Firm's address

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018 Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ► Go to www irs gov/Form990 for instructions and the latest information For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19 C Name of organization JUNIOR ACHIEVEMENT OF CENTRAL D Employer identification number Check if applicable FLORIDA, INC. Address change 59-0972112 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) 407-898-2121 2121 CAMDEN ROAD Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ORLANDO FL 32803 1,815,420 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates No Application pending KATHERINE PANTER X NO H(b) Are all subordinates included? Yes If "No," attach a list (see instructions) SEE STMT 1 Tax-exempt status 501(c)(3) 501(c) (◀ (insert no) 4947(a)(1) or WWW.JACENTRALFL.ORG Website⁻ ▶ H(c) Group exemption number 1116 X Corporation Trust 1985 Form of organization Association Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE EDUCATIONAL PROGRAMMING FOUNDED ON FREE ENTERPRISE AND FOCUSED ON Governance FINANCIAL LITERACY, WORK READINESS AND ENTREPRENEURSHIP FOR STUDENTS PRIMARILY IN TITLE I PUBLIC SCHOOLS IN CENTRAL FLORIDA. 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 58 3 Number of voting members of the governing body (Part VI, line 1a) 3 Activities & 58 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 896 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 678,127 8 Contributions and grants (Part VIII, line 1h) 795,250 177,100 129,179 9 Program service revenue (Part VIII, line 2g) 13,115 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,541 230,230 332,363 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,098,572 266,333 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,160,113 800,160 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Par HX column (D), line 25)

17 Other expenses (Part IX, column (A), lines 1 a 110, 1112

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 142.714 651,232 628,468 1,788,581 1,451,392 19 Revenue less expenses Subtract line 18 from line 12 -690,009 -185,059 Beginning of Current Year End of Year 5 6 1,575,394 1,503,516 20 Total assets (Part X, line 16) 341,016 390,750 21 Total liabilities (Part X, line 26) OGDEN, UTAH 234,378 112,766 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare/ (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign KATHERINE PANTER PRESIDENT Here Type or print name and title Date Print/Type preparer's name Check Paid 09/25/19 self-employed ED MOSS JR P00531414 Preparer KRUSICK ASSOCIATÉS 59-3017072 MOSS, & Firm's EIN ▶ Firm's name Use Only 501 S NEW YORK AVE STE 100 WINTER PARK, FL32789-4241 407-644-5811

Phone no

X Yes No

Form 990 (2018)

Off 990 (2018) DONIOR ACHIEV		59-09/2112	Page 2
	n Service Accomplishments ontains a response or note to any line in	this Part III	X
Briefly describe the organization's miss		tilis Part III	<u> </u>
	-INCOME STUDENTS WITH TH	E ULTIMATE GOAL OF	INCREASING
GRADUATION RATES THR	OUGH PROGRAMS DESIGNED I	O FOSTER ENTREPRENE	URSHIP, WORK
READINESS AND FINANC	IAL LITERACY ALL PROMOTI	NG FREE ENTERPRISE.	
2 Did the organization undertake any air	- Control of the cont		
prior Form 990 or 990-EZ?	nificant program services during the year which w	vere not listed on the	Yes X No
If "Yes," describe these new services of	n Schedule O		res A No
	or make significant changes in how it conducts,	any program	
services?			Yes X No
If "Yes," describe these changes on So			
	ervice accomplishments for each of its three large	•	
the total expenses, and revenue, if any)(4) organizations are required to report the amore for each program service reported	unt of grants and allocations to others,	
	, to caut program service reported		
4a (Code) (Expenses \$	887,656 including grants of \$) (Revenue \$)
SEE SCHEDULE O			·
		•	
	•		
4b (Code) (Expenses \$	138,615 including grants of \$) (Revenue \$	
SEE SCHEDULE O	and the second grants of the) (Nevenue	,
	•		
		•	
4. (0.4)	00 161		110 000
4c (Code.) (Expenses \$ SEE SCHEDULE O	99,161 including grants of \$) (Revenue \$	112,290)
		·	
4d Other program services (Describe in S	-		
(Expenses \$ 4e Total program service expenses ▶	including grants of \$ 1,125,432) (Revenue \$	
DAA	+1+40140		Form 990 (2018)
	`		(2010)

Pa	rt 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	x	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
	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	j	X
	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
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		x
-	"Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
	complete Schedule D, Part III	8		
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			77
	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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
	complete Schedule D, Part VI	11a	X	
þ	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	11b		Х
E	· · · · · · · · · · · · · · · · · · ·			
	of its total 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 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	X	
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,		İ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	İ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. 5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		1
. •	If "Yes," complete Schedule G, Part III	19	L	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zva b	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			
			r	

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

Form 990 (2018)

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 X 22 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 X employees? If "Yes," complete Schedule J 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? X If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 34 or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a X controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 38 X 19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V No Yes 27 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2007				r
20	Enter the number of ampleyees reported on Form W. 2. Transmittel of Wass and Tax	. 1		F	Yes	No
44	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 envised by the return	3-	25			
h	Statements, filed for the calendar year ending with or within the year covered by this return	2a			x	
Ü	If at least one is reported on line 2a, did the organization file all required federal employment tax returnation. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			2b		<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	, .		20		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	^		3a 3b	-	^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over	30		
74	a financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
h	If "Yes," enter the name of the foreign country.	accot	anty ·	44		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	ite (ERAR)			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	100001	113 (1 27 11 1)	5a		x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	•	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е			_	
	organization solicit 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 contribution	ns or				
	gifts were not tax deductible?			6b		}
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods)
	and services provided to the payor?			7a	X	[
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontraci	رح	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	<u>7g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fil	e a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne			1
	sponsoring organization have excess business holdings at any time during the year?			. 8	<u></u>	ļ
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b_	ļ	ļ
10	Section 501(c)(7) organizations. Enter		I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				`
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ļ
11	Section 501(c)(12) organizations. Enter	1 44-	1			
a L	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	11a				
ь	against amounts due or received from them.)	115				1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	Í	120		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		_		
. а	Is the organization licensed to issue qualified health plans in more than one state?			13a	-	1
-	Note. See the instructions for additional information the organization must report on Schedule O.			170		+
ь	Enter the amount of reserves the organization is required to maintain by the states in which					
-	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	.13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
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?			15	ļ	X
	If "Yes," see instructions and file Form 4720, Schedule N			į.	, "	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16	ļ	X
	If "Yes," complete Form 4720, Schedule O				L	<u></u>
				Fo	m 99	0 (2018

Form 990 (2018) JUNIOR ACHIEVEMENT OF CENTRAL 59-0972112 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 58 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 58 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 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 Did the organization have members or stockholders? 6 6 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 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 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b ь 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 in Schedule O X q 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 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 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? The organization's CEO, Executive Director, or top management official 15a X b 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 X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure FL List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20 2121 CAMDEN ROAD KATHERINE PANTER 407-898-2121 32803

