 40
_	trustees, and key employees	573,490.	443,418.	72,583.	57,48
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	976,724.	755,195.	123,617.	97,912
7	Other salaries and wages	9/0,/24.	755,195.	123,017.	31,31
8	Pension plan accruals and contributions (include	45,419.	36,562.	4,088.	4,769
^	section 401(k) and 403(b) employer contributions)	122,336.	98,480.	11,010.	12,840
9	Other employee benefits	113,551.	91,409.	10,220.	11,92
10	Payroll taxes Fees for services (nonemployees):	113,331.	J., 40J.	10,220.	11,74
11					
	Management Logal				
	Legal	27,023.	20,298.	4,025.	2,70
G	5	2770231	2072301	1,0231	2,70
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees		V		
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	64,864.	46,602.	5,256.	13,000
14	Information technology				
15	Royalties				
16	Occupancy	616,506.	581,732.	11,828.	22,940
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,334.	1,084.		250
20	Interest	19,820.	19,820.		
21	Payments to affiliates	279,510.	279,510.		
22	Depreciation, depletion, and amortization	155,330.	147,330.	4,000.	4,000
23	Insurance	63,138.	61,876.	631.	632
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DDOODAM MAMBDIALO	257,812.	257,812.		
b	VOLUNTEER & STAFF TRAIN	42,861.	37,305.	1,100.	4,45
С	SCHOLARSHIPS	19,000.	19,000.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,378,718.	2,897,433.	248,358.	232,92
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)				

Pleages and grants receivable, net 7 Pleages and grants receivable, net 8 Cans and other receivable, net 8 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 8 Loans and other receivables from their disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 9 Notes and loans receivable, net 10 Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10 Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 11 Investments - publicy traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - other securities. See Part IV, line 11 13 Investments: specify arrivelated. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Canton payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part Vi of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributior, or 35% controlled entity or family member of any of these persons 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributior, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Other liabilities of chucked on lines 17.24. Complete Part X of Schedule D 25 Total liabilities. Acid lines 17 through 25 26 Total liabilities. Acid lines 17 through 25 27 Foth assets without on restrictions 30 Paichi or capital surplus, or land, building, or equipment fund 31 Retained aerinings, endowment, accumulated income, or other funds 31 R	Pai	IL A	Dalance Sheet			
1 Cash - non-interest bearing 330 , 389 , 1 479,963.			Check if Schedule O contains a response or note to any line in this Part X			
Pledges and grants receivable, net 1,442,214, 2				(A) Beginning of year		
Pledges and grants receivable, net 1,442,214, 2		1	Cash - non-interest-bearing	330,389.	1	479,963.
3 Pledges and grants receivable, net 2,392,732 3 2,752,950 4 Accounts receivable, ret 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 3, 885, 637 7 3, 885, 637 10 10 10 10 10 10 10 1		2		1,442,214.	2	1,942,405.
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10b 1, 824, 919, 1, 962, 459, 10c 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intragible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 [must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 28 Secured mortgages and notes payable to unrelated third parties 321, 200. 24 0 Total liabilities. Add lines 17 through 25 0 Total liabilities. Add lines 17 through 25 0 Total liabilities. Add lines 17 through 25 0 Organizations that follow FASB ASC 958, check here 3 Accounts assets with donor restrictions 3 Paid-in or capital surplus, or fand, building, or equipment fund 3 Retained earnings, endowment, accumulated income, or other funds 3 Retained earnings, endowment, accumulated income, or other funds 3 Retained earnings, endowment, accumulated income, or other funds 3 Retained earnings, endowment, accum		3		2,392,732.		2,752,950.
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trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		1				
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	_				_	13,350,619.

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

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

Act and OMB Circular A-133?

