	_ 99A	Return of Organization Exempt From Income Ta	ах	OMB No 1545-0047
For	January 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for		2019
Depa	rtment of the Treas	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.	° 1006	Open to Public Inspection
	For the 2019	calendar year, or tax year beginning 07/01/19, and ending 06/30/20		mopection
	Check if applicable	C Name of organization	D Employer	dentification number
	Address change	Junior Achievement of NW Florida, In		
\equiv	-	Doing business as	59-08	39555
닏'	Name change	Number and street (or PO box if mail is not delivered to street address) Room/suite	E Telephone	number
	Initial return	7100 Plantation Road, Unit 2	850-4	77-1420
	Final retum/ terminated	City or town, state or province, country, and ZIP or foreign postal code		
\Box	Amended return	Pensacola FL 32504	G Gross receip	ots\$ 288,486
=		F Name and address of principal officer H(a) is this is	a group return for sub	xordinates? Yes X No
⊔′	Application pending	IIdi Hosman	•	
			l subordinates includ "No," attach a list (s	.~~
		12 3234	110, 1111011 11111 (1	(CC 1/138 GGSG/15)
	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 U http://janwf.org H(c) Group		
_			1959	
	Form of organization art I Su	X Corporation Trust Association Other ► L Year of formation	<u> </u>	State of legal domicile E'L
, -		escribe the organization's mission or most significant activities		· · ·
· _	,	Schedule O		
2	500			
Governance				
8	2 Check th	nis box I if the organization discontinued its operations or disposed of more than 25% of its net	assets	
		of voting members of the governing body (Part VI, line 1a) RECEIVED	3	21
ණ ග		of independent voting members of the governing body (Part VI, line 1b)	4	21
j <u>ë</u>			5	4
Activities	6 Total nu	mber of individuals employed in calendar year 2019 (Part V, line FEB 2 2 2021)	6	59
⋖		related business revenue from Part VIII, column (C), line 12	7a	0
		lated business taxable income from Form 990-T, line 39	7b	0
		Prior		Current Year
	8 Contribut	tions and grants (Part VIII, line 1h)	31,276	175,060
Revenue	9 Program	service revenue (Part VIII, line 2g)	0	0
Š	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
"	11 Other rev		59,665	77,519
	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,941	252,579
		nd similar amounts paid (Part IX, column (A), lines 1–3)	0	0
		paid to or for members (Part IX, column (A), line 4)	0	0
S		this comparison of the state of	62,185	137,393
Sua		onal fundraising fees (Part IX, column (A), line 11e)	1,653	965
Expenses		draising expenses (Part IX, column (D), line 25) ▶ 16,291	77 467	70 414
ا "			71,467	70,414
			35,305	208,772
- 6	19 Revenue	less expenses Subtract line 18 from line 12 Beginning of	44,364	43,807 End of Year
sts B B B	20 Total ass		40,637	53,904
t Assets or	20 Total ligh		85,741	55,201
至		•	45,104	-1,297
P		gnature Block		
_		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my know	wledge and belief, it is
		omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		<u>.</u>
	L 0	3/10/200		1-1-200
Sig	n 🏲 🕏	Signature of officer	Date	
Her		Ildi Hosman President		
	🖊 🔻	Type or print name and title		

Preparer's signature Print/Type preparer's name Paid Preparer This tax return Firm's EIN Use Only prepared by a non-paid preparer. May the IRS discuss this return with the preparer shown above? (see instructions) Yes Form **990** (2019)

For Paperwork Reduction Act Notice, see the separate instructions DAA

(1	Expenses \$	ervices (Describe	includin) g grants of \$ 166,891) (Revenue	\$)	
		ervices (Describe	on Schedule O.)					
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(Code.) (Expenses \$		including	grants of \$) (Revenue \$		
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l.	e mecha	nics of p	personal	and famil ry busines	y budge	ting; gen	eral free e	nterpris	е
3 E	ecifica	lly has k	been show	vn to incr	ease th	e understa	anding of h	dor wo	wo
	Code: cordina)(Expenses \$ to local	100 researc	,891 including	grants of \$	chi evemen) (Revenue \$ t in Northw	est Flor	न तं :
							· · · · · · · · · · · · · · · · · · ·		
				program service repo		inount of grants an	d allocations to others	•	
-	pescribe the org expenses. Secti	janization's progr on 501(c)(3) and	am service accor 501(c)(4) organia	nplishments for eac	on of its three li	argest program sen	vices, as measured by discounty	<i>!</i> ,	
		e these changes						_ -	
	ervices?		_		•			Yes	X
				lgnificant changes in	n how it condu	cts, any program			
•	rior Form 990 (f "Yes " describ	e these new serv	ices on Schedule		·			Yes	X
			ny significant pro	gram services durin	g the year whi	ch were not listed o	n the	اسا	(3-2)
	· · · · ·			·· · · · · · · · · · · · · · · · · · ·	,				
				•		• •			
							• • • • • • •		
36	e sched	ure o							
	Briefly describe ee Sched	the organization's	s mission:						