ORLANDO

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5	9	_	0	9	7	2	1	1	2

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for	offi	k, unle	ss pe	ition more rson i	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(vv-2/1099-ivilSC)	organization and related organizations
(1) SEE ATTACHED FOR		LIS	TI	NG						
	0.00		1							_
BOARD MEMBERS	0.00	X						0	0	<u>C</u>
(2) KATHERINE PANTER										
	1.00							1.00.000		•
PRESIDENT	0.00	┼	_	X		_		168,208	0	C
(3) MELISSA BRADLEY	1.00	i								
VP OF EDUCATION	0.00			x				65,981	ol	C
(4) WALTER NASON	0.00	+-	_	Α		-		05,901		<u> </u>
(4) 111111111111111111111111111111111111	1.00				i					
VP OF FINANCE	0.00			x				7,813	ol	C
(5)										
(6)				-						
(7)										· · · · · · · · · · · · · · · · · · ·
(8)	. ,,,		_							
(9)										
(10)										-
(11)			-		_					

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oye	es, a	and Hi	ghest Compe	nsated	Employees (continued)			10	ige (
	(A) Name and little	(B) Average hours per week (list any	bo	o not o x, unle	Pos check ess pe	rson	ıs boti	n an		(D) Reportable compensation from the		(E) Reportable compensation from related organizations	am	(F) stimated nount of other pensati	f	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the anization d related anization	on d	
							_			··.			_ 			-
																
						_					,					
			-								<u>.</u>					
d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Sect	ion A	۸		···-	A b		242,						
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov	ve) who	received mo	re than	\$100,000 of		TY	es	No
3 4	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on lin organization and related organ individual	<i>" complete Sche</i> e 1a, is the sum	dule of re	J for	<i>suc</i> able	h ind	divid ipen	<i>ual</i> satio	on and	other comper	nsation	from the		3	x	X
5	Did any person listed on line for services rendered to the o	rganization? If "\									ation or	r individual		5		Х
Secti 1	on B. Independent Contractor Complete this table for your fit compensation from the organ	ve highest comp ization Report c	ensa omp	ated ensa	inde ition	pend for t	dent	con alen	tractors	s that received ar ending with	or with	nin the organization's tax ye	ar			
-	Name and	(A) I business address	-								Descrip	(B) stion of services		Comp	(C) ensati	on
				-												
				<u> </u>		_										
2	Total number of independent	contractors (incli	udine	a hut	not	lımıt	ed to) the	ose list	ed above) who	0		7			
<u>~</u>	received more than \$100,000	of compensation	n fro	m the	e org	anız	zatio	n 🕨				0		Form	 990	(201

Pa	rt VI	Statement of Reve Check if Schedule	enue	ains a i	response	or note to any line	in this Part VIII		. П
		x .	00111			(A) Total revenue	(B) Related or exempt function revenue	_(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
돧	1a	Federated campaigns	1a			,	Single process	THE THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	
<u>g</u> <u>a</u>	ь	Membership dues	1b					A C CA A STREET	-, -
S E	С	Fundraising events	1c		51,105				
当		Related organizations	1d				,		
		Covernment grants (contributions)	1e			. i nd i	, * ii saatuiri		****
E S		All other contributions, gifts, grants,	 "			,	,	. ,	,
芸習	•	and similar amounts not included above	11		744,145		7 20 20 20 20 2	, , · · ·	
ばり	~	Noncash contributions included in lines 1.			185,008				
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue and Other Similar Amounts	•	Total. Add lines 1a-1f	+11 1	•	±05,000 ▶	795,250		,	
9		Total: Add lines 1a-11		-	Busn Code	, ,,,,,,	^\		
ᇛ	2a	, THENTHE			Bush Couc	66,500		, · · ·	,,, ,
Š	za b	JA INSPIRE				62,679			
e	-	FINANCE PARK VIRTU	ALL			02,079	02,019		
اچَ	С.								
S.	d						 		
폡	е					<u> </u>			
<u></u> 2		All other program service rev	enue						<u> </u>
-		Total. Add lines 2a-2f			▶	129,179	` `` .	I	·
	3	Investment income (including	dividen	ids, intere					
		and other similar amounts)			▶	11,504			11,504
	4	Income from investment of ta	x-exem	pt bond p	roceeds 🏱				
	5	Royalties							<u> </u>
		(ı) Real		(n) F	Personal		`		
	6a	Gross rents				}`		,	,
	þ	Less rental exps],		v v	
	С	Rental inc or (loss)) 3. mm	i recese e	
	d	Net rental income or (loss)			▶				
	7a	Gross amount from (i) Securitie	s	(ir) Other				
		sales of assets other than inventory 111	,947			1			, ,
	ь	Less cost or other					40 · 20		SS
			,910			A 1 9401.1	,		11.7/11
	c		,963			1 ` ` ′	www		
		Net gain or (loss)			•	-1,963]	
		Gross income from fundraising ev	_{rents} [, , , , , , , , , , , , , , , , , , ,		` \ \ \ \ \	
Jue	-		,105				'	5/ 5/ C	
Vel		of contributions reported on line 1				e eleman, e			'
Other Revenu		See Part IV, line 18	о,		740,545	,			
her		Less. direct expenses	b		435,177			1.	
ᅙ		Net income or (loss) from ful	- 1	avente	133,11,	305,368			
				events		3037300			/
) 9a	Gross income from gaming activi				•	, ,	ľ	
	١.	See Part IV, line 19	a			1 . ,			
	l	Less. direct expenses	b			-	1 \ / \		1
		Net income or (loss) from ga		tivities	<u> </u>		-		
	10a	Gross sales of inventory, les				` .		`	
		returns and allowances	a			- ·			
	1	Less cost of goods sold	b			∤ `` ` ^ /	,	1	
	<u> </u>	Net income or (loss) from sa		ventory	<u> </u>		<u> </u>		
	<u> </u>	Miscellaneous Revenu	8		Busn. Code	1	36.000	1 ` `	
	11a					26,000			
	ь	MISC INCOME				995	995	<u>'</u>	
	С						 	 	
	d	All other revenue			L		<u> </u>		ļ
	е	Total. Add lines 11a-11d			•	26,995		<u> </u>	11 504
	12	Total revenue. See instruct	ons			1,266,333	154,211		11,504