Form **990** (2021)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number JUNIOR ACHIEVEMENT OF TAMPA BAY, 59-1098499 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	` ,		, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
_	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
	Gross income from interest,			7.7			
	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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<u></u> ▶□
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2021 (li					14	<u>%</u>
	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o	-					nis box
	and stop here. The organization quali						▶□
17a	'a 10% -facts-and-circumstances test - 2021. 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				="	VI how the organiz	ation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						▶ □
40	organization meets the facts-and-circu			-			_ _
18	Private foundation. If the organization	n ala not check a	box on line 13, 16	a, 160, 1/a, or 17	b, check this box a	ina see instruction	s

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	olow, ploade comp					
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	· ,	· ,	·	, ,	, ,	, ,
	membership fees received. (Do not						
	include any "unusual grants.")	4275283.	2320423.	2885104.	2191589.	3539949.	15212348.
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	854,077.	855,787.	352,059.	440,095.	685,030.	3187048.
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	5129360.	3176210.	3237163.	2631684.	4224979.	18399396.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	141,106.	162,001.	164,933.			468,040.
t	n 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	31,188.	17,178.	164 000			48,366.
	Add lines 7a and 7b	172,294.	179,179.	164,933.			516,406.
8	Public support. (Subtract line 7c from line 6.)						17882990.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017 5129360.	(b) 2018 3176210.	(c) 2019 3237163.	(d) 2020 2631684.	(e) 2021	(f) Total 18399396.
	Amounts from line 6 Gross income from interest,	5129300.	31/0210.	343/103.	2031004.	4444979.	10399390.
IUč	dividends, payments received on securities loans, rents, royalties, and income from similar sources	96.196.	137,091.	47,863.	40,976.	51.586.	373,712.
ŀ	Unrelated business taxable income	30,230	23.,0321	27,70001	10,757.00	32,3333	3,3,,121
_	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	96,196.	137,091.	47,863.	40,976.	51,586.	373,712.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		,	,	,		,
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	5225556.	3313301.	3285026.	2672660.	4276565.	18773108.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
	check this box and stop here						<u> </u>
	ction C. Computation of Publi						05 06
	Public support percentage for 2021 (li				ı	15	95.26 %
	Public support percentage from 2020					16	94.37 %
	ction D. Computation of Inves			10 luna (f)	1	47	1.99 %
	Investment income percentage for 20					17	1.99 % 1.89 %
	18 Investment income percentage from 2020 Schedule A, Part III, line 17						
136	. 37						
k	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 - 2020. 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						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

,		Yes	No
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ī	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

132025 01-04-22

3b | Schedule A (Form 990) 2021

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

)	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	inization (see
	instructions)			

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Schedule A (Form 990) 2021

1

2

3

<u>4</u> 5

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3

5

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

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

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
VARIOUS	141,106.	162,001.	164,933.	0.	0.
Total to Schedule A, Part III, Line 7a	141,106.	162,001.	164,933.		

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
VARIOUS	31,188.	17,178.	0.	0.	0.
Total to Schedule A, Part III, Line 7b	31,188.	17,178.			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. 59-1098499

Organization type (check one):

Filers of: Sec	ction:				
Form 990 or 990-EZ X	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				
, 0	vered by the General Rule or a Special Rule. B), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
37					
sections 509(a)(1) and 1 contributor, during the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 1. Complete Parts I and II.				
For an organization des	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one				
	year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,				
• • • • • • • • • • • • • • • • • • • •	purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead 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 isranswer "No" on Part IV, line 2, of	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must				

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.

59-1098499

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BENEVITY 611 MEREDITH RD NE #700 CALGARY, ALBERTA, CANADA T2E 2W5	\$ 103,519.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BETTER BUSINESS BUREAU		Person X
	2655 MCCORMICK DRIVE CLEARWATER, FL 33759	\$ 75,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HOUGH FAMILY FOUNDATION INC. 555 5TH AVENUE NE, APT 924 ST. PETERSBURG, FL 33701	\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FISHMAN FAMILY FOUNATION 413 S MACDILL AVE TAMPA, FL 33609	\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PNC BANK ONE CITY CENTER TAMPA, FL 33602	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RILEY EDUCATION FOUNDATION 12 SUNNY POINT CT OLDSMAR, FL 34677	\$\$	Person X Payroll

Name of organization

Employer identification number

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.