Page 3

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 X 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III X 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 X 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, X complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross Income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ŀ
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	ļ	X
b	The state of the s	24b	↓	<u> </u>
C	the state of the s			
	to defease any tax-exempt bonds?	24c		↓
d	The state of the s	24d	 	↓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	X
þ	o and a second in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	├ ─	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		ĺ	<u>.</u>
28	persons? If "Yes," complete Schedule L, Part III	27	 	X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	ş 🐪	1 - 2	
а	IV instructions, for applicable filing thresholds, conditions, and exceptions):	'	40	. :
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	00-		
b	A family member of any Individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a	├──	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b	├──	-
·	"Yes," complete Schedule L, Part IV	28c	'	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		†	
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ļ —	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Pert I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
TOTAL TOTAL	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			Ш
		ستنشين 	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ķ (j)	12	W
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	P. 32		137
	reportable gaming (gambling) winnings to prize winners?	1c	000	<u></u>

	Tracticities Regarding Cuter Into Finings and Fax Compliance Commi	uou)					····
2-	Enter the number of ampleuses reported on Form M.2. Transmitted of Marco and Tour		ı	سا	,	Yes	No
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3.	1	ķ.	· }}		333
b	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1 3		Ъ	X	4. 8
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returnates: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			··· 🖟			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	·)			a	\$50.00	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			—	b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity over	· · · · -	<u> </u>		<u> </u>
→ a	a financial account in a foreign country (such as a bank account, securities account, or other financial		•	1,	a	. !	x
b	If "Yes," enter the name of the foreign country	1 4000	unity i	<u> </u>			-
	See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	 nte /FRAR\			3 2	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	10000	110 (1 5/11)	, '	ia		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	tlon?		· -	ib		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	,,,,,,,,,	• •	· · ·	ic		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e. ie		· · · · -	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?			e	a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	• • • •	· · —	-		
	gifts were not tax deductible?) e	ь		
7	Organizations that may receive deductible contributions under section 170(c).	•	• •	. 1	7,1	لمنمث	8117
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	noods		,	-4	30	1
	and services provided to the payor?	•		7	a	,	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7	b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs	•				
	required to file Form 8282?				'c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			34	33.7	70
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	17	7	e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		. 7	f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	m 88	99 as required?	' <u>7</u>	g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fi	le a Form 1098-		h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by t	he	N)	١,	13.5
	sponsoring organization have excess business holdings at any time during the year?				B		
9	Sponsoring organizations maintaining donor advised funds.			12.	34	, S 1	338
а	Did the sponsoring organization make any taxable distributions under section 4966?				a		ļ
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. 9	b l	******	·
10	Section 501(c)(7) organizations. Enter:	1	1	() ()	3]	1	1. 72
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				795	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>		31		1 } }
11	Section 501(c)(12) organizations. Enter:	1	1	1.5	ķ.	:;;; d	
a	Gross Income from members or shareholders	11a	 	 !!		62	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			73		327	137
122	against amounts due or received from them.)	11b			<u>, </u>	3.3.5	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b	[7	2a		3 17
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			21	£ 3,	(
	Is the organization licensed to issue qualified health plans in more than one state?			1	3a	بضيين	la de la c
а	Note: See the Instructions for additional information the organization must report on Schedule O		•	ए	×*	- सुधरा	177
b	Enter the amount of reserves the organization is required to maintain by the states in which				-	(33)	2.
U	the organization is licensed to issue qualified health plans	13b	1	, , , , , , , , , , , , , , , , , , ,	3.		100
С	Enter the amount of reserves on hand	13c	†		y	* 3	,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	100	<u> </u>	1	4a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	•	ļ	4b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or .	· ·			
	excess parachute payment(s) during the year?		-	1	6		x
	If "Yes," see instructions and file Form 4720, Schedule N.			• • •	~	, °	8
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?		6	,	X
	If "Yes," complete Form 4720, Schedule O.						
						901	0 ,,,,,

Form 990 (2019) Junior Achievement of NW Florida, In 59-0839555 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year (文) (字) 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. Enter the number of voting members included on line 1a, above, who are independent 21 1b 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? X 2 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a Х X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. $\tilde{s} z^{j}$ Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 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? 38 The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

State the name, address, and telephone number of the person who possesses the organization's books and records

32504

Ildi Hosman Pensacola 7100 Plantation Road, Unit 2

Own website Another's website X Upon request Other (explain on Schedule O)

financial statements available to the public during the tax year

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

850-477-<u>142</u>

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Form 990 (2019)	'Junior	Achieveme	nt of M	W Florida,	In 59-	0839555	
Daw MI C	omnoncatio	n of Officers C	livootore Tr	untana Kau Er	malouses	Highest Companying Em	

Rank VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (F) Name and title Average Position Reportable Reportable Estimated amount (do not check more than one hours compensation compensation of other compensation per week box, unless person is both an from the from related officer and a director/trustee) organization organizations from the filst any (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for nghest (related related organizations dividual trustee stitutional trustee organizations employee below compensated dotted line) (1) Ildi Hosman 40.00 0.00 X 695 President 61,954 0 (2) Johnny Fayard 1.00 Board Chair 0.00 X X 0 0 0 (3) Britt Landrum, 1.00 Past Board Chair X X 0 0 0.00 0 (4) Daniel Joyner 1.00 Board Vice Chair 0.00 X X 0 0 0 (5) Todd Milleson 1.00 0.00 X Past Vice Chair X 0 0 0 (6) Jodi Bell 1.00 Secretary 0.00 X X 0 0 0 (7) Allison Jones 2.00 0 0.00 X X 0 0 Treasurer (8) Dr. Michelle Taylor 1.00 0.00 Education Chair X X 0 0 0 (9) Stephanie Alvarez 2.00 Fundraising Chair 0.00 X X 0 0 0 (10) Alicia Christy 1.00 Director 0.00 X 0 0 0 (11) Anna-Marie Forshee 1.00 0.00 Director 0