Pa	rt IX Statement of Functional Ex	penses			
Secti	on 501(c)(3) and 501(c)(4) organizations must c	omplete all columns. All oth	er organizations must com	plete column (A)	
	Check if Schedule O contains a resp	onse or note to any line in t	his Part IX		X
	ot include amounts reported on lines 6b, b, 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			, garden en cxpolitics	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign			,	,
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,				
·	trustees, and key employees	242,002	163,680	40,224	38,098
6	Compensation not included above, to disqualified	512,002	203,000	10/221	30,030
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	407,228	276,082	67,351	63,795
8	Pension plan accruals and contributions (include		2,0,002	07,331	03,733
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	108,347	70,829	19,268	18,250
10	Payroll taxes	42,583	27,837	7,573	7,173
11	Fees for services (non-employees)	12/303	217037	1,313	1,113
a	Management				
b	Legal	62,548	49,179	9,870	3,499
	Accounting	02/310	10,110	3,370	3,233
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
g	Other (If line 11g amount exceeds 10% of line 25, column			· · ·	
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	24,825	20,337	1,814	2,674
14	Information technology	24/025	20,337	1,013	2,014
15	Royalties		·		
16	Occupancy				
17	Travel	9,824	7,953		1,871
18		3/021			1,011
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	•			
20	Interest				
21	Payments to affiliates	526	344	93	89
22	Depreciation, depletion, and amortization	46,259	38,858	5,088	2,313
23	Insurance	21,308	19,006	1,461	841
24	Other expenses Itemize expenses not covered	,000			<u> </u>
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	JA INSPIRE	99,409	99,409		
b	PROGRAM MATERIALS	92,475	92,475		
c	VOLUNTEER RECRUITING	79,469	79,469		
d	NATIONAL PARTICIPATION	55,697	55,697		· <u></u>
e	All other expenses	158,892	124,277	30,504	4,111
25	Total functional expenses. Add lines 1 through 24e	1,451,392	1,125,432	183,246	142,714
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)				
DAA			·····		Form 990 (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 241,503 175,084 2 Savings and temporary cash investments 2 368,119 339,279 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 100,686 129,873 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,291,222 other basis. Complete Part VI of Schedule D. 10a b Less accumulated depreciation 10b 946,295 361,213 344,927 474,157 484,637 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 29,716 29,716 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,575,394 16 1,503,516 76,540 100,534 17 Accounts payable and accrued expenses 17 18 Grants payable 18 61,476 42,216 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 203,000 248,000 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 341,016 26 390,750 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 648,509 851,194 27 Unrestricted net assets 585,869 261,572 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 (32 Retained earnings, endowment, accumulated income, or other funds 1,234,378 1,112,766 33 Total net assets or fund balances 1,575,394 1,503,516 Total liabilities and net assets/fund balances

Form 990 (2018)

	990 (2018) JUNIOR ACHIEVEMENT OF CENTRAL 59-0972112				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets		·			
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,26	56,	333
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,45	<u>51,:</u>	<u> 392</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-18	35,	059
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,23	34,	378
5	Net unrealized gains (losses) on investments	5		- !	50,	515
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 in Schedule O)	9		1:	13,	962
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
_	33, column (B))	10		1,1	12,	766
Pa	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					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
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 in					
	Schedule O					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
ю	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

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 chantable 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

2018

Open to Public Inspection

JUNIOR ACHIEVEMENT OF CENTRAL Name of the organization Employer identification number FLORIDA, INC. 59-0972112 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) 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 or 990-EZ)) 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, 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). 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 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) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (ir) EIN (iv) is the organization (I) Name of supported (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E)

Total

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						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,149,945	1,645,139	1,163,875	820,306	795,250	5,574,515
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	1,149,945	1,645,139	1,163,875	820,306	795,250	5,574,515
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				,		5,574,515
	tion B. Total Support						373727323
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,149,945	1,645,139	1,163,875	820,306	795,250	5,574,515
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,426	14,787	15,945	13,115	11,504	78,777
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						5,653,292
12	Gross receipts from related activities, etc.	(see instructions)				12	1,666,310
13	First five years. If the Form 990 is for the	organization's first	t, second, third, foi	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her			. <u> </u>			>
Sec	tion C. Computation of Public Su	ipport Percen	tage		·		
14	Public support percentage for 2018 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	98.61%
15	Public support percentage from 2017 Sch					15	98.65%
16a	33 1/3% support test—2018. If the organ				33 1/3% or more, o	check this	. =
	box and stop here. The organization qual	•	•				▶ X
b	33 1/3% support test—2017. If the organ				5 is 33 1/3% or m	ore, check	. —
	this box and stop here. The organization						▶ [
17a	10%-facts-and-circumstances test-20*						
	10% or more, and if the organization mee						•
	Part VI how the organization meets the "fa organization						▶ 🗌
b	10%-facts-and-circumstances test—20	-					
	15 is 10% or more, and if the organization				•		
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" te	est. The organization	on qualifies as a p	uplicly	. □
40	supported organization	d and alone to a b - · ·	on line 12 465 40	h 17a ar 17h	ale this have and a	,	>
18	Private foundation. If the organization di	o not cneck a box	on line 13, 16a, 16	υ, 1/8, of 1/0, che	CK this dox and se	ze	▶ □
	instructions						

Schedule A (Form 990 or 990-EZ) 2018

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

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.)

		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
- 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.
- 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
- 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
- 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
- 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
- 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," 5a 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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)
- 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).
- 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.
- 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.
- 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
- 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
			7,
	1		
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	2	,,,,,,	, , , , , , , , , , , , , , , , , , ,
	3a		,, ,,, -, - -
	,		
	3b		
	3с		
	4a		
	4b		
	4c		
			
	5a		
	5b		
	5c		
		,	
	6	ļ	
	7		
	8		
	9a		
	9b		
			 111 -
i	9c		· ·
	1	,	,
	10a		
	10b		
(Fo	orm 99	0 or 990-	EZ) 2018

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

		Yes	No
	2a		
			`
!		,	
			,
	2b		
			····
	3.		
	3a		
	3b		F3: 0040
		0.000	E31 2046

chedule A (Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF CENTRA	AL_	59-0972	112 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/ 20, ·	1970 (explain in Part VI) S	iee
instructions. All other Type III non-functionally integrated supporting organizations must	t comp	olete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u>
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	,		
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)	5		
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		

emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

4

5

Schedule A (Form 990 or 990-EZ) 2018

4 Enter greater of line 2 or line 35 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

_Pari	V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	ses					
2	Amounts paid to perform activity that directly furthers exempt purposes						
	organizations, in excess of income from activity						
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4							
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						
	(provide details in Part VI) See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018	`					
	(reasonable cause required-explain in Part VI) See	· · · · · · · · · · · · · · · · · · ·					
	instructions						
3	Excess distributions carryover, if any, to 2018		///// 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
a	From 2013		`	·			
<u>b</u>	From 2014	``	17777 - 7 47171 - 17 4 414 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1	**************************************			
c	From 2015	,					
<u>d</u>	From 2016		W				
е	From 2017	. '''' — mi	1999 HHIC 199 1	m 140 ne 22			
f	Total of lines 3a through e			·			
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2018 distributable amount		**************************************				
<u> i </u>	Carryover from 2013 not applied (see instructions)		S				
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		, 				
4	Distributions for 2018 from	when the cont.	ngi Kana	μοι			
	Section D, line 7 \$	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	(g)			
a	Applied to underdistributions of prior years	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\			
b	Applied to 2018 distributable amount	o. / r	H'III				
<u>c</u>	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h	,	,				
	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions	`					
7	Excess distributions carryover to 2019. Add lines 3j		, A	,			
	and 4c		,				
8	Breakdown of line 7		2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	🚧			
a	Excess from 2014	— под Сатинги / 1, и и	Same See Against See See	man the Armin			
b	Excess from 2015	6 6					
c	Excess from 2010	4 300 4 Chr.	7. 10. 00 10	. 'H.'			
<u>d</u>	Excess from 2017	ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·			
е	Excess from 2018	*, `` ^					