59-1098499

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SCOTT PRICE 400 N ASHLEY DRIVE, SUITE 1325 TAMPA, FL 33602	\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BUCCANEERS TEAM, LLC 1 BUCCANEER PLACE TAMPA, FL 33607	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	UNIVERSITY OF SOUTH FLORIDA HEALTH USF HEALTH DR TAMPA, FL 33612	\$ <u>75,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.

59-1098499

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (20

Employer identification number

Name of organization

59-1098499 JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. 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. `fŕom 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, 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

Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.

Employer identification number 59-1098499

Par	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	e 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised t	funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor account account and donor account and donor account account and donor account account and donor account account and donor account account account account and donor account	dvisors in writing that grant funds can be use	ed only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose con	ıferring		
_					
Par	1 3		IV, line 7.		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreated	tion or education) Preservation of a hi	storically important land area		
	Protection of natural habitat	Preservation of a ce	ertified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements				
b					
С	Number of conservation easements on a certified historic stru		2c		
d	Number of conservation easements included in (c) acquired a				
_	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during the tax		
	year >				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		Yes No		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,				
6	Stan and volunteer flours devoted to filoritioning, inspecting,	nariding of violations, and emorcing conserv	ation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				
•	\$ \$	ing of violations, and emoreing conservation	casements during the year		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(/	1)(B)(i)		
•	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	G			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treater	asures, or other similar assets for financial ga	in, provide		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1				
<u>b</u>	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021		

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

9.0000 % Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization bv:

Yes No X (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

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		2,751,571.	1,088,764.	1,662,807.
С	Leasehold improvements		10,111.	1,019.	9,092.
	Equipment		702,723.	646,211.	56,512.
e	Other		189,374.	88,925.	100,449.
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				

Schedule D (Form 990) 2021

а b

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		· ·	
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
		· · · · ·	
(a) [Description		(b) Book value
(a) [Description		(b) Book value
	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	15.)	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Proposition of liability.	15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes	15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)	>	5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	211e or 11f. See Form 990, Part X, line 25	5.

132053 10-28-21

Pa	art XI Reconciliation of Revenue per Audited Financ	cial Statements With Revenue per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, P	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statem	nents	1	5,181,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	a Net unrealized gains (losses) on investments	2a -291,233.		
b	b Donated services and use of facilities	2b 968,551.		
С	c Recoveries of prior year grants	2c		
d	d Other (Describe in Part XIII.)	2d		
е	e Add lines 2a through 2d		2e	677,318.
3	Subtract line 2e from line 1		3	4,504,367.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 6,140.		
b	b Other (Describe in Part XIII.)	4b		
С	c Add lines 4a and 4b		4c	6,140.
5	Total Total Total Title Control Total Tota	, line 12.)	5	4,510,507.
Pa	art XII Reconciliation of Expenses per Audited Finan		Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, P			
1	Total expenses and losses per audited financial statements		1	4,383,497.
2		1 050 551		
а	a Donated services and use of facilities	2a 968,551.		
b	b Prior year adjustments			
С	c Other losses			
d	d Other (Describe in Part XIII.)	2d 36,228.		4 004 550
е	e Add lines 2a through 2d		2e	1,004,779.
3			3	3,378,718.
4	, mileanie meiaaea en remotee, ranto, mileae, partier en mile re			
а	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	b Other (Describe in Part XIII.)	4b		_
_	c Add lines 4a and 4h		40	0.

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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, 2022 AND 2021, THE ORGANIZATION 132054 10-28-21

3,378,718.

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

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.