Page 7

FRIL VIII Section A. Officers	, Directors, Irl	ISTO	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (liet any	bo	x, uni	Pos check ess pe	erson I	then c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) Rick Fountair							-			
Director	1.00	x						0	0	0
(13) Aisa Goodyean										
Director	0.00	x						0	•	0
(14) John Griffin	0.00	^		 	-				0	0
	1.00									
Director	0.00	X			<u> </u>			0	0	0
(15) Traci Hopkins	1.00				l					
Director	0.00	x						o	0	0
(16) Billi Huddles	ton									
	1.00									
Director (17) Kyle McGee	0.00	X			 -			0	0	0
(-// My 20 120000	1.00									
Director	0.00	x						0	, O	0
(18) Becky Meredit										
Director	1.00	x						o	0	0
(19) Susan Meyer	0.00	-	-						- U	<u>v</u>
	1.00									
Director	0.00	X	L	L	l			61 054	0	0
1b Subtotal c Total from continuation shee	ets to Part VII. S	Secti	on 4		•		>	61,954		695
d Total (add lines 1b and 1c)				·		_4_	<u> </u>	61,954		695
2 Total number of individuals (in reportable compensation from				thos	e list	ted a	bove	e) who received more than	\$100,000 of	
					-					Yes No
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire complete Sched	ecto: dule :	r, tru <i>J for</i>	stee, suci	, key h ind	emp lividu	oloye <i>al</i>	ee, or highest compensated	i	3 X
For any individual listed on line organization and related organ individual	1a, is the sum	of re	port	əblə	com	pens	atio	n and other compensation omplete Schedule J for suc	from the	4 X
5 Did any person listed on line 1 for services rendered to the or									Individual	5 X
Section B. Independent Contracto		00,	COIII	Diote	, 00,	iodui	0.0	ioi suori persori	······································	
Complete this table for your five compensation from the organization.	e highest compo	ensa	ted i	ndep	end	ent c	ontr	actors that received more t	han \$100,000 of	ar
	(A) business address						1	Descript	(B) lon of services	(C) Compensation
										
						-				
2 Total number of independent of	ontractors (inclu	ıding	but	not I	imite	ed to	thos	se listed abové) who		
received more than \$100,000 c	of compensation	fron	n the	org	eniza	ation			0	100 180 181

(A) Name and title	(B) Average hours per week (list any	(d bo	o not	Pos Check 989 pe	C) altion more erson i	than c s both r/trust	one an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(20) Mike Owens						-			-	
Director	1.00	x						0	o	0
(21) Michelle Sal:							-	•		
Director	1.00	x								_
(22) Robin Verge	0.00	^			-	-		0	0	0
	3.00									
Director	0.00	X	_	<u> </u>	-			0	0	0
	, ,									
		-								
	,									
1b Subtotal c Total from continuation she	ets to Part VII, S	Secti	on A				>			
d Total (add lines 1b and 1c) Total number of individuals (in			d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	<u> </u>
reportable compensation from	the organization	1 🕨								Yes No
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization. 	<i>complete Sche</i> e and it	<i>dule</i> of re	<i>J for</i> porta	suci able	h ina com	<i>ividu</i> pens	<i>ial</i> satio	n and other compensation	from the	3
Individual 5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue d	omp	ens	atıon	fron	n an	y unrelated organization or		5
Section B. Independent Contracto										
Complete this table for your fix compensation from the organi										ear
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
			.,						· · · · · · · · · · · · · · · · · · ·	
Total number of independent or received more than \$100,000	contractors (incli of compensation	iding fron	but n the	not l org	imite aniz	ed to ation	tho:	se listed above) who		
DAA										Form 990 (2019)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (C) (D) Total revenue Unrelated function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 82,120 1c d Related organizations 1d e Government grants (contributions) 1e 25,000 f Ail other contributions, gifts, grants, and similar amounts not included above 67,940 1f g Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f Business Code Program Service Revenue b f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties .. (I) Real (ii) Personat 6a Gross rents 6a b Less: rental expenses c Rental inc. or (loss) Net rental income or (loss) 7a Gross amount from (I) Securities (li) Other sales of assets other than inventory 7a b Less' cost or other Other Revenue 7b basis and sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 82,120 of contributions reported on line 1c). See Part IV, line 18 113,326 8a 35,907 b Less: direct expenses 8b c Net Income or (loss) from fundraising events 77,419 9a Gross Income from gaming activities. See Part IV, line 19 9a b Less: direct expenses ... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net Income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 100 11a 100 Miscellaneous b d All other revenue 100 e Total. Add lines 11a-11d 252,579 Total revenue. See instructions 100