Schedule A (Form 990 or 990-EZ) 2018

JUNIOR ACHIEVEMENT OF CENTRAL

59-0972112

Part VI

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

SCHEDULE 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 2018 Open to Public Inspection

	of the organization		Employer identification number
	JNIOR ACHIEVEMENT OF CENTRAL		
744	GORIDA, INC.		59-0972112
Pa	T(Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A Form 990 Part IV line 6	Accounts.
	Sompote it and digunization and voice 100 on 1	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor autised failus	(b) turids and other accounts
1	Total number at end of year Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
3			
4	Aggregate value at end of year	t the great hold in done and wood	<u> </u>
5	Did the organization inform all donors and donor advisors in writing that		□ v _{aa} □ Na
	funds are the organization's property, subject to the organization's excl		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 dono	or advisor, or for any other purpose	
120	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on F	Form 990 Part IV line 7	
			
1	Purpose(s) of conservation easements held by the organization (check		and and land area
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	
	Protection of natural habitat	Preservation of a certified histori	c structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	
	easement on the last day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure incl	· ·	2c
a	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a))
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ation during the
	tax year ▶		
4	Number of states where property subject to conservation easement is i	ocated >	
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation e	easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	lations, and enforcing conservation ease	ments during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy to	the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense stateme	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that of	describes the
	organization's accounting for conservation easements		
Pa	Organizations Maintaining Collections of Art,		Similar Assets.
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its financial	ial statements that describes these items	•
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pr	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
ь	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2018

JUNIOR ACHIEVEMENT OF CENTRAL

59-0972112

Page 2

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Schedule D (F	orm 990) 2018 JUNIOR ACHIEVEMENT O	F CENTRAL	59-0972112	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, Iir	ne 11b See Form 990, F	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
•	(including name of security)		Cost or end-of-yea	ar market value
(1) Financial o	derivatives			
	eld equity interests			
(3) Other				
(A)	•			, , , , , , , , , , , , , , , , , , ,
(B)				
(C)				
				
(D)				
(E)				
(F)				
(G)				
(H)	// / IS and B /// / / / / / / / / / / / / / / / /		<u> </u>	
	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.	5 000 D 18/1		
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)	<u> </u>			
(2)	·			······································
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		, , , ,	· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.	- 		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ne 11d See Form 990. F	Part X. line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)		١		
(4)			· 	
(5)				
(6)				
(7)				
(8)				
(9)	<u> </u>			
Contract Contract	n (b) must equal Form 990, Part X, col. (B) line 15)		<u></u>	<u> </u>
Part X	Other Liabilities.			000 5 434
	Complete if the organization answered "Yes" of line 25	on Form 990, Part IV, II	ne 11e or 11t See Form	990, Part X,
1.	(a) Description of liability	(b) Book value	<u></u>	,
(1) Federal	income taxes	_		
(2)			7	
(3)			1 ′ · · ·	
(4)	······································			, '
(5)	· · · · · · · · · · · · · · · · · · ·		┥ `	
				
(6)			┪ 、	
(7)			┥ ~	,, , , ,
(8)			- ` `	
(9) T-t-1 (Column	n (h) must equal Form 990. Part Y col. (R) line 25 1			•
LATEL /I Alum	n ini muer pausi Form VVII PSA X COL IKLIIAA 75 L	1	į.	

59-0972112

Schedule D (Form 990) 2018 JUNIOR ACHIEVEMENT OF CENTRAL

59-0972112

Page 5

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www irs.gov/Form990 for instructions and the latest information. JUNIOR ACHIEVEMENT OF CENTRAL

Employer (dentification number

Name of the organization JUNIOR ACHIEVEME FLORIDA, INC.	ENT OF CENTR	LAL		Employer identifica	
Part I Fundraising Activities. Comple Form 990-EZ filers are not require	te if the organization	n answe	red "Yes" on Form		
Indicate whether the organization raised funds thro			Check all that apply		
a Mail solicitations	e Solicitation	of non-gov	rernment grants		
b Internet and email solicitations	f Solicitation	-	-		
c Phone solicitations	g Special fur		-		
d In-person solicitations	g <u> </u>	.o.a.og o			
2a Did the organization have a written or oral agreeme or key employees listed in Form 990, Part VII) or e	ent with any individual (ntity in connection with	including of	fficers, directors, truste al fundraising services	es, ?	☐ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entitic compensated at least \$5,000 by the organization		nt to agree			
(i) Name and address of Individual or entity (fundraiser)	(II) Activity	(iii) Did fund- raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vl) Amount paid to (or retained by) organization
		Yes No			
1					
2					
2					
3		++-			
4					
5					
6					
7					
8					
				•	
9					
10					
Total		•			