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

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

Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

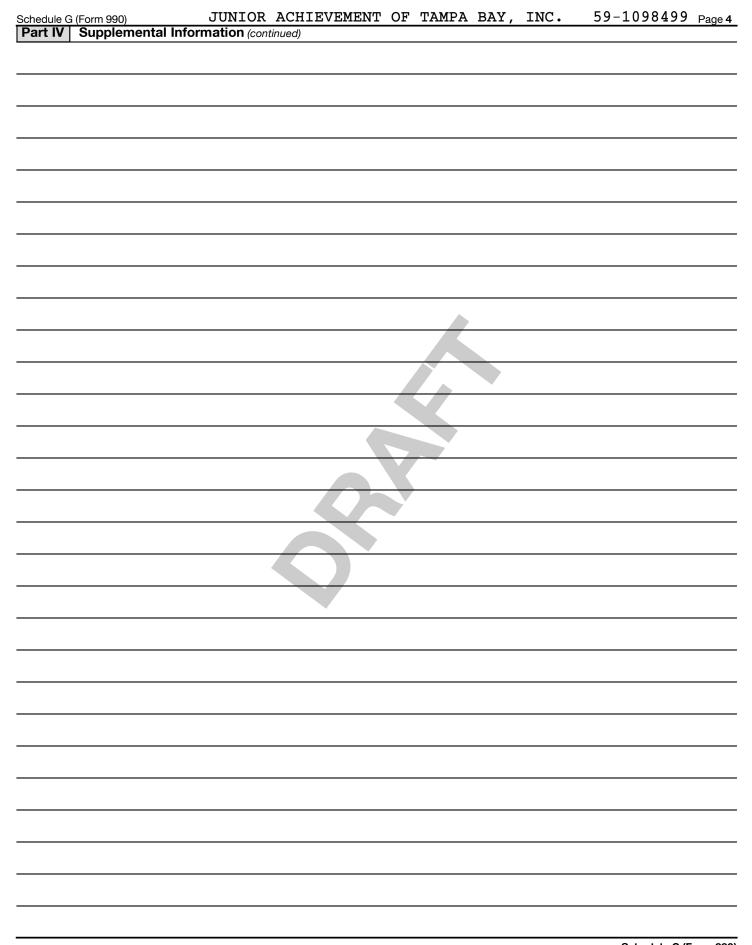
Schedule G (Form 990) 2021

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

		of fundraising event contributions and gr	oss income on Form 990	0-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				BOWLING		` '
			GOLF EVENT	EVENTS	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ηe			71 7	()1 /	,	
Revenue	1	Gross receipts	200,978.	155,226.	264,080.	620,284.
	2	Less: Contributions	195,978.		264,080.	460,058.
	3	Gross income (line 1 minus line 2)	5,000.	155,226.		160,226.
	4	Cash prizes				
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ă	ľ					
ect E	7	Food and beverages				
Ē		Entertainment				
	8	Entertainment Other direct expenses	60,716.	13,140.	82,099.	155,955.
	10	Other direct expenses				155,955.
	l	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	ine O column (d)			4,271.
Pa	rt l	III Gaming. Complete if the organization				4,271
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	11990, 1 art 10, iiile 19, 01	reported more triain	
		\$10,000 0111 0111 000 EE, iii10 0d.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
ä		Tient/lacinty costs				
	5	Other direct expenses				
	ء ا	Volunteer labor	Yes % No	Yes %	☐ Yes % ☐ No	
	"	Volunteer labor	I NO	I NO	NO	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
		Not gaming income summany Subtract line 7	from line 1 column (d)		_	
_	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		······	
9	En	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	-	atataa?		Yes No
						. L tes L No
O	o If "	No," explain:				
40	141	are any of the average time!	avolted greener deal of	avenio at ad di mire -: 41 4	waar?	Yes No
		ere any of the organization's gaming licenses re			•	. LI res LINO
D	o If "	Yes," explain:				

132082 10-21-21 Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. 59-	1098499	Page 3
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:		
	The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
C	c If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	animg marager memanani		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	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		
Da	organization's own exempt activities during the tax year \$\infty\$ \$\text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III - Iiraa O - (Ob. 10b
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9, 8	ab, Tub,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		



SCHEDULE J (Form 990)

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

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. **Employer identification number** 59-1098499

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations 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:			l
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		
•	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:	C-		Х
a	The organization?	6a		X
a	Any related organization?	6b		
7	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	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8		8		Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	P		-25
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	nequiations section 33.4830-0(C)?	ו ט		1

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

Schedule J (Form 990) 2021

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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RICHARD GEORGE	(i)	263,340.	0.	0.	25,001.	0.		0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

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:

LIFE-SKILLS PROGRAMS TO ENHANCE THE EDUCATION OF YOUNG PEOPLE.