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX												
Do	Do not include amounts reported on lines 6b, (A) (B) (C) (D) Total expenses Program service Management and Fundraising												
		Total expenses	Program service expenses		Fundralsing 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		<u> </u>										
5	Compensation of current officers, directors,												
	trustees, and key employees												
6	Compensation not included above to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	119,970	94,777	14,396	10,797								
8	Pension plan accruals and contributions (include												
•	section 401(k) and 403(b) employer contributions)	0.076	6 500										
9	Other employee benefits	8,276			745								
10	Payroll taxes	9,147	7,226	1,098	823								
11	Fees for services (nonemployees):												
a	Management												
b	Legal Accounting												
d	· · · · ·												
	Professional fundraising services. See Part IV, line 17	965			965								
f	Investment management fees	303	h35554	amment of a solution of a solu	305								
g	••		, , , , , , , , , , , , , , , , , , ,										
8	(A) amount, list line 11g expenses on Schedule O)	5,200	1,664	3,276	260								
12	Advertising and promotion	3,200	1,001	3,270	200								
13	Office expenses	2,495	1,249	499	747								
14	Information technology	1,998			200								
15	Royalties												
16	Occupancy	2,442	2,076	366									
17	Travel	2,585	1,809	517	259								
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials			_									
19	Conferences, conventions, and meetings												
20	Interest	2,258		339									
21	Payments to affillates	34,475											
22	Depreciation, depletion, and amortization	1,078		216	108								
23	Insurance	1,710	1,453	257	**************************************								
24	Other expenses. Itemize expenses not covered												
	above (List miscellaneous expenses on line 24e. If												
	line 24e amount exceeds 10% of line 25, column												
	(A) amount, list line 24e expenses on Schedule O.)	(1 m / 1 m	200	and the surface of the same of the same									
a	Program supplies	5,762	5,762	F 0 1	206								
b	Telephone	3,956		791	396								
C	Recognition	2,029		304									
d	Bank fees	1,922		1,922	991								
9 25	All other expenses	2,504 208,772		216									
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	200,112	100,031	25,590	10,231								
	organization reported in column (B) joint costs		ļ		•								
	from a combined educational campaign and												
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)												
DAA	TOTO THE POOL OF T		 		- 000								

P	art 🤉	Balance Sheet Check if Schedule O contains a response or note to any	line in this P	ert X			
		Once in ouridatio of contains a response of fiction of any	ine in ans r	an A	(A) Beginning of year		(B) End of year
_	1	Cashnon-interest-bearing			6,288	1	26,590
	2	Savings and temporary cash investments		* *	0,200	2	20/350
	3	Pledges and grants receivable, net			28,584		22,111
	1	Accounts receivable, net			20,301	4	22,111
	5	Loans and other receivables from any current or former officer,	director		777	रफ्रेक्	
		trustee, key employee, creator or founder, substantial contribut			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		controlled entity or family member of any of these persons	01, 01 33 78		[2 12 13 . Do . 1 5 48	5	6: 23 to 5, 83 c 3 c
	6	Loans and other receivables from other disqualified persons (as	, . e defined		3	········	1.
' 0	"	under section 4958(f)(1)), and persons described in section 495				. § : 6	1 700 037 2 3
Assets	7	Notes and loans receivable, net	06(6)(3)(6)			7	
Ass	8	Inventories for sale or use	• •	•• •	2,869		1,297
-	l -	• • • • • • • • • • • • • • • • • • • •	•	•	2,009	8	1,49/
	9	Prepaid expenses and deferred charges			1 3 1	9	
	Tua	Land, buildings, and equipment: cost or other		U 2 C 4		11.5	
	Ι.	basis Complete Part VI of Schedule D		7,354			18 (498) 28 (433)
		Less. accumulated depreciation 10b		3,448	2,896		3,906
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	·	<u> </u>	40,637	16	53,904
	17	Accounts payable and accrued expenses			25,709		11,884
	18	Grants payable				18	
	19	Deferred revenue			41,600		1,220
	20	Tax-exempt bond llabilities	•			20	
	21	Escrow or custodial account liability. Complete Part IV of Sched	•		4 min 2000 min 1 7421 % 2000 m	21	(X1)
S	22	Loans and other payables to any current or former officer, direc				1 33	
Liabilities		trustee, key employee, creator or founder, substantial contribute	or, or 35%			. "; "	
iat		controlled entity or family member of any of these persons				22	
_		Secured mortgages and notes payable to unrelated third parties	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties .	, ,			24	24,497
	25	Other liabilities (including federal income tax, payables to relate	d third			[`
		parties, and other liabilities not included on lines 17-24). Comple	ete Part X			Ì	
		of Schedule D			18,432	25	17,600
	26	Total liabilities. Add lines 17 through 25			85,741	26	55,201
		Organizations that follow FASB ASC 958, check here ▶ X				8.43	
ş		and complete lines 27, 28, 32, and 33.				13.7	
lan	27	Net assets without donor restrictions			-45,104	27	-1,297
Ba	28	Net assets with donor restrictions				28	
Į,		Organizations that do not follow FASB ASC 958, check here	e ▶ 🔲			7 6	
F.		and complete lines 29 through 33.				1:36	
٥٥		Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or equipment fund				30	
Ası	31	Retained earnings, endowment, accumulated income, or other	funds			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		· ·	-45,104	32	-1,297
_	33	Total liabilities and net assets/fund balances			40,637	33	53,904

	1990 (2019) Junior Addievement of NW Florida, in 59-0839555				<u>Paç</u>	ge 12
Pŧ	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	25	52,5	579
2	Total expenses (must equal Part IX, column (A), line 25)		2	20	08,7	772
3	Revenue less expenses. Subtract line 2 from line 1		3	4	43,8	807
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	- 4	45,	104
5	Net unrealized gains (losses) on investments	•	5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))		10		-1,2	297
P8	rt XII; Financial Statements and Reporting		·			
	Check if Schedule O contains a response or note to any line in this Part XII					
	•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			5,73.		3,64
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				` ;	1.4
	Schedule O			1.0		81
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	[X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	•	•		38 B	
	reviewed on a separate basis, consolidated basis, or both:				₹	
	Separate basis Consolidated basis Both consolidated and separate basis				4 5/1	1
þ	Were the organization's financial statements audited by an independent accountant?			2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			7 25		13.0
	separate basis, consolidated basis, or both:			- 133	. 3.5. . 22	1
	Separate basis X Consolidated basis Both consolidated and separate basis			**		13
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			"		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				733	
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			["]		
	Single Audit Act and OMB Circular A-133?			3a		L
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Forr	n 990	(2019)