Schedule G (Form 990 or 990-EZ) 2018 Form 990 or 990-EZ) 2018 JUNIOR ACHIEVEMENT OF CENTRAL 59-0972112 Page 2 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 g	reater than \$5,000.			
		•	(a) Event #1	(b) Event #2	(c) Other events	
			HALL OF FAME	BOWL-A-THON	OTHER	(d) Total events (add col. (a) through
	Ì		(event type)	(event type)	(total number)	col (c))
une						·····
Revenue	1	Gross receipts	346,564	283,651	161,435	791,650
Ľ			22 21			
		Less Contributions	33,810		17,295	51,105
	3	Gross income (line 1 minus line 2)	312,754	283,651	144,140	740,545
_		111.0 27				
	4	Cash prizes				
		_				
	5	Noncash prizes				
S	6	Rent/facility costs				
ense		, tone admity decide				
Exp	7	Food and beverages				
Direct Expenses						
٥	8	Entertainment				
	9	Other direct expenses	154,137	206,466	74,574	435,177
					·	· · · · · · · · · · · · · · · · · · ·
	1	•	Add lines 4 through 9 in column (o	•	>	435,177
	art	Net income summary Su	btract line 10 from line 3, column (option in the organization answers)	d) wered "Voc" on Form 000, D	art IV line 10, or report	305,368
Ŷ.	wit		n Form 990-EZ, line 6a.	wered tes out out 390, F	artiv, mie 19, or report	ed more
				(b) Puli tabs/instant	(c) Other gemina	(d) Total gaming (add
/enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue					(c) Other gaming	
Revenue	1	Gross revenue			(c) Other gaming	
	1 2				(c) Other gaming	
		Gross revenue Cash prizes			(c) Other gaming	
		Gross revenue			(c) Other gaming	
	3	Gross revenue Cash prizes Noncash prizes			(c) Other gaming	
Direct Expenses Revenue	3	Gross revenue Cash prizes			(c) Other gaming	
	3	Gross revenue Cash prizes Noncash prizes		bingo/progressive bingo		
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	bingo/progressive bingo	Yes %	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	bingo/progressive bingo		
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes % No	Yes %	Yes %	
	3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	Yes % No Add lines 2 through 5 in column (a	Yes % No	Yes %	
	3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	(a) Bingo Yes % No	Yes % No	Yes %	
Direct Expenses	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ	(a) Bingo Yes % No Add lines 2 through 5 in column (conary Subtract line 7 from line 1, co	Yes % No	Yes % No	
ω Direct Expenses	3 4 5 6 7 8 En	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the	(a) Bingo Yes % No Add lines 2 through 5 in column (anary Subtract line 7 from line 1, column are organization conducts gaming ac	Yes % No blumn (d)	Yes % No	col (a) through col (c))
b o Direct Expenses	3 4 5 6 7 8 En	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the	(a) Bingo Yes % No Add lines 2 through 5 in column (conary Subtract line 7 from line 1, co	Yes % No blumn (d)	Yes % No	col (a) through col (c))
b o Direct Expenses	3 4 5 6 7 8 En	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summater the state(s) in which the organization licensed to	(a) Bingo Yes % No Add lines 2 through 5 in column (anary Subtract line 7 from line 1, column are organization conducts gaming ac	Yes % No blumn (d)	Yes % No	col (a) through col (c))
Direct Expenses	3 4 5 6 7 8 En Is:	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary ter the state(s) in which the organization licensed to No," explain	Yes % No Add lines 2 through 5 in column (anary Subtract line 7 from line 1, column accordance of conduct gaming accordance of conduct gaming activities in each conduct.	Yes % No No d) blumn (d) tivities of these states?	Yes % No	col (a) through col (c))
Direct Expenses	3 4 5 6 7 8 En 15: 15: 15: 15: 15: 15: 15: 15: 15: 15:	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary ter the state(s) in which the organization licensed to No," explain	(a) Bingo Yes % No Add lines 2 through 5 in column (anary Subtract line 7 from line 1, column are organization conducts gaming ac	Yes % No No d) blumn (d) tivities of these states?	Yes % No	col (a) through col (c))

Sche	dule G (Form 990 or 990-EZ) 2018	JUNIOR	ACHIEVEMENT	OF	CENTRAL	59-097211	2 Page 3
11	Does the organization conduct gaming	activities with r	onmembers?				Yes No
12	Is the organization a grantor, beneficia	ry or trustee of	a trust, or a member of a	partne	ership or other entity		
	formed to administer charitable gaming	=					Yes No
13	Indicate the percentage of gaming act	ivity conducted i	'n			1 1	
a	The organization's facility					13a	%
ь	An outside facility					13b	%
14	Enter the name and address of the pe	rson who prepai	res the organization's ga	ming/s _l	pecial events books and	d .	
	records						
	Name ▶						
	Name P						
	Address ▶						
	-					·	
15a	Does the organization have a contract	with a third part	ty from whom the organia	zation r	eceives gaming		п. п.
_	revenue?		l b., the executed b	•			☐ Yes ☐ No
Ь	If "Yes," enter the amount of gaming re			\$	1	and the	
С	amount of gaming revenue retained by If "Yes," enter name and address of the		- 3				
·	in tes, enter hathe and address of th	e tillo party					
	Name ▶						
			•				
	Address ▶						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	Director/officer Em	nployee	Independent con	tractor			
17	Mandatory distributions						
а	Is the organization required under stat	te law to make o	haritable distributions fro	m the	gaming proceeds to		
_	retain the state gaming license?						☐ Yes ☐ No
þ	Enter the amount of distributions requ			other ex	kempt organizations or		
- D	spent in the organization's own exemp	ot activities durin	ig the tax year ► \$		and by Dart Live Ob	a paleigna (iii) and (iii	
F¢	Supplemental Inform Part III, lines 9, 9b, 10l See instructions.						
	CCC managnone.				*	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
						•	
	`						
					··	Schedule G (Form 990	or 990-EZ) 2018

SCHEDULE J

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

Internal Revenue Service
Name of the organization

Department of the Treasury

JUNIOR ACHIEVEMENT OF CENTRAL

FLORIDA, INC.

Employer identification number 59 - 0972112

Pa	rt 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 Housing allowance or residence for personal use			
	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			Ī
	explain	1ь		
	·			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			Ì
	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 filing 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 X 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			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			,
а	The organization?	5a		х
b	Any related organization?	5b		х
	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			
а	The organization?	6a		Х
þ	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	,		
-	For norman halad as Form 200 Bart VIII Contract A London and the			
. 7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		4,7
0	payments not described on lines 5 and 6? If "Yes," describe in Part III	_7_		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract expension described in Particular accretion 53 4058 4(a)(3)3 If "Yes." described in Particular accretion 53 4058 4(a)(3)3 If "Yes." described in the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the initial contract expension of the			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			x
	ni rait in	8	•••••	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53 4958-6(c)?	9	j	
	- TOTAL CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF TH	7		i

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Schedule J (Form 990) 2018 JUNIOR ACHIEVEMI

Part !!

JUNIOR ACHIEVEMENT OF CENTRAL

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

59-0972112

Page 2

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

(P) (III) (U) (U) (III) (U) (U) (U) (U) (U) (U) (U) (U) (U) (U	(B) Breakdown of	(B) Breakdown of M.2 and/or 1000 MISC compensation	SC companyation	boc toomerada (2)	oldevelock (C)	somilor Joint (H)	(F) Componentian
-	(D) Dicardowil O	I VV-2 ALIU/OI 1033-IVII	oc compensation	C) Remement and	(D) NOTIFICATION	(E) FORM OF COLUMNS	in column (B) recorded
(A) Name and Title	(ı) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denelits	(a)L(ı)(a)	as deferred on prior Form 990
PANTER	(1) 168,208	0	0	0	0	168,20	0
1 PRESIDENT	(II)		0	0	0	0	0
	€ €						
	(0)						
3	(n)						
	(1)						
4	(ii)						
5	(ii)						
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	€ 5						
	(5)						
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	(0)						
13	(3)						
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14							
15	8 3						
	(9)						
16	(11)						

Schedule J (Form 990) 2018

10024 09/25/2019 11 00 AM

Schedule J (Form 990) 2018 JUNIOR ACHIEVEMENT OF CENTRAL 59-0972112

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 M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information

Open To Public Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA, INC.