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

FUTURE 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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE SEQUENTIAL ACTIVITIES BUILD ON STUDIES FROM EACH PRECEEDING GRADE

AND PREPARE STUDENTS FOR SECONDARY SCHOOL LIFELONG LEARNING.

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

DEVELOP KEY SKILLS TO SUCCESSFULLY NAVIGATE TODAY'S COMPLEX ECONOMIC

ENVIRONMENT AND DISCOVER HOW DECISIONS TODAY CAN IMPACT TOMORROW. THE

JA INSPIRE CAREER CENTER LOCATED WITHIN JA FINANCE PARK, IS DEDICATED

TO FUELING YOUNG PEOPLES' IMAGINATION. INFUSED WITH STATE-OF-THE ART

TECHNOLOGY, THIS IMMERSIVE, HANDS-ON EXPERIENCE, WILL INSPIRE MIDDLE

SCHOOL STUDENTS TO EXPLORE THEIR FUTURE PLAN AND PREPARE TO SEIZE

TOMORROW'S OPPORTUNITIES BY EXPOSING THEM TO IN-DEMAND CAREERS ON THE

TAMPA BAY HORIZON.

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.

Employer identification number 59-1098499

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.

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

WRITE OFF OF UNCOLLECTIBLE PLEDGES

-36,228.

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

132212 11-11-21

Schedule O (Form 990) 2021

Name of the organization	Employer identification number
JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.	59-1098499
COMMITTEE IS AVAILABLE TO THE INDEPENDENT AUDITOR FOR QUE	STIONS DURING
THE AUDIT AND MEETS WITH THE AUDITOR AFTER THE AUDIT TO D	ISCUSS THE
FINAL AUDIT REPORT. THE AUDIT COMMITTEE REVIEWS THE AUDIT	BEFORE IT IS
PRESENTED TO THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTO	RS FOR REVIEW
AND APPROVAL.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

JUNIOR ACHIEV	EMENT OF TAMPA BAY,	INC.				59-10984	199	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	33.					
(a)	(b)	(c)	(d)	(e))		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets		ontrolling ntity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	e related tax-exe	empt	
(a)	(b)	(c)	(d)	(e)		(f)	Section 5	3) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity		ct controlling	contr	olled
of related organization		foreign country)	section	status (if section 501(c)(3))		entity	Yes	No
JUNIOR ACHIEVEMENT FINANCE PARK OF TAMPA	TO INSPIRE AND PREPARE						165	140
BAY, INC 82-2189407, 13707 NORTH 22ND	YOUNG PEOPLE TO SUCCEED IN							
STREET, TAMPA, FL 33613	A GLOBAL ECONOMY	FLORIDA	501(C)(3)	LINE 12A	N/A			Х
	_							
	-							

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

	. ,		1	1						1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI	Genera	or Percentage		
Name, address, and EIN of related organization		(state or	entity	(related, unrelated,	income	end-of-year	I	tions?	amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership		
		foreign		lexcluded from tax under		assets		1	20 of Schedule	partite	<u>:</u>		
		country)		360110113 3 12-3 14)			Yes	No	K-1 (F01111 1003)	Yesir	10		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transaction						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
	Loans or loan guarantees to or for related organization(s)						Х
	Loans or loan guarantees by related organization(s)						Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
-	• • • • • • • • • • • • • • • • • • • •						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related organizations						Х
							Х
n	m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1						
o	o Sharing of paid employees with related organization(s)						
	3 (/						
р	Reimbursement paid to related organization(s) for expenses				1p		Х
a	Reimbursement paid by related organization(s) for expenses				1q		Х
•	1 7 3 (7 1						
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on v						·
		(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount	involved		
	· ·	type (a-s)					
	UNIOR ACHIEVEMENT FINANCE PARK OF TAMPA						
(1) I	BAY, INC.	K	356,461.	CASH PAID			
	UNIOR ACHIEVEMENT FINANCE PARK OF TAMPA		-				
(2) I	BAY, INC.	C	206,929.	CASH RECEIVED			
•			-				
(3)							
`,							
(4)							
.,							
(5)							
(6)							

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners sec	Share of	Share of	Dispropor	- Code V-UBI	General o	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocations	amount in box 20 of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes No	
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