SCHEDULE A' (Form 990 or 990-EZ)

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
2019
Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Junior Achievement of NW Florida, In

Employer Identification number 59-083955

****		····					1 0 5 000						
	art l	·····		Status (All organizations				ns.					
Γhe	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
1)(A)(i).	* 0					
2				A)(II). (Attach Schedule E (Forr			(')9					
3				ce organization described in se				• •					
4	\sqcup	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	Ш	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	t II.)								
9				scribed in section 170(b)(1)(A)(ed in conj	unction with a land-grant colle	ge					
		or university university:	or a non-land-grant college	of agriculture (see instructions).	Enter the	name, cit	ty, and state of the college or	-					
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11				exclusively to test for public safe									
12	П			exclusively for the benefit of, to				ses					
		of one or mo	re publicly supported organiz	zations described in section 50	9(a)(1) or	section 5	i09(a)(2). See section 509(a)(3).					
		Check the bo	ox in lines 12a through 12d th	nat describes the type of suppor	rting orga	nization ar	nd complete lines 12e, 12f, an	d 12g.					
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
		the supp	orted organization(s) the pov	ver to regularly appoint or elect	a majority	of the dir	ectors or trustees of the						
				omplete Part IV, Sections A a									
	þ			pervised or controlled in connec									
				ting organization vested in the seep Part IV, Sections A and C.	same pers	sons that o	control or manage the support	ed					
	С	Type III 1	functionally integrated, A s	upporting organization operated	d in conne	ction with	, and functionally integrated w	ith,					
				tructions). You must complete									
	d			 A supporting organization operation operation of the supportion of the support of t									
				nust complete Part IV, Section				355					
	е	Check th	is box if the organization rec	elved a written determination front n-functionally integrated support	om the IR	S that it is							
	f		nber of supported organizati										
	g			ie supported organization(s).	•			<u> </u>					
(1)		of supported anization	(II) EIN	(iii) Type of organization (described on lines 1–10	listed in you	organization or governing	(v) Amount of monetary support (see	(vI) Amount of other support (see					
				above (see instructions))	Yes	ment?	instructions)	instructions)					
(A)					188								
(~)					1								
(B)					 								
(C)													
(D)							· · · · · · · · · · · · · · · · · · ·						
(E)							·						
				Chinapangga arang arang sanaran		<u></u>							
ota	1					M 1							

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.) Schedule A (Form 990 or 990-EZ) 2019
Part II Support Schedule

Sec	tion A. Public Support				•	 	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		\				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	****					
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 201 X	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans,		<u> </u>				
	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	13. 13. 13. 13. 14. 15.	1 - 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Q% 4 \$ £ 4 \$	1110 34 25	22592 (1823)	
12	Gross receipts from related activities, etc.	(see instructions)		.,, ,,,		12	
13	First five years. If the Form 990 is for the	organization's firs				(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su	ipport Percen	tage			···	
14	Public support percentage for 2019 (line 6	, column (f) divided	d by line 11, colum	ın (f))		14	%
15	Public support percentage from 2018 School	edule A, Part II, lin	e 14	••		15	%_
16a	33 1/3% support test—2019. If the organ				33 1/3% or more, o	check this	. ,—
	box and stop here. The organization qual	•			•	. \ .	▶ [_]
b	33 1/3% support test—2018. If the organ			•	15 ls 33 1/3% or m	ore, chêçk	
	this box and stop here. The organization	•	• •	•		\ \	▶ 🗆
17a	10%-facts-and-circumstances test—201					u	
	10% or more, and if the organization meet					\\	
	Part VI how the organization meets the "fa	icts-and-circumsta	nces" test. The or	ganization qualities	s as a publicly sup	ported \	
	organization					· · · · · \	🏲 🗀
b	10%-facts-and-circumstances test—201	-					
	15 is 10% or more, and if the organization				•	<i>y</i>	
	Explain in Part VI how the organization me	ets the "facts-and	-circumstances" te	est. The organization	on qualifies as a p	ublicly	\
46	supported organization						↑ . • L
18	Private foundation. If the organization did instructions	not check a box of .	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se 		
						Schedule A (Form 99	90 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019
Part III Support Sched n 990 or 990-EZ) 2019