Employer identification number 59-0972112

Pa	rt Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	9		
	'	applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	ounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household		`					
	goods		, ,					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic	ŀ						
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential	ļ						
16	Real estate — Commercial							
17	Real estate — Other						 -	
18	Collectibles	ļ		 				
19	Food inventory							
20	Drugs and medical supplies							
21 22	Taxidermy Historical artifacts							
23	Scientific specimens			 				
23 24	Archeological artifacts			 				
25	Other > (EVENT GIFTS)	X	1	185,008				
26	Other ►(2037000				
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for				
	which the organization completed Fo	_			29			
	•			•			Yes	No
30a	During the year, did the organization	receive b	y contribution any prope	rty reported in Part I, lines	1 through	,		
	28, that it must hold for at least three							İ
	to be used for exempt purposes for	the entire l	nolding period?			30a		X
b	If "Yes," describe the arrangement in	n Part II					-	ĺ
31	Does the organization have a gift ac	ceptance (policy that requires the re	eview of any nonstandard			′	· ·
	contributions?					31	X	ļ
32a	Does the organization hire or use the	ird parties	or related organizations	to solicit, process, or sell r	oncash			
	contributions?					32a		X
b	If "Yes," describe in Part II							
33	If the organization didn't report an ar	mount in c	olumn (c) for a type of p	roperty for which column (a) is checked,			ĺ
	describe in Part II							<u> </u>

Page 2

Schedule M (Form 990) 2018 JUNIOR ACHIEVEMENT OF CENTRAL 59-0972112

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

SCHEDULE O
(Form 990 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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0347

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA, INC.

Employer identification number 59-0972112

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

JUNIOR ACHIEVEMENT IS COMMITTED TO IMPROVING THE LIVES OF STUDENTS, THEIR FAMILIES AND OUR COMMUNITY BY PROVIDING EDUCATIONAL PROGRAMMING FOCUSED ON FINANCIAL LITERACY, WORK READINESS AND ENTREPRENEURSHIP FOR STUDENTS IN ORANGE, OSCEOLA AND SEMINOLE COUNTIES MOSTLY IN TITLE I SCHOOLS. TITLE I SCHOOLS SERVE A HIGH PERCENTAGE OF STUDENTS FROM LOW-INCOME FAMILIES WHO ARE STRUGGLING TO MAKE ACADEMIC PROGRESS. STUDENTS ENROLLED IN THESE SCHOOLS ARE OFTEN HEAVILY MINORITY AND INCLUDE MIGRANT FAMILY STUDENTS, STUDENTS WITH LIMITED ENGLISH PROFICIENCY, HOMELESS STUDENTS, AND AT-RISK STUDENTS STRUGGLING WITH THE NEGATIVE EFFECTS OF POVERTY.

JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA HAS SERVED ALMOST 2,000,000 STUDENTS SINCE ITS INCEPTION AND, DURING THE 2018/2019 SCHOOL YEAR, JUNIOR

SINCE ITS INCEPTION AND, DURING THE 2018/2019 SCHOOL YEAR, JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA SERVED OVER 20,000 CENTRAL FLORIDA STUDENTS INCLUDING:

- 9,300 GRADUATING SENIORS ENROLLED IN A 26-WEEK, "REAL LIFE" FINANCIAL SKILLS PROGRAM
- 4,000 MIDDLE SCHOOL STUDENTS PARTICIPATING IN AN INNOVATIVE, "HANDS ON"
 CAREER EXPLORATION EVENT (JA INSPIRE, SEE ACCOMPLISHMENT 3 BELOW)
- 2,300 ELEMENTARY SCHOOL STUDENTS IN A CLASSROOM SETTING ENGAGED IN LEARNING THE PRACTICAL STEPS TO STARTING A BUSINESS

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

THE JA ACADEMY FOR LEADERSHIP & ENTREPRENEURSHIP, THE FIRST OF ITS KIND IN

AMERICA, OPENED IN 2012 OFFERING AN INNOVATIVE "SCHOOL WITHIN A SCHOOL"

Employer identification number

JUNIOR ACHIEVEMENT OF CENTRAL

59-0972112

DESIGN MODEL WITHIN OAK RIDGE HIGH SCHOOL, A TITLE I PUBLIC HIGH SCHOOL LOCATED IN ORLANDO, FLORIDA. SINCE OUR DOORS OPENED, THE JA ACADEMY CONTINUES TO BRING REAL WORLD CONNECTIVITY INTO THE EVERYDAY ACADEMIC EXPERIENCE TO CREATE A HIGHLY ENGAGING AND RELEVANT LEARNING ENVIRONMENT. THE JUNIOR ACHIEVEMENT PRINCIPLES OF ENTREPRENEURSHIP AND FREE ENTERPRISE ARE TAUGHT WHILE PREPARING STUDENTS FOR THE WORKPLACE, AND FINANCIAL LITERACY AND LEADERSHIP SKILLS ARE INTEGRATED INTO EVERY CORE CLASS.

THE PROGRAM FEATURES:

- A "FULL IMMERSION" CURRICULUM THAT MIXES LEADERSHIP, BUSINESS, AND ACADEMIC CONCEPTS AND PROMOTES THE PRINCIPLES OF FREE ENTERPRISE
- HANDS-ON EXPERIENCES SUCH AS JOB SHADOWING, INTERNSHIPS, VOLUNTEER OPPORTUNITIES, FIELD TRIPS AND EXECUTIVE GUEST LECTURES
- MENTORING AND NETWORKING THROUGH JACF'S VAST NETWORK OF BUSINESS SUPPORTERS
- GUIDANCE AND SUPPORT FOR COLLEGE AND SCHOLARSHIP APPLICATIONS
- COMPLETED PORTFOLIO AT GRADUATION TO ASSIST WITH COLLEGE APPLICATIONS AND SCHOLARSHIPS
- BUSINESS PLAN DEVELOPMENT FOR ENTREPRENEURIAL ENDEAVORS OR BUSINESS EMPLOYMENT
- BROAD "LIFE" PREPARATION SKILLS

THE JA ACADEMY HAS PROVEN TO BE AN EXTREMELY SUCCESSFUL MODEL FOR EDUCATION WHERE STUDENT ACHIEVEMENT OCCURS EVERY DAY:

- THE JA ACADEMY CLASS OF 2019 HAD 90 STUDENTS AND 100% GRADUATION;
- 73 OF THE 90 GRADUATES WERE ACCEPTED TO COLLEGES AND UNIVERSITIES OR MILITARY SERVICE AT THE TIME OF GRADUATION;

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

•

Employer identification number 59-0972112

JUNIOR ACHIEVEMENT OF CENTRAL

- THE GRADUATES ACCEPTED INTO COLLEGES AND UNIVERSITIES RECEIVED OVER \$6.2 MILLION IN SCHOLARSHIP OFFERS;
- OF THE OAK RIDGE HIGH SCHOOL GRADUATING CLASS OF 2019 MORE THAN 600 STUDENTS THIRTEEN OF THE TOP TWENTY GRADUATES ATTENDED THE JA ACADEMY, INCLUDING THE SALUTATORIAN, AND THREE OF THE FOUR OAK RIDGE HIGH SCHOOL "SUPER SCHOLARS" WERE ACADEMY STUDENTS.

THE JA ACADEMY'S HIGH LEVEL OF STUDENT ACCOMPLISHMENT WAS RECOGNIZED BY JUNIOR ACHIEVEMENT'S NATIONAL ORGANIZATION, AND THE ACADEMY BECAME THE FOUNDATION FOR A NATIONAL SCHOOL MODEL. 3DE BY JUNIOR ACHIEVEMENT IS THE NEXT PHASE OF JUNIOR ACHIEVEMENT'S VISION TO RE-ENGINEER EDUCATION TO BETTER REFLECT THE REAL WORLD AND PREPARE STUDENTS FOR LIFE BEYOND THE CLASSROOM. JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA AND ITS ACADEMY ARE WORKING WITH 3DE TO EXPAND THIS MODEL TO OSCEOLA HIGH SCHOOL IN THE 2019/20 SCHOOL YEAR WITH PLANS UNDERWAY TO OPEN ADDITIONAL 3DE BY JUNIOR ACHIEVEMENT SCHOOLS IN FLORIDA OVER THE NEXT SEVERAL YEARS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

JA INSPIRE IS THE PERFECT EXAMPLE OF A PROGRAM THAT PROVIDES PRACTICAL

INFORMATION ABOUT PREPARING STUDENTS FOR LIFE BEYOND THE CLASSROOM. JA

INSPIRE IS BOTH CLASSROOM AND EVENT-BASED AND CONSISTS OF THREE SEGMENTS:

1) IN-CLASS SESSIONS PRESENTED BY THE CLASSROOM TEACHER; 2) THE HANDS-ON JA

INSPIRE EXPO; AND 3) AN IN-CLASS DEBRIEF. DURING THE JA INSPIRE EXPO,

STUDENTS PARTICIPATE IN HANDS-ON ACTIVITIES, OFTEN USING EQUIPMENT OR TOOLS

USED WITHIN THAT PROFESSION. THE MULTI-HOUR EXPERIENCE IS CONFIGURABLE TO

ALIGN WITH LOCAL INDUSTRY AND CAREER OPPORTUNITIES SPECIFIC TO REGIONS IN

CENTRAL FLORIDA.

Employer identification number

59-0972112

JA INSPIRE BRINGS TOGETHER THE BUSINESS COMMUNITY AND LOCAL SCHOOLS AND IS DESIGNED TO INTRODUCE MIDDLE SCHOOL STUDENTS TO THEIR FUTURES: HIGH SCHOOL, COLLEGE AND BEYOND. LAUNCHED IN MAY 2018 BY JACF AS THE FIRST EVENT OF ITS KIND ANYWHERE IN FLORIDA, THE INAUGURAL JA INSPIRE PROGRAM IMPACTED NEARLY 3,000 8TH GRADERS FROM ALL 14 SCHOOL DISTRICT OF OSCEOLA (SDOC) PUBLIC SCHOOLS. STUDENTS VISITED THE OSCEOLA HERITAGE PARK AND TOURED 47,000 SQUARE FEET OF INTERACTIVE, HANDS-ON CAREER STATIONS ORGANIZED BY HIGH WAGE/HIGH GROWTH INDUSTRIES SPECIFIC TO THE AREA.

JACF DELIVERED THE SECOND JA INSPIRE OSCEOLA PROGRAM ON APRIL 11, 2019
WHICH FEATURED 221 CAREER AND EDUCATION MENTORS STAFFING 55 CAREER AND
EDUCATION STATIONS. OVER 4,000 8TH GRADERS PARTICIPATED THROUGH CLASSROOM
PROGRAMMING AND THE SUBSEQUENT JA INSPIRE EXPERIENCE AT THE SAME EVENT
CENTER. CLASSROOM PRE-WORK WAS PROVIDED THROUGH JA INSPIRE STUDENT
WORKBOOKS AND JA INSPIRE TEACHER GUIDES ALIGNED WITH GRADES 6-8 FLORIDA
STANDARDS FOR CAREER AND TECHNICAL EDUCATION (CTE) COURSES TO ENSURE
STANDARDS-BASED INSTRUCTION AS EXPECTED BY THE SCHOOL DISTRICT. THE
ULTIMATE GOAL IS TO INTRODUCE STUDENTS TO THEIR FUTURE CAREER PATHWAYS AND
FURTHER DEVELOP THE FUTURE TALENT PIPELINE OF CENTRAL FLORIDA.

A NEW JA INSPIRE ORANGE, MODELED AFTER THE HIGHLY SUCCESSFUL JA INSPIRE OSCEOLA, IS BEING TARGETED FOR DELIVERY IN FALL 2020 AND IS PLANNING TO HOST 4,000 8TH GRADERS FROM ORANGE COUNTY PUBLIC SCHOOLS. JA INSPIRE PROGRAMS IN OSCEOLA SPRING 2020 AND FALL 2020 PROJECT AN ESTIMATED 4,000 MIDDLE SCHOOL STUDENTS FOR EACH. JA INSPIRE AIMS TO PROVIDE POWERFUL WORKFORCE DEVELOPMENT OPPORTUNITIES THAT ARE SUBSTANTIAL, MEASURED BOTH IN

PAGE 3 OF 5

JUNIOR ACHIEVEMENT OF CENTRAL

59-0972112

THE NUMBER OF COMMUNITY PARTNERS AND STUDENT IMPACT. STUDENTS PARTICIPATE
IN CLASSROOM CURRICULUM CREATED SPECIFICALLY TO REFLECT CENTRAL FLORIDA'S
UNIQUE INDUSTRY NEEDS FOR SKILLED, TRAINED AND EDUCATED EMPLOYEES BEFORE
AND AFTER THE EVENT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FINANCE COMMITTEE REVIEWS AND APPROVES THE 990 AND, UPON APPROVAL, THE
990 IS CIRCULATED TO THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