Junior Achievement of NW Florida, In 59-0839555

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 falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	102,266	125,265	138,021	131,276	175,060	671,888
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	86,338	104,443	152,196	100,124	113,326	556,427
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	188,604	229,708	290,217	231,400	288,386	1,228,315
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·				
8	Public support. (Subtract line 7c from		글 일까, 네		1.		
900	line 6.) tion B. Total Support	المقيئة الأشتية فيستدا		1.043 handidan.			1,228,315
	ndar year (or fiscal year beginning in)	(a) 2015	(h) 2016	(c) 2017	(4) 2019	(e) 2019	(f) Total
9	Amounts from line 6		(b) 2016		(d) 2018		
-	•	188,604	229,708	290,217	231,400	288,386	1,228,315
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,250	860	24			6,134
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			7.			
c	Add lines 10a and 10b	5,250	860	24			6,134
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		····				
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	_					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	193,854	230,568		231,400		1,234,449
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	. •
Sec	tion C. Computation of Public Su	ipport Percent	age				
15	Public support percentage for 2019 (line 8	, column (f), divide	d by line 13, colun	nn (f))		15	99.50%
16	Public support percentage from 2018 Scho				·	16	98.90%
	tion D. Computation of Investme						
17	Investment income percentage for 2019 (II		•	3, column (f))		17	<u> </u>
18	Investment income percentage from 2018					18	<u>1 %</u>
19a	33 1/3% support tests—2019. If the orga						▶ X
	17 is not more than 33 1/3%, check this be		-				. •
b	33 1/3% support tests—2018. If the orga						⊾ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						. •
	•						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.
- 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 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part IV Supporting Organizations (continued) Yes No	7777777777	ule A (Form 990 or 990-EZ) 2019 Junior Achievement of NW Florida, In 59-08	39555	Page 5
11 Has the organization accepted a giff or contribution from any of the following pursons? A person with discledy or includely controls, either ables or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) or (b) above? A 38% controlled entity of a parson described in (a) or (b) above? If "Yes" to e, b, or o, provide detail in Part VI. Did the directors, trustees, or membraship of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization or controlled mo organizations, or membraship of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of intention of the supported organization of the supported organization or controlled mo organizations are without any supported organization of the supported organization and what controlled are resolved in the purposes of the supported organization of the stant or supported organization or described in the supported organization of the supported organization or trustees at all times are supported organization or flustreas were allocated among organization and what controlled are resolved as a provided organization or restrictions, if any, applied to supported organization o	Pa	rtiv Supporting Organizations (continued)	1	· · · ·
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1 2 3	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		1 - 1	2 27
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Schedule A. (Form 990 or 990-EZ) 2019 JUNIOR ACRIEVEMENT OF NW FI			555 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	•	• •	
Instructions. All other Type III non-functionally integrated supporting organizations mu Section A - Adjusted Net Income	st com	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(Optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	· · · · · · · · · · · · · · · · · · ·	
6 Portion of operating expenses paid or incurred for production or	+ *		-
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	•		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	5.3		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1.3		7343.734757 NgA
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		•
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7_		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	揺り返さり込まされること	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	Il supporting organization (see

instructions).

17.404	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	lon D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purported			
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supposes	orted organizations		
4	Amounts paid to acquire exempt-use assets		_	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			,
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ition is responsive		
	(provide details in Part VI), See instructions.	· ·		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	,	
	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2019	(III) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	2 1 2 3 3 3 3 C		
2	Underdistributions, if any, for years prior to 2019			131331
	(reasonable cause required-explain in Part VI). See			
	Instructions.			\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Excess distributions carryover, if any, to 2019			
	From 2014	7 196 \$4.5 (A)		
-	From 2015			
	From 2016 .			
	From 2017			
	From 2018	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>
	Total of lines 3a through e			
	Applied to underdistributions of prior years	11 8 5 1 4 2 8 1 1 2 W 1 3		3. 16273 x3. 11 x3.4.
<u>h</u>	Applied to 2019 distributable amount			<u> </u>
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3l from 3f	ممعننسسميناناند يذبينهمه		
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			3 (80.5.3) 1 2001,53 1 1 .
	Applied to 2019 distributable amount Remainder. Subtract lines 4a and 4b from 4.	hand had hand hand hand hand hand		
	Remaining underdistributions for years prior to 2019, if	<u> </u>	 	THE SECTION ASSESSMENT
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h		77. 35.43.23.23	845248
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2020. Add lines 3]	15.8	20 0 3 2 2 8 3 4 5 4 5 T	13 6 5 5 5 5 F 18 18 18 18 18 18 18 18 18 18 18 18 18
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			\$1 (725) A74 (1 7)
	Excess from 2017	18 1	10.2 14 kg 202 3 1	
d	Excess from 2018			
8	Excess from 2019		15 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

- Hart VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Junior Achievement of NW Florida, In 59-0839555

Page 8

Schedule A (Form 990 or 990-EZ) 2019

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 Open to Public

Name	of the organization		Employer Identification	n number
ıт	unior Achievement of NW Florida, In		59-083955	· c
101 400 4100	rt Organizations Maintaining Donor Advised Fu			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		•	
	only for charitable purposes and not for the benefit of the donor or done			
	conferring impermissible private benefit?			Yes No
Pa	rt 🎚 🦼 Conservation Easements.		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (for example, recreation or educ		important land area	
	Protection of natural habitat	Preservation of a certified his	•	
	Preservation of open space			
2	Complete ilnes 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation	
	easement on the last day of the tax year.			e End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	•	2b	
С	Number of conservation easements on a certified historic structure inc		2c	
d			.	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organiza		
	tax year ▶	and a section of the	ation daying the	
4	Number of states where property subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mon			
-	violations, and enforcement of the conservation easements it holds?	morning, morodion, name in got		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation e	assements during the	
•		violations, and officing conservation c	sasomonia duning m	o you
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing consequation easer	mente during the ver).r
-	> \$	idadio, did cinorollig collect valion dager	monto during the yea	1 1
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/b)(4)(B)(71)	
•	and section 170(h)(4)(B)(li)?	ino requirements of section (170(11)(4)(1))	.,,	Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and evnence stateme	nt and	□ 100 □ 110
_	balance sheet, and include, if applicable, the text of the footnote to the			
	organization's accounting for conservation easements.	9		
Pa	Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.	
	Complete if the organization answered "Yes" on I			
1a	If the organization elected, as permitted under FASB ASC 958, not to		ce sheet works	
	of art, historical treasures, or other similar assets held for public exhibit	·		
	service, provide in Part XIII the text of the footnote to its financial state		·· p == ""	
b	If the organization elected, as permitted under FASB ASC 958, to repo		theet works of	
	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items.	The second of th	pasio sortice,	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ €	
	(ii) Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	. , , , ,	,
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, or	ovide the	• •
-	following amounts required to be reported under FASB ASC 958 relating		OTIGO INO	
a	Revenue included on Form 990, Part VIII, line 1	ig to mose items.	▶ €	
	Assets included in Form 990. Part X		, - ↓	