JUNIOR ACHIVEMENT EVALUATES ALL BUSINESS RELATIONS TO ENSURE NO CONLICTS OF

INTEREST EXIST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE, AND THE CHAIR DIRECTLY RECEIVES COMPARABLE SALARY DATA THAT IS NOT PRIVY TO THE CEO.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION IS DETERMINED BY THE CEO AND APPROVED BY THE EXECUTIVE

COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

FORM 990, PART IX, LINE 24E - OTHER EXPENSES DESCRIPTION

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

chedule O (Form 990 or time of the organization					Employer ide	Page Page Page Page Page Page Page Page
-	EVEMEN	IT OF CENTRAL			59-097	
MISC.						
	\$	39,982	\$	13,515	\$	0
VOLUNTEER RE		33,302	*	13,313	4	· ·
VOLONIEER RE		04.406	.			
	\$	24,196	\$	0	\$	0
EQUIPMENT LE	EASE					
	\$	16,810	\$	2,087	\$	1,045
MAINTENANCE						
	\$	14,108	\$	2,531	\$	799
UTILITIES						
	\$	14,237	\$	1,780	\$	890
PUBLIC RELAT	rions					
	\$	10,344	\$	219	\$	548
BAD DEBT						
	\$	0	\$	9,621	\$	0
STAFF DEVELO		7	·	·	·	
	\$	2,487	\$	677	\$	641
COMPUTERS AN		·	*	0,,	*	011
COMPOIEND A			\$	275	.	188
		3,002	~	375	\$	100
LESS: IN KI						
	\$	-889	\$	-301	\$	0
TOTAL						
	\$	124,277	\$	30,504	\$	4,111
FORM 990, PA	ART XI	, LINE 9 - OTH	ER CHANGE	S IN NET ASSE	ETS EXPLANA	ATION
UNREALIZED (GAINS	REPORTED BY FO	UNDATION	(EIN:59-3	\$	51,462
ELIMINATING	ENTRY	REPORTED BY J.	ACFL .		\$	62,500
TOTAL					\$	113,962
				_	PAGE !	5 OF 5

10024 09/25/2019 11 00 AM								
SCHEDULE R	Related Org	Related Organizations and Unrelated Partnerships	d Unrelated I	³ artnerships			OMB No 1545-0047	15-0047
(Form 990)	► Complete if the organizati	ization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	on Form 990, Part	IV, line 33, 34, 35b	, 36, or 37.		201	2018
Department of the Treasury Internal Revenue Service	► Go to www.irs.	Attach to Form 990irs.gov/Form990 for instructions and the latest information.	Form 990. structions and the I	atest information.			Open to Publication	aublic ^a Hon
Name of the organization	JUNIOR ACHIEVEMENT OF CENTRAL					Employer identification number	fication number	
						59-0972112	112	
Part Identifi	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	organization ansv	wered "Yes" on F	orm 990, Part IV	/, line 33			
Nami	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state		(d) Total income	(e) End-of-year assels	(f) Direct controlling	guille
(1)							enny	
								
(2)								
(3)				<u></u>				
(4)		7						
				•				
(5)				·				
Part II dentifi	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	Complete if the or tax year	ganization answ	ered "Yes" on F	orm 990, Part IV,	line 34, because	ıt had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13) antity?
(1) JUNIOR ACHIEVEMENT 2121 CAMDEN ROAD ORLANDO	EVEMENT FOUNDATION 59-3599158 ROAD FL 32803	EDUCATION	FL	50103	7	N/A		×
(2)								<u> </u>
(3)				:				٥

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Schedule R (Form 990) 2018

1 414 116	because it had one or more related organizations treated as a partnership during the tax year	ganizations tr	eated	as a partner	ship during the	tax year.		-		-	
	(a) Name, address, and EIN of related organization	(b) Prmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant uncome (related, univelated, excluded from lax under sections 512-514)	(f) Share of total income	(9) Share of end-of- year assets	(h) Dispro- portionale alloc?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
-											-
					,						
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ons Taxable	as a (Corporation treated as a	or Trust. Com corporation or	plete if the or trust during t	Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV s treated as a corporation or trust during the tax year.	ered "Yes" (on Form 990,	Part IV,	
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
											Yes No
			<u> </u>								•
	-					,					
-										2, 20	1000

Schedule R (Form 990) 2018 JUNIOR AC

59-0972112

018 JUNIOR ACHIEVEMENT OF CENTRAL

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	answered "Yes" on F	orm 990, Part IV, lin	e 34, 35b, or 36.			L
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				ì	Yes	S
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations listed	in Parts II–IV?				
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
Gift, grant, or capital contribution to related organization(s)				16		×
Gift, grant, or capital contribution from related organization(s)				10	×	
Loans or loan guarantees to or for related organization(s)				10		×
Loans or loan guarantees by related organization(s)				1e		×
				+		×
		•		19		×
Purchase of assets from related organization(s)				£		×
Exchange of assets with related organization(s)				Ŧ		L
Lease of facilities, equipment, or other assets to related organization(s)				÷		×
				;		
				¥;		4 >
renormance of services of membership of fundralship solicitations for related organization(s)				= ,		4 >
in Periormance of services or membership of fundralsing solicitations by related organization(s).				٤	>	4
onaing or actities, equipment, maining lists, or other assets with related organization(s)				=	۱ ا	
Sharing of paid employees with related organization(s)				9	×	
Reimbursement paid to related organization(s) for expenses				4		×
Reimbursement paid by related organization(s) for expenses				19		×
Other transfer of cash or property to related organization(s)						.
Other transfer of cash or property from related organization(s)				1\$		×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	is line, including covered r	elationships and transac	ion thresholds			
(a)	(q)	(0)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ount involve	g	
JUNIOR ACHIEVEMENT OF						
FLORIDA FOUNDATION, INC.	υ	62,500				
						j
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Schedule R (Form 990) 2018

10024 09/25/2019 11 00 AM

Schedule R (Form 990) 2018 JUNIOR ACHIEVEMENT OF CENTRAL

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

59-0972112

Page 4

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)	ı		\sim		ı	1			-		, ,		ı∞
(k) Percentage ownership			· 						<u>-</u>				Schedule R (Form 990) 2018
ral or aging ner?	Š												orm 9
(J) General or managing partner?	Yes												le R (F
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)													Schedu
) ons?	ş												1
(h) Disproportionale allocations?	Yes												
(g) Share of end-of-year assets									i				
(f) Share of total income													
(e) Are all partners section 501(c)(3) organizations?	No			i — ·									
(e) Are all partners section 501(c)(3) organizations?	Yes No		-										
	sections 512-514)												
													}
(b) Primary activity													
(a) Name, address, and EIN of entity		(1)	(2)		(4)	(5)	(9)	(1)	(8)	(6)	(10)	(11)	

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Schedule R (Form 990) 2018 JUNIOR ACHIEVEMENT OF CENTRAL

59-0972112

Page 5

Part VII

Supplemental Information.

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