		Achievement					Page 2
Pa	rt III 📉 Organizations Maintaini						ets (continued)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other record	s, check any of the fol	llowing that m	nake signific	ant use of its	
а	Public exhibition	d 🗍	Loan or exchange pro	gram			
b	Scholarly research	е 🗍	Other				
c	Preservation for future generations			•••		•	
4	Provide a description of the organization's XIII.	collections and explain	n how they further the	organization'	s exempt pu	urpose in Part	
5	During the year, dld the organization solici	t or receive donations	of art, historical treasu	res, or other	slmilar		
	assets to be sold to raise funds rather than						Yes No
Pa	rt (V: Escrow and Custodial A	rrangements.					
•	Complete if the organization 990, Part X, line 21.	on answered "Yes	" on Form 990, Pa	art IV, line 9	9, or repo	rted an amou	nt on Form
1a	Is the organization an agent, trustee, custo	dlan or other intermed	liary for contributions	or other asse	ts not		
	included on Form 990, Part X?						Yes No
þ	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table	·		· 	
							Amount
C	Beginning balance					1c	
d	Additions during the year				,	1d	
e	Distributions during the year					10	
f	Ending balance					1f	
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cus	stodial accour	nt liability?		Yes No
b	If "Yes," explain the arrangement in Part X	III. Check here if the e	xplanation has been p	rovided on P	art XIII		
Pa	rt V Endowment Funds.						
	Complete if the organization	on answered "Yes	<u>" on Form 990, Pa</u>	art IV, line	10	<u>-</u>	
		(a) Current year	(b) Prior year	(c) Two yes	ars back	(d) Three years ba	ck (e) Four years back
18	Beginning of year balance			<u> </u>			
b	Contributions					· · · · · · · · · · · · · · · · · · ·	
С	Net investment earnings, gains, and losses						
d	Grants or scholarships			<u></u>			
8	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the c	urrent year end balanc	e (line 1g, column (a))) held as:			
a	Board designated or quasi-endowment ▶	. %					
b	Permanent endowment ▶ %	6					
c	Term endowment ▶ %						
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.					
3a	Are there endowment funds not in the pos	session of the organiza	ation that are held and	d administere	d for the		
	organization by						Yes No
	(i) Unrelated organizations			,			3a(i)
	(II) Related organizations						3a(ii)
b	If "Yes" on line 3a(II), are the related organ	nizations listed as requi	ired on Schedule R?				3b
4	Describe in Part XIII the intended uses of		owment funds				
Pa	Land, Buildings, and Eq		" on Ec 000 D	nut 1\ / 1!	110 0	Earne OOO D	ort V line 40
	Complete if the organization				[
	Description of property	(a) Cost or other (investment)		other basis her)	1	cumulated reciation	(d) Book value
	Land	(alabounity)	- tou	/	10 21 THAT IS NOT	Teclation	
	Land				<u> </u>	a 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
b	Buildings				 		
C	Leasehold improvements	,		7,354	 	3,448	3,906
d	Equipment			1,334	 	3,440	3,300
	Other I. Add lines 1a through 1e. (Column (d) mus	st equal Form 990. Par	t X. column (B) line 1	(Oc.)	1		3,906
100			,		4-4	<u> </u>	

Schedule D (Form 990) 2019 Junior Achievement of Part VII Investments - Other Securities.	NW Florida, In	. 59-0839555	Page 3
Fart VII Investments – Other Securities. Complete if the organization answered "Yes" or	Form 990 Part IV line	11h See Form 990 Pa	art X line 12
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			***************************************
(C)			
(D)			
(E)			
(F)			
(G)			·
(H) Table (Column (h) must acual Form 2000 Rad V and (D) (Inc. 40)		Marian Marin Marin Marin	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Fart Vill Investments – Program Related.	<u> </u>	titus u ti rimakana maraniki di in	h. 482 m. del m. malar, iler
Investments - Program Related. Complete if the organization answered "Yes" or	Form 990 Part IV line	110 See Form 990 D	art Y line 13
(a) Description of investment	(b) Book value	(c) Method of	
(-)	(=, ===================================	Cost or end-of-year	
(1)		<u> </u>	
(2)			
(3)			
(4)			
(5)			<u> </u>
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	· <u> </u>		345 135 11. 48
Part IX Other Assets.		<u>-</u>	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, P	
(a) Description			(b) Book value
(1)			
(2)			
(3)		······	
(4) (E)	······································		
(6)		·····	
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		▶	·····
Part X. Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form	990, Part X,
line 25.			
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Line of credit			17,600
(3)			
(4)			···
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(9)			17 600
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	single to the greenless of a fire	annual atataments that	17,600
Liability for uncertain tax positions. In Part XIII, provide the text of the fo organization's liability for uncertain tax positions under FASB ASC 740 Ch			
organization's liability for uncertain tax positions under PASE ASC 740 Cit	CON TIGIO II THE TONE OF THE 100TH		chedule D (Form 990) 2019

***************************************	edule D (Form 990) 2019 Junior Achievement of NW Florida, In 59-083955 art XI. Reconciliation of Revenue per Audited Financial Statements With Revenue per ReComplete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Page 4
1	Total revenue, gains, and other support per audited financial statements	1 4	200 620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	280,620
- a	Net unrealized gains (losses) on investments		
h	Donated services and use of facilities 28,041		
c	Recoveries of prior year grants 2c		
d			
e	Add lines 2a through 2d	2e	28,041
3	Subtract line 2e from line 1	3	252,579
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	30	232/3/7
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	13/3/2	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	252,579
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
,	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•••
1	Total expenses and losses per audited financial statements	1	236,813
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	15.00	
а		18.33	
b			
C			
d			
		2e	28,041
3	Subtract line 2e from line 1	3	208,772
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	7.	200,772
a	Investment expenses not included on Form 990, Part VIII, line 7b	K 8	
b	· · · · · · · · · · · · · · · · · · ·	8 2	
		40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c 5	208,772
Persona.	irt XIII Supplemental Information.		200,112
Provi	ide 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; fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.	art X,	line
•			
			1
•	·		
		٠	• • • •
•		•	

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Junior Achievemen	t of NW F	lorida,	In	Employer Identifica	
Part Fundraising Activities. Complete Form 990-EZ filers are not required	if the organizati	on answer			
1 Indicate whether the organization raised funds through			Check all that apply		
a Mail solicitations	e Solicitatio	n of non-gove	ernment grants		
b Internet and email solicitations	f Solicitatio	n of governm	ent grants		
c Phone solicitations	g 🔲 Special fu	ındralsing eve	ents		
d In-person solicitations					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	y in connection with	h professiona	fundraising services?	,	Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundralsers) pursu	ant to agreen	nents under which the	fundraiser is to be	
(I) Name and address of individual or entity (fundralser)	(II) Activity	(III) Did fund- ralser have custody or control of contributions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
		Yes No			
1					
2			<u> </u>		
3					
4	 				1
			<u>, </u>		
5					
6					
7					
8					
9					
10					
Total		. •			
3 List all states in which the organization is registered o registration or licensing.	r licensed to solicit	contributions	or has been notified i	t is exempt from	
		•	• •	•	
					• •
	• •		•	• •	
		,		•	

Fart II. Fundraising Events. Complete if the organization answered "Yes" on Form 990-EZ, lines 1 and 6b. List events with

	gross receipts o	reater than \$5,000.			
		(a) Event #1	(b) Event #2	(c) Other events	
O)		Hall of Fame (event type)	Mardi Gras Bowl (event type)	(lotal number)	(d) Total events (add col. (a) through col (a))
Revenue	1 Gross receipts	125,365	42,258	27,823	195,446
	2 Less: Contributions	57,800	24,320		82,120
	3 Gross income (line 1 minus line 2)	67,565	17,938	27,823	113,326
	4 Cash prizes				
	5 Noncash prizes	2,000			2,000
Direct Expenses	6 Rent/facility costs	18,855	11,423		30,278
Ä	7 Food and beverages		· · · · · · · · · · · · · · · · · · ·		
Direct	8 Entertainment				
	9 Other direct expenses	1,806	985	838	3,629
	1	. Add Ilnes 4 through 9 in column (obtract line 10 from line 3, column (•		35,907 77,419
þ	art III Gaming. Com	plete if the organization answ	wered "Yes" on Form 990, P	art IV, line 19, or report	ted more than
Revenue		rm 990-EZ, line 6a.	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1 Gross revenue				
	i Gloss levelide				
Ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direc	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summary	. Add lines 2 through 5 in column (d)	•	
	8 Net gaming income sumr	mary. Subtract line 7 from line 1, co	olumn (d)	<u></u> , b	
		e organization conducts gaming activities in each			Yes No
	a Were any of the organization	 's gaming licenses revoked, suspe		year?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2019 Junior Achievement of NW Florida, In 59-0839555 Page	3
11		٧o
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 N	۷o
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	,_
b	An outside facility 13b %	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	_
	records:	
	No. 10 No	
	Name ►	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
		No
þ	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 💮 and the	
	amount of gaming revenue retained by the third party ▶ \$	
C	If "Yes," enter name and address of the third party:	
	Name ▶ ,	
	Address ►	
16	Gaming manager Information:	
10	Carring manager miormasion.	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Imployee Independent contractor	
17	Mandatory distributions.	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
		No
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
-	spent in the organization's own exempt activities during the tax year ► \$ ## IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	—
; · · ·)		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
_	See Histractions.	_
		•
•		

SCHEDULE O (Form 990 or 990-EZ)

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.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Junior Achievement of NW Florida, In

Employer Identification number 59 - 0839555

Form 990 - Organization's Mission
To inspire and prepare young people to succeed in a global economy. With
the help of trained volunteers, Junior Achievement teaches financial
literacy and the economics of life by showing young people how jobs, money
and business ownership work.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
There is no formal policy requiring a board review prior to filing.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors reviews and approves the salaries for top management
personnel.
Form 990, Part VI, Line 15b - Compensation Process for Officers
The Board of Directors reviews compensation levels for all other employees.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The organization provides copies of the Form 990 and governing documents to
the public upon request.